

TO ALL STUDENTS: Kindly accomplish this form by filling out the tables with the required data. Attach supporting documents (photocopies only). Be ready to present the original when verification is necessary

**INDIVIDUAL STDENT'S INVENTORY PROFILE
EXTRA- AND CO-CURRICULAR PARTICIPATION / INVOLVEMENT
School Year 20__ - 20__
(GIFTEDNESS INSTRUCTION FOR TALENT DEVELOPMENT)**

NAME: _____ YEAR AND SECTION _____ HOMEROOM ADVISER _____

A. CONTESTS (List according to Center)

Term	Area	Contest Level (check applicable column)						Contest Details			Award/s Received	Validated By	Points	Encoded
		Int'l	Nat'l	Reg'l	Div	Dist	Sch	Contest Title	Date	Venue				
TOTAL														

Int'l – International ; Nat'l – National ; Reg'l – Regional ; Div – Division ; Dist – District ; Sch – School

B. MEMBERSHIP AND OFFICERSHIP IN ORGANIZATIONS

1. Organizations

a. Off – Campus

Level (check applicable column)					Name of Organization	Function	Validated By	Points	Term	Encoded
Int'l	Nat'l	Reg'l	Div	Dist						
TOTAL										

Int'l – International ; Nat'l – National ; Reg'l – Regional ; Div – Division ; Dist – District

b. On-Campus

Level (check applicable column)				Function (Indicate if member or officer; If officer, specify position)	Validated By	Points	Term	Encoded
Pauliworld	Adhoc (Inst)	Adhoc (Dept)	Others					
TOTAL								

C. PARTICIPATION AND PERFORMANCE

1. Off – Campus

Level (check applicable column)					Activity Details			Validated By	Points	Term	Encoded
Int'l	Nat'l	Reg'l	Div	Dist	Title of the Activity	Date	Venue				
TOTAL											

Int'l – International ; Nat'l – National ; Reg'l – Regional ; Div – Division ; Dist – District ; Sch – School

2. On-Campus (GIFT Only)

Activity Details			Position / Function	Validated By	Points	Term	Encoded
Name of Activity	Date	Venue					
TOTAL							

I hereby submit the summary of my extra – and co-curricular involvement for the School Year ____ - ____ in compliance with the requirements set for the Ranking. I further attest that these data are true and valid as supported by the attached documents.

FIRST TERM	SECOND TERM	THIRD TERM
SUBMITTED BY: (Signature Over Printed Name)	SUBMITTED BY: (Signature Over Printed Name)	SUBMITTED BY: (Signature Over Printed Name)
DATE SUBMITTED:	DATE SUBMITTED:	DATE SUBMITTED:
NOTED BY: (Father's and Mother's Signature Over Printed Name)	NOTED BY: (Father's and Mother's Signature Over Printed Name)	NOTED BY: (Father's and Mother's Signature Over Printed Name)
REVIEWED AND APPROVED BY:	REVIEWED AND APPROVED BY:	REVIEWED AND APPROVED BY: