ANNEX B\_PMC FORM

Republika ng Pilipinas

(*Republic of the Philippines*)

Kagawaran ng Kagalingang Panlipunan at Pagpapaunlad

(*Department of Social Welfare and Development*)

Field Office: \_\_\_\_

**ASSESSMENT TOOL IN THE ACCREDITATION OF PRE-MARRIAGE COUNSELORS**

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First Name, Middle Name and Last Name)

**Position and/or Designation (if applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Profession**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND ADRESS OF THE OFFICE/AGENCY (if applicable):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CONTACT NO./MOBILE NO**. \_\_\_\_\_\_\_\_\_\_\_\_\_

**STATUS OF ACCREDITATION** (Mark the box with ✔)

 New Renewal

**STATUS OF ASSESSMENT** (Mark the box with ✔)

1st Assessment Re-Assessment

**I. REQUIREMENTS**

Instructions: Mark the corresponding item with ✔ if complied and x if not.

A. *For New*

| ***Documentary Requirements*** | ***Compliance*** | ***Remarks****(Indicate the course, date of training, Executive Order No, if any, and dates of counseling sessions conducted, and other observations/ findings)* |
| --- | --- | --- |
| 1. Certificate of graduation/college diploma or transcript of records/ certified true copy of PRC ID
 |  |  |
| 1. Training Certificate/Certificates of seminars, orientation and other related activities to pre-marriage counseling/counseling attended or the Certified true copy of the certificate of participation/attendance, if original document is unavailable.
 |  |  |
| 1. Certification/Endorsement from immediate supervisor and/or an Executive Order that applicant is tasked to conduct Pre-Marriage Counseling and/or other forms of counseling sessions, if applicable
 |  |  |
| 1. Documentation of PMC sessions/ other counseling sessions conducted by the applicant covering the required number of sessions as enumerated in section VIII (*Qualification of PM Counselors*)
 |  |  |
| Other Documents  |  |  |
| Accomplished MEI Form of the would-be-married couple during the validation. |  |  |

B. *For Renewal*

| ***Documentary Requirements*** | ***Compliance*** | ***Remarks****(Indicate the course, date of training, Executive Order No, if any, and dates of counseling sessions conducted, and other observations/ findings)* |
| --- | --- | --- |
| 1. Certificates of training, seminars and other related/similar activities on topics related to PMC but not limited to Gender and Development, Human Maturity, etc.
 |  |  |
| 1. Accomplishment report for the past the past year with at least a minimum of ten (10) PMC sessions conducted preceding the application using the template (Annex D)
 |  |   |
| 1. Summary Documentation of PMC sessions conducted for the past year using the template provided by DSWD (Annex C)
 |  |  |
| 1. Other Documents
 |  |  |
| * 1. Accomplished MEI Form of the would-be-married couple during the validation.
 |  |  |
| * 1. Consolidated result of client feedback/satisfaction survey
 |  |  |
| * 1. Summary/Records of issued PMC Certificates
 |  |  |

**II.** **KNOWLEDGE**

Instructions: Mark the corresponding item with ✔ if complied and x if not.

| ***TOPICS/FOUNDATION*** | ***Compliance*** | ***Remarks****(Indicate significant observations/findings/assessment)* |
| --- | --- | --- |
| ***Article 16 of the Family Code***“PM Counselor must be able to explain the legal basis and purpose of the counseling session”.  |  |  |
| ***PMC Topics**** Key messages of each topic/session are emphasized and highlighted (*kindly refer to* ***PMC Manual Part II*** *for the PMC topics and its key messages*)
 |  |  |
| 1. ***Self-Awareness/Inner Self***
 |  |  |
| 1. ***General concept on the difference of a man and woman***

*Explain generally the difference of a man and a woman as unique individuals.* |  |  |
| 1. ***Family Dynamics***

“Explain the dynamics in the family, to include family relationships, values clarifications, culture, child bearing and rearing, conflicts, household chores, finances, and etc.” per ***MEI*** Result |  |  |
| 1. ***Processing of Marriage Expectation Inventory***

“PM Counselor uses the MEI processing the session”  |  |  |

**III. SKILLS**

Instructions: Mark the corresponding item with ✔ for the specific criteria met based on your assessment. All the skills enumerated below shall be assessed and shall contribute to the over-all score. The total score needed to pass the assessment is indicated below.

Scores:

|  |  |
| --- | --- |
| **New Applicants** | **Renewal** |
| **20 points above**-Passed | **21 points above** - Passed |

| **CRITICAL SKILLS** |  | **Poor (1)** |  | **Fair (2)** |  | **Good (3)** |  | **Outstanding (4)** | **Points** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Listening** |  | Counselor is unable to respond to the questions of the counselee/s. |  | Counselor is able to respond to questions and inquiries of the counselee/s.but did not further validate and clarified their concern. |  | Counselor is able to validate, confirm and respond to the concerns raised by the counselee/s. |  | Counselor is able to observe, respond and address verbal and non-verbal cues, gestures and postures demonstrated by counselee/s. |  |
| **2. Leading** |  | Counselor is unable to establish the purpose of the discussion. |  | Counselor is able to ask questions that catches the attention of the would-be-couple/s. |  | Counselor is able to maintain the focus of discussion on the topic/concerns raised.  |  | Counselor is able to gently lead the conversation in directions that gives useful information.  |  |
| **3. Reflecting** |  | Counselor does not respond to the feelings expressed by the counselee/s. |  | Counselor is able to respond to the feelings expressed by the counselee/s. |  | Counselor is able to bring or to surface the feelings felt by the counselee/s. |  | Counselor is able to articulate the feelings/thoughts of the counselee/s based on his/her response.  |  |
| **4. Summarizing** |  | Counselor is unable to put together the ideas/concerns/feelings expressed by the counselee/s. |  | Counselor is able to gather the thoughts/feelings/concerns expressed by the counselee/s. |  | Counselor is able to gather the thoughts/feelings/concerns expressed by the counselee/s’ and is able to put the thought together |  | Counselor is able to synthesize the key discussions and experience of the counselee/s during the entire session.  |  |
| **5. Informing** |  | Counselor is unable to give necessary facts and information relevant to the situation of the counselee/s.  |  | Counselor is able to share simple facts and information.  |  | Counselor is able to give information based on what is shared by the counselee/s. |  | Counselor is able to provide relevant facts and information appropriate to the situation of the counselee/s. |  |
| **6. Facilitating** |  | Counselor is unable to draw opinions and/or thoughts from the counselee/s.  |  | Counselor recognizes the participation and sharing of counselee/s. |  | Counselor has provided activities which encourages participation among counselee/s.  |  | Counselor is able to draw participation from the counselee/s on the session conducted.  |  |
| **7. Documenting** |  | Counselor is unable to capture relevant information and observations in the documentation report on sessions provided. |  | Counselor’s has a record and information of the session conducted.  |  | Counselor’s documentation report contains information and details on the discussions and agreements during the session.  |  | Counselor’s documentation report has captured essential information/details on both verbal and non-verbal cues demonstrated by the counselee/s during the session.  |  |
| **Over-All Points** |  |  |

Remarks/Other Observations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. ATTITUDE**

Instructions: Mark the corresponding item with ✔ if satisfied and x if not satisfied. All qualities are essential and therefore should be satisfied in order to pass the accreditation.

| ***ESSENTIAL QUALITIES*** | ***Compliance*** | ***Remarks****(Indicate significant observations/findings/assessment)* |
| --- | --- | --- |
| 1. Creates a friendly and comfortable atmosphere among the would-be-couple/s.

***Ex: Greets the couple politely, asks if they are comfortable, etc.***  |  |  |
| 1. Uses appropriate body language such as non-threatening posture, maintaining eye contact and respecting the would-be-couple/s. personal space.

***Tip: Hand and body languages are not stiff and awkward.***  |  |  |
| 1. Maintains a reassuring and comforting way of speech—the tone of voice, speed of speech and style of delivery.

***Tip: Sensitive to the couple, does not raise voice or call out names to catch attention or make unnecessary remarks that would make counselee awkward.***  |  |  |
| 1. Remains impartial and non-judgmental.

***Tip: Does not make unnecessary examples out of the counselee’s responses.***  |  |  |
| 1. Shows genuine openness and enthusiasm for the couple’s needs and welfare.

***Tip: Patient in processing the counselees’ responses.*** |  |  |
| 1. Demonstrates willingness to learn, to try new things, and to see alternatives.

***Ex: Encourages counselees to speak out and share their insights.***  |  |  |

**V. VENUE**

Instructions: Mark the corresponding item with ✔ if complied and x if not.

|  |  |  |
| --- | --- | --- |
|  | ***Compliance*** | ***Remarks****(Indicate significant observations/ findings/assessment)* |
| 1. Promotes an atmosphere of privacy and interaction between the pre-marriage counselor and would-be-couple/s. |  |  |
| 2. Well ventilated, well-lighted and free from any form of distraction/ disturbance.  |  |  |
| 3. Permanent venue with adequate space and necessary equipment and supplies for conduct of PMC sessions. |  |  |

**VI. ASSESSMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. RECOMMENDATION**

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Assessed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation and Position

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_