

ANNUAL ACCOMPLISHMENT REPORT

CY _____

Region ____

Name of PM Counselor: _____

Office/Agency Name and Address, if applicable: _____

Total No. of Would-be-Couple (s) served: _____

Total No. of PM Certificates signed and issued: _____

Average appraisal in the Feedback/Satisfaction Survey: _____

Table 1

Age Cluster	No. of Couples Served
Above 25 years old	
Above 18 and below 25 years.old	
TOTAL	

Table 2: Issues and Concerns

Issues /Concerns/Problems Encountered	Action Taken	Recommendations

Table 3: Over-all Score for Satisfaction Feedback Survey

No. of Administered Satisfaction Feedback Survey Form	Average Score/Adjectival Rating

Key Learning Insights as Counselor

Prepared by:

Signature over Printed Name

Position and Designation

Date Accomplished: _____

Noted by:

Supervisor