

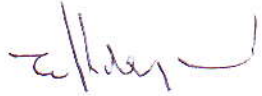


Republic of the Philippines
Department of Education
REGION IV (A) - CALABARZON
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REGIONAL MEMORANDUM

TO : ALL SCHOOLS DIVISION SUPERINTENDENTS

FROM : 
ERICO M. HABIJAN
Chief, EED/CLMT

SUBJECT : Submission of Division Schools Reports on School Needs

DATE : January 24, 2014

As per DepEd Order No. 2, s. 2014, Declaring January 25, 2014 as the Early Registration Day for SY 2014-2015, this Office requests the submission of Division Schools Reports on School Needs on or before February 7, 2014.

Reports may be emailed to qat_calabarzon@yahoo.com using the forms attached herewith.

For the information and guidance of all concerned.

DEPARTMENT OF EDUCATION
EARLY REGISTRATION FORM

School ID: _____
School Name: _____

Region: _____
Division: _____
School District: _____

Kindergarten/Grade/Year Level

NAME	SEX	AGE	BIRTHDATE	ADDRESS	CATEGORY OF C/Y WITH DISABILITY** (for children and youth with disabilities only)	REMARKS*

Remarks*:

- 1. For Grade 1 Registrants: Has attended/not attended Kindergarten class
- 2. For ALS: Information whether the child/youth prefers to learn through the ADM - alternative delivery mode (MISOSA, e-IMPACT, DORP) or ALS - alternative learning system

Category of C/Y with Disability**: Visual Impairment, Hearing Impairment, Intellectual Disability, Learning Disability, Speech/Language Impairment, Serious Emotional Disturbance, Autism, Orthopedic Impairment, Special Health Problem, Multiple Disabilities.

SCHOOL PLAN TO ADDRESS NEEDS

Name of Elementary School: _____
 Division: _____ Region: _____
 Date Accomplished: _____

Please indicate additional inputs needed.

GRADE LEVEL	TENTATIVE ENROLMENT			A. Additional Inputs Needed (Please indicate number)			
	M	F	TOTAL	Classroom	Teachers	Textbooks	Seats
1. Kindergarten							
2. Grade 1							
3. Grade 2							
4. Grade 3							
5. Grade 4							
6. Grade 5							
7. Grade 6							
TOTAL							

Learners under the ADMs	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 9			
Age 10			
Age 11			
Age 12 and above			
TOTAL			

Learners under the ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 9			
Age 10			
Age 11			
Age 12 and above			
TOTAL			

CATEGORIES OF DISABILITY	TENTATIVE ENROLMENT			C. Additional Inputs Needed (Please indicate number)			
	M	F	TOTAL	Classroom	Teachers	Textbooks	Seats
Visual Impairment							
Hearing Impairment							
Intellectual Disability							
Speech/Language Impairment							
Serious Emotional Disturbance							
Autism							
Orthopedic Impairment							
Special Health Problems							
Multiple Disabilities							
TOTAL							

D. PROPOSED DIFFERENTIATED PROGRAM INTERVENTION	E. ASSISTANCE NEEDED
1. Formal Delivery System	
2. ADMs	
3. Special Education in Inclusive Setting	

Submitted by:

 Name and Signature of School Head

 Designation
 Mobile Number: _____
 E-mail Address: _____

SCHOOL PLAN TO ADDRESS NEEDS

Name of Secondary School: _____
 Division: _____ Region: _____
 Date Accomplished: _____

Please indicate additional inputs needed.

GRADE/YEAR LEVEL	TENTATIVE ENROLMENT			A. Additional Inputs Needed (Please indicate number)			
	M	F	TOTAL	Classroom	Teachers	Textbooks	Seats
1. Grade 7							
2. Grade 8							
3. Grade 9							
4. Fourth Year							
TOTAL							

Learners under the ADMs	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 12			
Age 13			
Age 14			
Age 15 and above			
TOTAL			

Learners under the ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 12			
Age 13			
Age 14			
Age 15 and above			
TOTAL			

Impairment				
Serious Emotional Disturbance				
Autism				
Orthopedic Impairment				
Special Health Problems				
Multiple Disabilities				
TOTAL				

D. PROPOSED DIFFERENTIATED PROGRAM INTERVENTION	E. ASSISTANCE NEEDED
1. Formal Delivery System	
2. ADMs	
3. Special Education in Inclusive Setting	

Submitted by:

 Name and Signature of School Head

 Designation
 Mobile Number: _____
 E-mail Address: _____

DIVISION SCHOOLS OFFICE REPORT ON SCHOOL NEEDS

Schools Division Office _____ Region: _____
 Date Accomplished: _____

I. Elementary Level

Total Number of Elementary Schools: _____
 Total Number of Schools with Increased Enrolment: _____ or _____ %
 Kindergarten: _____ or _____ %
 One: _____ or _____ %
 Grades Two to Six: _____ or _____ %
 ADMs: _____ or _____ %
 Children with Disabilities: _____ or _____ %
 _____ % of increase from SY 2013-2014
 Total Number of Schools without Increased Enrolment: _____ or _____ %

A. Division Data on Tentative Enrolment on Kindergarten and Grades One to Six and Additional Inputs Needed and Plans in Responding to Needs

Grade Level	Ten. Enrol.	NUMBER OF ADDITIONAL INPUTS NEEDED (N) AND PLANS IN RESPONDING TO NEEDS (PR)							
		Classrooms		Teachers		Textbooks		Seats	
		N	PR	N	PR	N	PR	N	PR
Kinder									
One									
Two									
Three									
Four									
Five									
Six									
TOTAL									

B. Division Data on Tentative Enrolment of Learners Under the ADMs

Age Level	Ten. Enrol.	NUMBER OF ADDITIONAL INPUTS NEEDED (N) AND PLANS IN RESPONDING TO NEEDS (PR)			
		Teacher-Facilitator		Module/Learning Resources	
		N	PR	N	PR
9					
10					
11					
12 and above					
TOTAL					

C. Division Data on Tentative Enrolment of Children and Youth with Disabilities and Additional Inputs Needed and Plans in Responding to Needs

CATEGORY OF DISABILITY	Ten. Enrol.	NUMBER OF ADDITIONAL INPUTS NEEDED (N) AND PLANS IN RESPONDING TO NEEDS (PR)							
		Classrooms		Teachers		Textbooks		Seats	
		N	PR	N	PR	N	PR	N	PR
Children/youth with									
Visual Impairment									
Hearing Impairment									
Intellectual Disability									
Speech/Language Impairment									
Serious Emotional Disturbance									
Autism									
Orthopedic Impairment									
Special Health Problems									
Multiple Disabilities									
TOTAL									

CONSOLIDATED DIFFERENTIATED PROGRAM INTERVENTIONS	ASSISTANCE NEEDED
1	
2	
3	
4	

Submitted by:

Name and Signature of City/Division
Schools Superintendent

Mobile Number: _____

E-mail Address: _____