

Republic of the Philippines
Department of Education 15020305

MEMORANDUM

Handwritten notes in blue ink:
all deped regional directors
Dina S. Ocampo
ALS Literacy Volunteer Program

TO : ALL DEPED REGIONAL DIRECTORS
FROM : *Dina S. Ocampo*
DINA S. OCAMPO
Undersecretary for Programs and Projects
SUBJECT : ALS LITERACY VOLUNTEER PROGRAM STATUS REPORT
DATE : FEBRUARY 19, 2015

Relative to the implementation of the ALS Literacy Volunteer Program as covered under DepED Order No. 59, s. 2012, No. 50, S. 2013, and No. 10, S. 2014, the Bureau of Alternative Learning System (BALS) would like to request the concerned implementors to submit a Program Status Report for CY 2014.

Attached are the required formats/templates to be used:

- 1. 2014 Program Status Report form
- 2. Profile of ALS Literacy Volunteers form

Kindly send the accomplished forms to BALS thru fax at (02)635-5189 or thru email at alv.deped@gmail.com on or before March 2, 2015. The electronic copy (in MS Excel format) of the Profile of ALS Literacy Volunteers must be sent to BALS in advance through the same email address.

For immediate compliance.

Thank you.

D. S. OCAMPO





2014 PROGRAM STATUS REPORT

I.

Program Name	ALS Literacy Volunteer Program
Region / Schools Division	

II. **With ALS Literacy Volunteers?** Yes No
If Yes, please proceed to Sections III and IV.
If No, indicate here date of last implementation (month-year)
 _____ *then proceed to Section IV.*

III.

Total No. of ALS Literacy Volunteers:	
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IV. Briefly, please describe how the program is implemented in the community. Success stories, issues and problems encountered, recommendations, and other related concerns may be included. You may fill-out this portion in bullet form. (Use additional sheets if necessary)

Important: Please also fill-out the accompanying **Profile of ALS Literacy Volunteers**. Fax the accomplished forms to BALS thru (02)635-5189 or email to alv.deped@gmail.com.

Date: _____ Prepared by: _____ Position: _____ Cellphone No. _____
Signature over Printed Name Email Address: _____

Date: _____ Noted by: _____ Position: _____
Signature over Printed Name

Profile of ALS Literacy Volunteers
CY 2015

ANNEX 2

Region _____

Schools Division	No.	Full Name (Last Name, First Name Middle Name)	Area of Assignment (District/Barangay/ CLC Name)	No. of Learners per Program												Contract Period (mm/dd/yy)		Attended the National Basic Training Course?							
				BLP			A&E Elem.			A&E Sec.			InfED			TOTAL			From	To	Yes	No			
				M	F	T	M	F	T	M	F	T	M	F	T	M	F	T							
	1																								
	2																								
	3																								
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	12																								
	13																								
	14																								
	15																								
	16																								
	17																								
				TOTAL																					

**Important: Ensure that pertinent data are included in the Division's ALS Management Information System (MIS) and Learner Information System (LIS)
Send in advance an electronic copy (in MS Excel format) of this file to alv.deped@gmail.com*

Prepared by: _____
Signature over Printed Name of EPS I

Approved by: _____
Signature over Printed Name of SDS

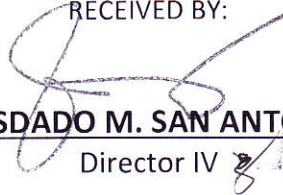
Date _____

Date _____

ALS Literacy Volunteer Program Status Report

ACKNOWLEDGMENT RECEIPT

RECEIVED BY:



DIOSDADO M. SAN ANTONIO

Director IV 

Schools Division Superintendent
Division of: _____

District Supervisor
District of: _____

RECEIVED AND DISSEMINATED BY:

School Principal

Name of School

District: _____

Division of: _____