



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON



27 August 2024

Regional Memorandum
No.596 s.2024

**ADMINISTRATION OF THE MULTI-FACTORED
ASSESSMENT TOOL (MFAT) TO
GRADE 1 LEARNERS**

To **Schools Division Superintendents**

1. In reference to DO 9, s. 2024 or the School Calendar and Activities for the SY 2024-2025, the Department of Education Regional Office IV-A through the Curriculum and Learning Management Division (CLMD) announces the administration of Multi-Factored Assessment Tool (MFAT) by Grade 1 teachers among their learners a month after the opening of classes as provided in DO 29, s. 2018 or the Policy on the Implementation of MFAT.
2. In order to plan for possible interventions, trained Grade 1 teachers are required to submit the MFAT result using the MFAT Forms A and B. A sample MFAT Form is found in Enclosure No. 1.
3. The District SPED Coordinators shall gather the MFAT Forms A and B of the schools in the district and consolidate the result using the MFAT Form C which is found in Enclosure No. 2 to be submitted to the Division SPED Supervisor/Coordinator.
4. The Division SPED Supervisor/Coordinator shall submit the consolidated MFAT Form D to the Regional SPED Supervisor as a basis for monitoring and extending Technical Assistance. The said report shall be submitted on or before September 16, 2024, to [SNED SDO Reports 2024](#) using the attached template.
5. The MFAT Form B or MFAT Tool per child shall be kept in the custody of Grade 1 Teachers. It shall contain the interventions to be implemented by the teachers.
6. For clarification and further inquiries, you may contact Philips T. Monterola, SNED Regional Coordinator, and Viernalyn M. Nama, CLMD Chief Education Supervisor, at (02) 8681-2114 local 420.
7. Immediate compliance and widest dissemination of this Memorandum is desired.


ATTY. ALBERTO T. ESCOBARTE, CESO II
Regional Director

02/PTM



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Certificate No. PHP QMS
22 02 0025

Enclosure 1 to RM _____, s. 2024

FORM A. SAMPLE INDIVIDUAL MFAT RESULT

(Template shall be used by the Grade 1 Teacher/Assessor)

Name of School: _____

Grade 1 Learner: _____

Direction: Check the column for YES if the learners met the indicator and NO if not.

Communication			Cognitive			Daily Living Skills			Daily Living Skills			Motor Skills		
Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No
1	/		26		/	51	/		76	/		101	/	
2	/		27		/	52	/		77		/	102	/	
3	/		28		/	53	/		78		/	103	/	
4	/		29		/	54		/	79		/	104	/	
5	/		30		/	55		/	80		/	105	/	
6	/		31		/	56		/	81	/		106	/	
7	/		32		/	57		/	82	/		107		/
8		/	33		/	58	/	/	83	/		108		/
9		/	34	/		59		/	84		/	109	/	
10		/	35		/	60		/	85		/	110	/	
11		/	36		/	61	/		86		/	111	/	
12		/	37		/	62	/		87		/	112	/	
13	/		38	/		63	/		88		/	113	/	
14	/		39	/		64		/	89		/	114		/
15	/		40	/		65		/	90	/		115	/	
16		/	41	/		66		/	91	/		116	/	

17		/	42	/		67		/	92	/		117	/	
18	/		43		/	68		/	93	/		118	/	
19	/		44		/	69		/	94	/		119	/	
20	/		45		/	70	/		95	/		120	/	
21	/		46		/	71		/	96	/		121		/
22	/		47		/	72		/	97		/	122		/
23	/		48		/	73		/	98		/	123		/
24	/		49		/	74		/	99		/	124		/
25	/		50		/	75		/	100		/	125		/
TOTAL	18	7		6	19		7	18		14	11		17	8

Prepared by:

NOTED:

Signature over Printed Name

Grade 1 Teacher

Signature over Printed Name

School Head