



MONITORING TOOL - Wellness Massage NC II EQUIPMENT

Name of Tool / Equipment /Learner's Material	In the space provided below, marked with a ✓ if the equipment and / or learner's material has been received and mark with x if it was not.	In the space provided below, write the number of the equipment and / or learner's material that has been received	Of the total number received, how many are... (marked with a ✓ in the choices you made. You can have more than one choice)						Do you need training on the use of the equipment / learners' material	Source of Funds (ex. DepEd CO, RO, SDO, School MOOE, LGU or Others (please specify))
			in good working condition?	in need of repair?	broken?	unserviceable?	lost?	others, specify in the space provided below		
1 Digital Thermometer		Units								
2 Document Camera		Pieces								
3 DVD Player		Units								
4 Massage Bed / Table		Set								
5 Massage Stool		Pieces								
6 Massage Trolley		Pieces								
7 Sphygmomanometer		Pieces								
8 Stethoscope		Pieces								
9 TV Set		Units								
10 Whiteboard		Units								

REGION: _____
 DIVISION: _____
 SCHOOL: _____
 SCHOOL ID: _____

Prepared by:

 SIGNATURE OVER PRINTED NAME
 Teacher