



Republic of the Philippines
Department of Education
Region X
DIVISION OF MISAMIS ORIENTAL
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DIVISION MEMORANDUM

No: 176, s.2017

TO:

Public and Private Elementary and Secondary School Heads
Public and Private Elementary and Secondary Schools Class Advisers and LIS/EBEIS
Coordinators
PS District Supervisors
SGOD Planning and Research and Monitoring and Evaluation Personnel
Division Coordinator for Private Schools
Division Information and Technology Officer

FROM:


CHERRY MAE L. LIMBACO, Ph.D., CESO V
Schools Division Superintendent

SUBJECT:

**END OF SCHOOL YEAR 2016-2017 UPDATING OF LEARNER PROFILES ON
THE LEARNER INFORMATION SYSTEM (LIS) AND ADDITIONAL DATA
REQUIREMENTS IN THE ENHANCE BASIC EDUCATION INFORMATION
SYSTEM (EBEIS)**

DATE:

April 25, 2017

1. Pursuant to DepEd Order No. 23, s. 2017, all public and private elementary and secondary schools, state universities and colleges offering elementary and secondary education are directed to conduct the following for End of SY 2016-2017, to wit:
 - a) Updating their learners basic profiles, enrolment status, end of school year academic accomplishment for the whole school year in the LIS
 - b) Encode additional requirements in the EBEIS as per DepEd Order No.52, s. 2016 such as:
 - Safe Learning Facilities
 - Learning Areas with DRRM-Related Concepts
 - Teaching Personnel who received Courses/Training on DRRM/Climate Change Adaptation
 - Integration of Climate Change Adaptation and Disaster Risk Reduction and Management (DRRM)
 - School Disaster Risk Reduction and Management Team
 - Learners who received courses/Training on DRRM/CCA
 - Health and Nutrition
 - Operation and Maintenance for Sanitation and Facilities
 - Menstrual Hygiene
 - Travel Details (One-way) from School
 - School Location

2. Furthermore, the Learner Information System End of School Year procedures are as follows:

For Grades 1 to 10, the School Form 5 – Report on Promotion and Level of Proficiency and School Form 6 – Summarized Report on Promotion and Level of Proficiency as contained in the DepEd Order No. 4, s.2014 “Adoption of the Modified School Forms (SFs) for Public Elementary and Secondary Schools effective End of SY 2013-2014” shall be utilized.

The generation of School Forms 5 and 6 will be available in the LIS upon a school’s finalization of its EOSY submission. However, the final and official School Forms 5 and 6 will be available in the system no later five (5) days after the deadline for EOSY updating. For computation of general average, please observe guidelines stipulated in DepED Order No. 8, s.2015 and DepEd Order No. 36, s. 2016.

Class advisers are tasked to resolve all learner profile issues to ensure a complete and accurate *Master List of Learners* for SY 2016-2017.

Class advisers of public schools and designated LIS system administrators of private schools and SUCs offering elementary and secondary education must ensure that all learners’ statuses are updated. School Heads must ensure the accuracy and completeness of the school’s EOSY submissions before these are “finalized” in the LIS.

In updating the EOSY Status Learner Profiles in the LIS, the class advisers shall follow these steps:

- a). The EOSY status of the learner shall be updated based on the following guidelines:

- i. **“Promoted”** is the status of a learner who has achieved a final grade of at least 75% in all learning areas. The learner will be promoted to the next grade level. In the system, if no other status is selected, the learner is tagged as “Promoted”.
- ii. **“Conditionally Promoted”** is the status of a learner who did not meet expectations in at most two (2) learning areas. The learner must pass remedial classes for learning areas where he/she failed, in order to be promoted to the next grade level. Otherwise, the learner is retained in the same grade level.
- iii. **“Retained”** is the status of a learner who did not meet expectations in at least three (3) learning areas. The learner remains in the same grade level.
- iv. **“Transferred Out”** is the status of a learner who transferred to another school or ALS program within the SY. The tagging of the learner as a transferee will be the responsibility of the receiving school. The system will automatically update the status of the learner as “Transferred Out” once the originating school tags the learner as “No Longer in School”, the receiving school enrolls the learner, and both schools have finalized their EOSY master lists.
- v. **“Dropped Out”** is the status of a learner who left the school and did not complete the full term for reasons other than transferring to another school or ALS Program and death. The system will automatically update the status of the learner as “Dropped Out” if the originating school tags the learner as “No Longer in School” and he/she is not enrolled in another school.

The status of No Longer in School (NLS) shall be categorized as follows:

- i. **Accelerated** – Learner was assessed and qualified for the higher grade level for the next school year, and is no longer attending classes after the current school year
- ii. **Drop-out** – Learner has left school and has not completed the full term in the said school for reasons other than transferring to another school or ALS program and death
- iii. **Death** - Learner is declared clinically dead. Death Certificate or any equivalent document shall be presented
- iv. **Transferred to ALS** - Learner has transferred to ALS program
- v. **Transferred to School Abroad** – Learner transferred and is continuing his/her schooling abroad
- vi. **Transferred to International School** – Learner transferred to an international school

- b). For learners who were accelerated within the SY, the learner must first be enrolled to the higher grade level before the EOSY status is updated. The system will automatically tag the learner as “Accelerated” in his/her enrollment record in the lower grade level. The learner’s record will be reflected in the Report on Promotions of the higher grade level.

The Senior High School is designed by semester and track/program. Enclosed **Annex A “End of School Year Status for SHS Masterlist of Learners”** will be used to update the status of the learners.

To update the status of SHS learners, below are the definitions of data elements to be considered:

In School – Learner who is still in school (attending classes) as of the last day of classes

No Longer in School – Learner who left the school (stopped attending classes in any school) before the end of the Semester

For SHS 2nd Semester

- a. **Completer** – Learner who completed/satisfied (obtained at least 75%) requirement in all subject areas
- b. **Incomplete** – Learner who failed (obtained less than 75%) in one or more subject areas (regardless of number of subjects failed)
- c. **No longer in School** - Learner who left school (stopped attending classes in any school) before the end of the Semester

SHS End of School Year Status by Program

- a. **Regular** – Learner who completed/satisfied (obtained at least 75%) requirement in all subject areas in both the 1st and 2nd semesters
- b. **Irregular** - Learner who did not satisfy/complete requirements in one or both semesters

3. The following timeline is set by the division to ensure timely submission of the End of SY 2016-2017 Data, to wit:

Timeline

Activities	Date
Encoding/Updating in the LIS for K to 12	April 17-May 19, 2017
Orientation on EOSY LIS and EBEIS for District ICT Coordinators	May 2-3, 2017
Facility on Correcting Curriculum Offering Classification	May 8-19, 2017
Encoding of additional Data Elements for SY 2016-2017 in the EBEIS	May 1-19, 2017
Division Validation	May 20-30, 2017
Submission of LIS Generated SF5 and SF 6	1 st Week of June 2017

4. To meet the LIS target schedules, all concerned personnel involved in the LIS at the school, district, and division levels are allowed to render overtime (OT) services during weekdays, weekends, and holidays when necessary. At the school level, the OT services can be converted to service credits.

5. Monitoring and Evaluation

The School Governance and Operations Division – Planning and Research Units and the Division Information Technology Officers shall jointly provide technical assistance and resources, as necessary to ensure compliance with the guidelines of the EOSY updating in the LIS. The Division Coordinator for Private Schools and PS District Supervisors shall constantly monitor the compliance of the schools on LIS and EBEIS for End of SY.

6. Enclosed in this memorandum are as follows:

- a) DepEd Order No. 23, s. 2017
- b) Annex A – End of School Year Status for SHS Masterlist of Learners Form
- c) EBEIS Forms for additional data:
 - Government Elementary School Profile (GESP)
 - Government Junior High School Profile (GJHSP)
 - Government Senior High School Profile (GSHSP)
 - Government Integrated School Profile (GISP)
 - Private School Profile (PSP)
 - State Universities and Colleges School Profile

7. For immediate dissemination of and strict compliance with this Memorandum is directed.

/dpu_elg



Republic of the Philippines
Department of Education


24 APR 2017

DepEd ORDER
No. **23**, s. 2017

**END OF SCHOOL YEAR 2016-2017 UPDATING OF LEARNER PROFILES
ON THE LEARNER INFORMATION SYSTEM AND ADDITIONAL
DATA REQUIREMENTS IN THE ENHANCED BASIC
EDUCATION INFORMATION SYSTEM**

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Secretary, ARMM
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary Schools Heads
All Others Concerned

1. The Department of Education (DepEd) issues the enclosed guidelines on the **End of School Year (SY) 2016-2017 Updating of Learner Profiles on the Learner Information System (LIS) and Additional Data Requirements in the Enhanced Basic Education Information System (EBEIS)**.
2. This DepEd Order aims to provide guidance to all concerned schools and learning centers on the End of SY updating of learners' profiles and data collection of basic education statistics.
3. For End of SY 2016-2017 data, all public and private elementary and secondary schools, state universities and colleges (SUCs) offering elementary and secondary education, are directed to update their learners' profiles and other data requirements through the LIS and EBEIS.
4. Immediate dissemination of and strict compliance with this Order is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encl.:

As stated

Reference:

DepEd Order No. 52, s. 2016

To be indicated in the Perpetual Index
under the following subjects:

DATA
FORMS
INFORMATION TECHNOLOGY

LEARNER
POLICY
SCHOOLS

END OF SCHOOL YEAR 2016-2017 UPDATING OF LEARNER PROFILES ON THE LEARNER INFORMATION SYSTEM (LIS) AND ADDITIONAL DATA REQUIREMENTS IN THE ENHANCED BASIC EDUCATION INFORMATION SYSTEM (EBEIS)

I. Rationale

The Department recognizes the importance of maintaining accurate, quality and relevant basic education statistics in addressing the needs of our schools and learners, in support of the performance evaluation of the basic education sector vis-à-vis the achievement of DepEd's goals as stated in the ten-point agenda of the current administrations Social Development Goals (SDGs), and other international commitments.

II. Statement of Policy

The Department hereby issues the guidelines on the End of School Year, (EOSY) 2016-2017 updating of learner profiles on the Learner Information System (LIS), and additional data requirements in the Enhanced Basic Education Information System (EBEIS). The updating of information of learners' basic profiles, enrolment status, end of school year academic accomplishment for the whole school year in the LIS, and other useful data and information is needed for planning & budgeting, allocation of resources, and setting operational targets.

III. Scope of the Policy

For End of School Year 2016-2017 data, all public and private elementary and secondary schools, state universities and colleges (SUCs) offering elementary and secondary education, are directed to update their learners' profiles and other data requirements through the LIS and EBEIS.

IV. Procedures

A. Learner Information System (LIS)

For Grades 1 to 10, the School Form 5 - Report on Promotion and Level of Proficiency and School Form 6 - Summarized Report on Promotion and Level of Proficiency as contained in the DO 4, s. 2014 "Adoption of the Modified School Forms (SFs) for Public Elementary and Secondary Schools effective End of School Year 2013-2014" shall be utilized.

Class advisers are tasked to resolve all learner profile issues to ensure a complete and accurate Master List of Learners for SY 2016-2017.

In updating the EOSY Status Learner Profiles, the class advisers shall follow these steps:

- a. The EOSY status of the learner shall be updated based on the following guidelines:
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 - iii. "Retained" is the status of a learner who did not meet expectations in at least three (3) learning areas. The learner remains in the same grade level.
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 - v. "Dropped Out" is the status of a learner who left the school and did not complete the full term for reasons other than transferring to another school or ALS Program and death. The system will automatically update the status of the learner as "Dropped Out" if the originating school tags the learner as "No Longer in School" and he/she is not enrolled in another school.
- b. For learners who were accelerated within the SY, the learner must first be enrolled to the higher grade level before the EOSY status is updated. The system will automatically tag the learner as "Accelerated" in his/her enrollment record in the lower grade level. The learner's record will be reflected in the Report on Promotions of the higher grade level.

The generation of School Forms 5 and 6 will be available in the LIS upon a school's finalization of its EOSY submission. However, the final and official School Forms 5 and 6 will be available in the system no later than five (5) days after the deadline for EOSY updating. For computation of general average, please observe guidelines stipulated in DepEd Order 8, s. 2015 and DepEd Order 36, s. 2016.

The Senior High School is designed by semester and track/program. **Annex A “End of School Year Status for SHS Masterlist of Learners”** will be used to update the status of the learners.

To update the status of SHS learners, below are the definitions of data elements to be considered:

In School – Learner who is still in school (attending classes) as of the last day of classes

No Longer in School - Learner who left school (stopped attending classes in any school) before the end of the Semester

For 2nd Semester

- a. **Completer** - Learner who completed/satisfied (obtained at least 75%) requirement in all subject areas
- b. **Incomplete** - Learner who failed (obtained less than 75%) in one or more subject areas (regardless of number of subjects failed)
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End of School Year Status by Program

- a. **Regular** - Learner who completed/satisfied (obtained at least 75%) requirement in all subject areas in both the 1st and 2nd semesters
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The status of No Longer in School (NLS) shall be categorized as follows:

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- vi. **Transferred to International School** – Learner transferred to an international school

Class advisers of public schools and designated LIS school system administrators of private schools and SUCs offering elementary and secondary education must ensure that all the learners' statuses are updated. School Heads must ensure the accuracy and completeness of the school's EOSY submissions before these are "finalized" in the LIS.

B. Enhance Basic Education Information System (EBEIS)

The following additional data elements will also be gathered and deployed this end of school year, as per DepEd Order 52, s. 2016, Data Collection of Basic Education Statistics in the Learner Information System and Enhanced Basic Education Information System for Beginning of School Year 2016-2017:

Government Elementary School Profile (GESP), Government Junior High School Profile (GJHSP), Government Senior High School Profile (GSHSP), Government Integrated School Profile (GISP), Private School Profile, State Universities and Colleges School Profile

- Safe Learning Facilities
- Learning Areas with DRRM-Related Concepts
- Teaching Personnel who received Courses/Training on DRRM/Climate Change Adaptation
- Integration of Climate Change Adaptation and Disaster Risk Reduction and Management (DRRM)
- School Disaster Risk Reduction and Management Team
- Learners who received courses/Training on DRRM/CCA
- Health and Nutrition
- Operation and Maintenance for Sanitation and Facilities
- Menstrual Hygiene
- Travel Details (One-way) from School
- School Location

Note: Whichever data element is applicable to the data gathering forms

Timelines

Activities	Date
Start of Encoding in the LIS for K-10	April 17-May 30, 2017
Start of Encoding in the LIS for Grades 11-12	April 19, 2017-May 30, 2017
Updating of School Profile	May 1 -30, 2017
Facility on Correcting Curriculum Offering Classification (COC)	May 1 -30, 2017
Encoding of additional Data Elements for SY 2016-2017 in the EBEIS	May 8, 2017-May 30, 2017
Validation	May 1-30, 2017
Closing of the encoding of LIS and EBEIS facility	May 30, 2017

Overtime Services and Payment

To meet the LIS target schedules, all personnel involved in the LIS at the school, district, and division levels are allowed to render overtime (OT) services during weekdays, weekends, and holidays when necessary. At the school level, these OT services can be converted to service credits.

All schools, divisions, and regions are enjoined to establish mechanisms to ensure the timeliness, completeness, and accuracy of learner data as these are crucial to the generation of performance indicators, Beginning of School Year (BOSY) 2016-2017 learner enrolment, and Senior High School Implementation.

V. Monitoring and Evaluation

The Schools Division Superintendents through the School Governance and Operations Division - Planning and Research Units, and the Information Technology Officers shall jointly provide technical assistance and resources, as necessary, to the schools to ensure compliance with the guidelines of the EOSY updating in the LIS. Particular attention must be given to schools with no access to internet facilities. The Regional Directors through the Policy, Planning and Research Division shall monitor the divisions' provision of technical assistance and resources to schools for the EOSY updating.

VI. Effectivity

This Order shall take effect immediately upon its approval.

End of School Year Status for SHS Masterlist of Learners

As of _____

Track
Grade Level

Program
Class

LRN	LAST NAME	FIRST NAME	MIDLE NAME	EXTENSION NAME	GENDER	END OF SEMESTER STATUS		End of School Year Status by	Remark
						1st Sem	2nd Sem		

Indicators

End of Semester Status

For 1st semester (interim indicator for SY 2016-17 only)

In School Learner who are in still in school (attending classes) as of the last day of classes

No Longer in Scho Learner who left school (stop attending classes in any school) before the end of Semester

For 2nd Semester

Completer learner who completed/satisfied (obtained at least 75%) requirement in all subject areas

Incomplete learner who failed (obtained less than 75%) in one or more subject areas (regardless of number of subjects failed)

No Longer in Scho Learner who left school (stop attending classes in any school) before the end of Semester

End of School Year Status by Program

Regular learner who completed/satisfied (obtained at least 75%) requirement in all subject areas both in 1st and 2nd semester

Irregular Learner who did not able to satisfied /completed requirement in one or both semesters

Remark Notification will display if the learner shifted from one track/program to another within the School Year



Republic of the Philippines
DEPARTMENT OF EDUCATION
PLANNING SERVICE

Education Management Information System Division



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District ID

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School ID

GOVERNMENT ELEMENTARY SCHOOL PROFILE

INSTRUCTIONS

This form shall be accomplished by the head of all government elementary schools. In the case of schools with annexes, extensions, etc., a separate school profile shall be accomplished by every annex, extension, etc.

The head of the school shall sign the forms certifying to the correctness of the data, and shall be responsible and accountable for any inaccuracy or false data/information reported. He/She shall submit the accomplished forms to the respective Division Office on or before **September 26, 2016**.

Important: Read the definitions/instructions found at the bottom of each table before filling up the form. No item should be left blank. Instead, "zero (0)" or "not applicable (n/a) " shall be written. Shaded boxes shall not be filled.

SCHOOL INFORMATION SY 2016-2017

Name of School : _____
(Official name)

(If renamed, please indicate old name.)

Address : _____

#	Street/Sitio/Purok	Barangay
_____	_____	_____
Municipality	Province/City	
_____	_____	

Region : _____

Division : _____

School District : _____

Legislative District : _____

Tel. No. : _____

Mobile No. : _____

Fax No. : _____

E-Mail Address : _____

Date of Establishment : _____

Annex/Extension School

(Please check appropriate box if the school is an annex/extension school.)

☐ Yes (Please indicate School ID of the Mother School)

Mother School ID:

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☐ No

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ Date : _____

Checked by District Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ Date : _____

Box 6. SAFE LEARNING FACILITIES, For the months of June 2015 to May 2016

(Check as appropriate).

<p>1. Does the school conduct Risk Assessment of buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, in what month?</p> <table style="width: 100%; text-align: center;"> <tr> <td>June</td><td>July</td><td>Aug.</td><td>Sept.</td><td>Oct.</td><td>Nov.</td><td>Dec.</td><td>Jan.</td><td>Feb.</td><td>Mar.</td><td>Apr.</td><td>May</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <p>Findings of risk assessment:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Buckling (Beams/Columns)</td> </tr> <tr> <td><input type="checkbox"/> Deterioration</td> <td><input type="checkbox"/> Leaks</td> </tr> <tr> <td><input type="checkbox"/> Destroyed electrical wirings</td> <td><input type="checkbox"/> Others, please specify _____</td> </tr> </table>												June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cracks	<input type="checkbox"/> Buckling (Beams/Columns)	<input type="checkbox"/> Deterioration	<input type="checkbox"/> Leaks	<input type="checkbox"/> Destroyed electrical wirings	<input type="checkbox"/> Others, please specify _____
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<p>2. Does the school conduct regular maintenance of facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, in what month?</p> <table style="width: 100%; text-align: center;"> <tr> <td>June</td><td>July</td><td>Aug.</td><td>Sept.</td><td>Oct.</td><td>Nov.</td><td>Dec.</td><td>Jan.</td><td>Feb.</td><td>Mar.</td><td>Apr.</td><td>May</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>												June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<p>3. Does the School Head sign the Building Acceptance during turn-over period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																									
<p>4. Are there Multi-storey buildings in your school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																									
<p>5. What multi-storey buildings does the school have? <input type="checkbox"/> 2-storey <input type="checkbox"/> 3-storey <input type="checkbox"/> 4-storey</p>																																									
<p>6. Are the school facilities sensitive to the needs of persons with disability (e.g. ramp)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																									
<p>7. How many learners dropped due to disasters within the current school year? _____</p>																																									
<p>8. Are there classrooms that have been damaged by recent disaster/s? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please indicate the number of damaged classrooms (major or partial) in the applicable month/s.</p> <table style="width: 100%; text-align: center;"> <tr> <td>June</td><td>July</td><td>Aug.</td><td>Sept.</td><td>Oct.</td><td>Nov.</td><td>Dec.</td><td>Jan.</td><td>Feb.</td><td>Mar.</td><td>Apr.</td><td>May</td> </tr> <tr> <td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td> </tr> </table>												June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____						
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____																														
<p>9. Are there classrooms constructed in the current school year as a replacement for the ones totally damaged by recent disaster/s? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																									
<p>10. Are there classrooms that underwent or are undergoing repair in the current school year in relation to the recent disaster/s? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																									

Box 7. DISASTER RISK REDUCTION MANAGEMENT (DRRM), For the months of June 2015 to May 2016

(Check as appropriate).

<p>1. Have you conducted the annual student-led school watching and hazard mapping? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, in what month?</p> <table style="width: 100%; text-align: center;"> <tr> <td>June</td><td>July</td><td>Aug.</td><td>Sept.</td><td>Oct.</td><td>Nov.</td><td>Dec.</td><td>Jan.</td><td>Feb.</td><td>Mar.</td><td>Apr.</td><td>May</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>												June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<p>2. Is DRRM integrated in the SIP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																			
<p>3. Have you completed the Promoting Family Earthquake Preparedness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, in what month?</p> <table style="width: 100%; text-align: center;"> <tr> <td>June</td><td>July</td><td>Aug.</td><td>Sept.</td><td>Oct.</td><td>Nov.</td><td>Dec.</td><td>Jan.</td><td>Feb.</td><td>Mar.</td><td>Apr.</td><td>May</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>												June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<p>4. Have you taken appropriate actions based on the results of the Promoting Family Earthquake Preparedness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, enumerate the actions:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																																			
<p>5. Have you developed preparedness and contingency plans in case of disaster or emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																			
<p>6. Is your school equipped with safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what equipment?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Fire extinguisher</td> <td><input type="checkbox"/> First Aid Kit</td> </tr> </table>												<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> First Aid Kit																						
<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> First Aid Kit																																		
<p>7. What DRRM related events/activities do you participate in? (e.g. NDCM, Fire Prevention Month, NSED)?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> National Disaster Consciousness Month</td> <td><input type="checkbox"/> National Simultaneous Earthquake Drill</td> </tr> <tr> <td><input type="checkbox"/> Fire Prevention Month</td> <td><input type="checkbox"/> Others, please specify _____</td> </tr> </table>												<input type="checkbox"/> National Disaster Consciousness Month	<input type="checkbox"/> National Simultaneous Earthquake Drill	<input type="checkbox"/> Fire Prevention Month	<input type="checkbox"/> Others, please specify _____																				
<input type="checkbox"/> National Disaster Consciousness Month	<input type="checkbox"/> National Simultaneous Earthquake Drill																																		
<input type="checkbox"/> Fire Prevention Month	<input type="checkbox"/> Others, please specify _____																																		
<p>8. Did you conduct the annual Brigada Eskwela before the opening of this school year?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Parents</td> <td><input type="checkbox"/> Students</td> </tr> <tr> <td><input type="checkbox"/> Teachers</td> <td><input type="checkbox"/> Others, please specify _____</td> </tr> </table>												<input type="checkbox"/> Parents	<input type="checkbox"/> Students	<input type="checkbox"/> Teachers	<input type="checkbox"/> Others, please specify _____																				
<input type="checkbox"/> Parents	<input type="checkbox"/> Students																																		
<input type="checkbox"/> Teachers	<input type="checkbox"/> Others, please specify _____																																		

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Position Title : _____ Date : _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ Date : _____

Table 20. LEARNING AREAS WITH DRRM-RELATED CONCEPTS, SY 2016-2017

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhayan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 21. DRRM CLIMATE CHANGE ADAPTATION (CCA) TRAINING DATA

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation courses and/or trainings in the last 5 years		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of March 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Table 22. HEALTH AND NUTRITION, SY 2016-2017 (From June 13, 2016 to August 31, 2016)

A. Number of learners who were vaccinated by the Department of Health in the school this SY 2016-2017 from June 13, 2016 to August 31, 2016

Type of Vaccines	Grade 1			Grade 4
	Male	Female	Total	Female
Measles Containing Vaccine				
Tetanus Diptheria				
Human Papiloma Virus				

B. Number of learners who underwent vision screening according to results from June 13, 2016 to August 31, 2016

Vision Screening Results	Kindergarten		Grade 1		Grade 2		Grade 3		TOTAL (Kindergarten to Grade 3)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Passed										
Failed										
TOTAL										

C. Number of learners by nutritional status as assessed from June 13, 2016 to August 31, 2016

Nutritional Status	Kindergarten		Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6		Learners with Exceptionalities (non-graded)		TOTAL (Kindergarten to Learners with Exceptionalities)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Normal																		
Obese																		
Overweight																		
Severely Wasted																		
Wasted																		
TOTAL																		

D. Number of learners who were dewormed from June 13, 2016 to August 31, 2016

Number of Learners Dewormed	Kindergarten		Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6		Learners with Exceptionalities (non-graded)		TOTAL (Kindergarten to Learners with Exceptionalities)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Plantilla/Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Box 8. AVAILABILITY OF WATER SUPPLY, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate).

1. Is there a water source inside the school ground?		<input type="checkbox"/> Yes (proceed to 1.1)	<input type="checkbox"/> No (Skip 1.1 to 1.4 and proceed to 2)
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1.1 Main Water Supply Source:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Piped water from local service provider <input type="checkbox"/> Water Well <input type="checkbox"/> Natural source </div> <div style="width: 48%;"> <input type="checkbox"/> Rainwater Catchments <input type="checkbox"/> Others, please specify _____ </div> </div> </div> <div style="width: 45%;"> <p>1.2 Average Cost of Monthly Bills/Maintenance. (Please indicate the amount in PhP) _____</p> <p>1.3 Who pays for the Cost of Monthly Bills/Maintenance :</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> School MOOE <input type="checkbox"/> LGU <input type="checkbox"/> PTA </div> <div style="width: 48%;"> <input type="checkbox"/> School Canteen Fund <input type="checkbox"/> Private Individual/Sector <input type="checkbox"/> Others, please specify _____ </div> </div> </div> </div>			
1.4 Is the water source inside the school ground safe to drink?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the school have mechanism to ensure that the learners have safe drinking water?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2.1 If Yes, what mechanism is used?</p> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Teachers ask the learners to bring their own drinking water to school <input type="checkbox"/> Safe water in refillable containers are provided in designated areas within the school <input type="checkbox"/> Water from an accessible water source is treated (i.e. boiled, etc) <input type="checkbox"/> Others, please specify _____ </div>			

1. **Local piped water** - water source coming from local water service providers.

2. **Water well** - an excavation structure in the ground by digging, driving, boring or drilling to access water in underground aquifers.

3. **Rainwater catchment** - water sourced from rainwater and collected thru a rainwater collector.

4. **Natural source** - water sourced from a spring or stream that is either located inside the school grounds or located outside school grounds but water is supplied via pipes.

Table 23. NUMBER OF EXISTING WASH FACILITIES, SY 2016-2017 (As of June 17, 2016)

Usage	Functional	Non-Functional	Total Number of Facilities
Facilities for group handwashing			
Facilities for individual handwashing			

1. **Group handwashing facility** - a facility to be used in supervised handwashing and toothbrushing activity that can accommodate 4 to 10 learners.

2. **Individual handwashing facility** - a facility in the classroom, drinking points, near toilets, near the canteen, etc that learners can be used for handwashing at critical times.

3. **Functional facilities for handwashing** - the hand washing facility is accessible, with daily water supply, learner-appropriate height and with appropriate drainage.

4. **Non-functional facilities for handwashing** - the hand washing facility is broken, clogged or damaged in such a way that it cannot be used.

Certified True and Correct by :

School Head :

(Signature Over Printed Name)

Plantilla/Position Title :

Date :

Checked by District Office :

Head of the Office :

(Signature Over Printed Name)

Position Title :

Date :

Verified by the Division Office:

Head of the Office :

(Signature Over Printed Name)

Position Title :

Date :

Box 9. FEEDING PROGRAM, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate).

a. Does the school have a feeding program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the funding source of school feeding program?			
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> School-Based Feeding Program
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Fund	<input type="checkbox"/> Others, please specify _____
b. Availability of agriculture and fishery resources in the school :			
<input type="checkbox"/> Gulayan sa Paaralan	<input type="checkbox"/> Agricultural Crops	<input type="checkbox"/> Others, please specify _____	
<input type="checkbox"/> Fish Pond	<input type="checkbox"/> Livestock	<input type="checkbox"/> None	
Does agricultural and fishery in the school used for feeding program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the funding source?			
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> Others, please specify _____
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Fund	

Box 10. FOOD HANDLING, SY 2016-2017 (As of June 17, 2016)

1. Does the school have a canteen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.1 Does the school canteen have a sanitary permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2 If Yes, please indicate the sanitary permit number and the validity date:	_____	_____
	<i>Sanitary Permit No.</i>	<i>Validity Date</i>

Sanitary Permit - is the official document issued by proper authorities to an establishment that has been determined to have met the minimum requirements for the sanitary operation.

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Plantilla/Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office:

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Box 11. SOLID WASTE MANAGEMENT, SY 2016-2017 (As of June 17, 2016)*(Check as appropriate).*

1. Is your school compliant to the Ecological Solid Waste Management Act (RA 9003)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. How is the school implementing Solid Waste Management?		
<input type="checkbox"/> Composting	<input type="checkbox"/> Posting of signage	<input type="checkbox"/> Use of paper plates/cups instead of plastic
<input type="checkbox"/> Designation of trash collection point	<input type="checkbox"/> Recycling Projects	<input type="checkbox"/> Use of recycled materials are teaching tool
<input type="checkbox"/> Poster making and/or slogan making contest	<input type="checkbox"/> School representative at the Barangay Solid Waste Management Committee	<input type="checkbox"/> Use of reusable food containerts
		<input type="checkbox"/> Waste segregation
3. Who are the school stakeholders actively engaged on the implementation of solid waste management?		
<input type="checkbox"/> Barangay	<input type="checkbox"/> Local business partners	<input type="checkbox"/> Parents
<input type="checkbox"/> Community leaders	<input type="checkbox"/> Municipal/City government	

Box 12. OPERATION AND MAINTENANCE OF SANITATION FACILITIES, SY 2016-2017*(As of June 17, 2016)*

1. How often are the sanitation facilities cleaned? (Check only one)	
<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week
<input type="checkbox"/> At least twice a week	<input type="checkbox"/> Less than once a week
1.1 Average Cost of Monthly Bills/Maintenance. (Please indicate the amount in Php) _____	
1.2 Who Pays for the Cost of Monthly Bills/Maintenance (Check as appropriate):	
<input type="checkbox"/> School MOOE	<input type="checkbox"/> School Canteen Fund
<input type="checkbox"/> LGU	<input type="checkbox"/> Private Individual/Sector
<input type="checkbox"/> PTA	<input type="checkbox"/> Others, please specify _____

Box 13. MENSTRUAL HYGIENE, SY 2016-2017 (As of June 17, 2016)

1. Does the <u>school</u> have a provision for availability of sanitary pads?	
<input type="checkbox"/> Yes (Proceed to 1.1)	<input type="checkbox"/> No
1.1 Where can the learners avail the sanitary pads?	
<input type="checkbox"/> School Canteen	
<input type="checkbox"/> School Clinic	
<input type="checkbox"/> Guidance Office	
<input type="checkbox"/> Others, please specify _____	

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Plantilla/Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office:

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Table 24. TRAVEL DETAILS (ONE-WAY) FROM SCHOOL, SY 2016-2017 (As of June 17, 2016)

For each one-way trip from your school to the specified reference points, indicate the travel cost, travel time, and travel means.

Travel Details	Trip to Division Office	Trip to nearest:					
		Public School		Private School		Municipal Office	
		Elementary	Secondary	Elementary	Secondary		
1. Cost (in Php)							
2. Time (in minutes)							
3. Means (check all applicable)							
a. Walking	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
b. Bicycle/Scooter	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
c. Motorcycle	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
d. Habal-habal/skylab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
e. Pedicab/trisikad/padyak	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
f. Tricycle/motorcab/trimobile	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
g. Kuliglig	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
h. Jeep/multicab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
i. Van/car/taxi/minibus/truck	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
j. Bus	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
k. Train	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
l. Raft/boat/ship	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
m. Plane	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
n. Horse/Carabao	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
TOTAL PERCENTAGE	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %

1. Travel Cost - In Pesos, how much does it **USUALLY** cost to travel from your school to the reference point?

2. Travel Time - How many minutes does it **USUALLY** take to travel from your school to the reference point?

3. Travel Means - Check the box of each means available to travel from your school to the reference point (check all that apply).

Beside each box, indicate what percentage of a USUAL trip from your school to the reference point is spent using that means of travel.

If a means of travel is available but is not used during a USUAL trip to the reference point, write **0%** beside the checkbox.

Reminder: The percentages for each reference point should add up to 100%.

Box 14. SCHOOL LOCATION, SY 2016-2017 (As of June 17, 2016)

Location descriptions for your school: (Check all applicable).

☐ Along the highway

☐ By the hillside

☐ On top of a mountain

☐ On a small island *

☐ Near the coastline **

☐ Near a river or waterway **

☐ Near a faultline **

☐ Others, please specify _____

*Note: * - an island with an area less than 200 sq. km.*

*** - near if within 1.5km from the school*

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Position Title : _____ **Date :** _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ **Date :** _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ **Date :** _____

Box 15. STAKEHOLDER FEEDBACK, SY 2016-2017 (As of June 17, 2016)

a. How much feedback (positive or negative) did the stakeholders provided on school operations and projects?

Use the scale where 0 is no feedback and 4 is a lot of feedback.

(Check as appropriate).

Type of Stakeholder	School Operations					School Projects				
	0	1	2	3	4	0	1	2	3	4
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. How much help did the stakeholders provide in terms of providing or loaning equipment and facilities for school operations and projects?

Use the scale where 0 is no help and 4 is a lot of help.

(Check as appropriate).

Type of Stakeholder	School Operations					School Projects				
	0	1	2	3	4	0	1	2	3	4
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Box 16. STAKEHOLDER CONTRIBUTION, SY 2016-2017 (As of June 17, 2016)

a. What percentage of stakeholders invited attend activities relating to school operations and projects?

Type of Stakeholder	Percentage	
	School Operations	School Projects
Parents		
LGU		
Division Office		
Others		

c. How much cash did the stakeholders provided for school operations & projects?

Type of Stakeholder	Cash Amount in Php	
	School Operations	School Projects
Parents		
LGU		
Division Office		
Others		

b. How many aggregate hours did stakeholders volunteer for school operations and projects?

Type of Stakeholder	No. of Hours	
	School Operations	School Projects
Parents		
LGU		
Division Office		
Others		

d. What is the cash equivalent of stakeholders' contribution in kind for school operations and projects?

Type of Stakeholder	Type of Contribution	Cash Equivalent in Php	
		School Operations	School Projects
Parents			
LGU			
Division Office			
Others			

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Plantilla/Position 1 Date : _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title _____ Date : _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title _____ Date : _____



Republic of the Philippines
DEPARTMENT OF EDUCATION
PLANNING SERVICE

Education Management Information System Division



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District ID

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District ID

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School ID

GOVERNMENT INTEGRATED SCHOOL PROFILE

INSTRUCTIONS

This form shall be accomplished by the head of all government integrated schools.

The head of the school shall sign the forms certifying to the correctness of the data, and shall be responsible and accountable for any inaccuracy or false data/information reported. He/She shall submit the accomplished forms to the respective Division Office on or before **May 30, 2017**.

Important: Read the definitions/instructions found at the bottom of each table before filling up the form. No item should be left blank. Instead, "zero (0)" or "not applicable (n/a) " shall be written. Shaded boxes shall not be filled.

SCHOOL INFORMATION SY 2016-2017

Name of School : _____
(Official name)

(If renamed, please indicate old name.)

Address : _____
_____ Street/Sitio/Purok _____ Barangay _____

Municipality _____ Province/City _____

Region : _____
Division : _____
School District : _____
Legislative District : _____
Tel. No. : _____
Mobile No. : _____
Fax No. : _____
E-Mail Address : _____
Date of Establishment : _____

For Secondary (JHS/SHS) Level:

■ Implementing Unit

(Please check appropriate box if the school has book of accounts or has fiscal autonomy.)

☐ Yes ☐ No

■ Night Classes

(Please check appropriate box if the school is offering night classes.)

☐ Yes ☐ No

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ **Date** : _____

Checked by District Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ **Date** : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ **Date** : _____

PART 1

GOVERNMENT INTEGRATED SCHOOL PROFILE (GISP)

Elementary Level

(Check as appropriate)

1. Does the school conduct risk assesment of school buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, during which month/s? June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Findings of risk assessment of school buildings: <input type="checkbox"/> Cracks <input type="checkbox"/> Buckling (Beams/Columns) <input type="checkbox"/> Deterioration <input type="checkbox"/> Leaks <input type="checkbox"/> Destroyed electrical wirings <input type="checkbox"/> Others, please specify _____											
2. Does the school conduct regular repair of facilities using their school funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, during which month/s? June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
3. Are the school facilities sensitive to the needs of persons with disability (e.g. ramp)? <input type="checkbox"/> Yes <input type="checkbox"/> No											

Box 7. INTEGRATION OF CLIMATE CHANGE ADAPTATION (CCA) AND DISASTER RISK REDUCTION AND MANAGEMENT (DRRM), For the months of June 2015 to May 2016

(Check as appropriate)

1. Have you incorporated CCA and DRRM in your School Improvement Plan (SIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please enumerate the Top 5 DRRM activities included in the SIP: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
2. Is your school equipped with safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you developed preparedness/contingency plans in case of disaster or emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which of these has the school developed? <input type="checkbox"/> Plan for the Reunification of Learners and Family <input type="checkbox"/> Area designated for Temporary Learning Spaces <input type="checkbox"/> Others, please specify _____	

Box 8. SCHOOL DISASTER RISK REDUCTION AND MANAGEMENT (SDRRM) TEAM, For the months of June 2015 to May 2016

(Check as appropriate)

1. Does your school have a SDRRM Coordinator or Focal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your school have a SDRRM Team? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, during which of the following does your SDRRM Team do/have? <input type="checkbox"/> Multistakeholder composition of SDRRM Team including but not limited to the representatives from the BDRRMC, PTA, and CSOs <input type="checkbox"/> Regular conduct of meetings If Yes, please indicate how often your SDRRM Team conducts meeting. <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Others, please specify _____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Student-led School Watching and Hazard Mapping per DO No. 23, s. 2015 If Yes, please indicate what month the activity was conducted. June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Promoting Family Earthquake Preparedness per DO No. 27, s. 2015 If Yes, please indicate what month the activity was conducted. June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Have you presented its results to the PTA and LGU? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you taken appropriate actions based on the results? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Observance of National Fire Prevention Month per Proclamation No. 115-A, s. 1966 <input type="checkbox"/> Observance of National Disaster Consciousness Month per EO No. 137, s. 1999 <input type="checkbox"/> Earth Day Celebration per DO No. 65, s. 2010 <input type="checkbox"/> Quarterly Earthquake and Fire Drills including drills for other hazards in your locality per DO No. 48, s. 2012 <input type="checkbox"/> Brigada Eskwela per DO No. 24, s. 2008 If Yes, who were involved? <input type="checkbox"/> Parents <input type="checkbox"/> Students <input type="checkbox"/> Teachers <input type="checkbox"/> Others, please specify _____	
<input type="checkbox"/> Information Dissemination Strategy/Contingency Plan during times of emergencies/disasters <input type="checkbox"/> Proper documentation and reporting of damage, donations received, interventions received, and actions taken <input type="checkbox"/> Others, please specify _____	

Certified True and Correct by :

 School Head : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Checked by District Office :

 Head of the Office : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office:

 Head of the Office : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Part 1_GISP Elementary Level

Table 20. LEARNING AREAS WITH DRRM-RELATED CONCEPTS

For the months of June 2015 to May 2016

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhayan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 21. TEACHING PERSONNEL WHO RECEIVED COURSES/TRAINING ON DRRM/CCA

For the months of June 2015 to May 2016

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation (CCA) courses and/or trainings in the		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of May 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Table 22. LEARNERS WHO RECEIVED COURSES/TRAINING ON DRRM/CCA

For the months of June 2015 to May 2016

Courses and/or Trainings on DRRM and CCA	Number of Learners	
	Male	Female
DRRM courses and/or trainings		
Climate Change Adaptation (CCA) courses and/or trainings in the		

Reminder: *If a learner received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by :

Checked by District Office :

Verified by the Division Office:

School Head : _____
(Signature Over Printed Name)

Head of the Office : _____
(Signature Over Printed Name)

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ **Date :** _____ **Position Title :** _____ **Date :** _____ **Position Title :** _____ **Date :** _____

Table 23. HEALTH AND NUTRITION, SY 2016-2017 (From June 13, 2016 to August 31, 2016)**A. Number of learners who were vaccinated by the Department of Health in the school this SY 2016-2017 from June 13, 2016 to August 31, 2016**

Type of Vaccines	Grade 1			Grade 4
	Male	Female	Total	Female
Measles Containing Vaccine				
Tetanus Diptheria				
Human Papiloma Virus				

B. Number of learners who underwent vision screening according to results from June 13, 2016 to August 31, 2016

Vision Screening Results	Kindergarten		Grade 1		Grade 2		Grade 3		TOTAL (Kindergarten to Grade 3)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Passed										
Failed										
TOTAL										

C. Number of learners by nutritional status as assessed from June 13, 2016 to August 31, 2016

Nutritional Status	Kindergarten		Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6		Learners with Exceptionalities (non-graded)		TOTAL (Kindergarten to Learners with Exceptionalities)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Normal																		
Obese																		
Overweight																		
Severely Wasted																		
Wasted																		
TOTAL																		

D. Number of learners who were dewormed from June 13, 2016 to August 31, 2016

Number of Learners Dewormed	Kindergarten		Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6		Learners with Exceptionalities (non-graded)		TOTAL (Kindergarten to Learners with Exceptionalities)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Plantilla/Position Title : _____ Date : _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ Date : _____

(Check as appropriate).

1. Is there a water source inside the school ground?	<input type="checkbox"/> Yes (<i>proceed to 1.1</i>)	<input type="checkbox"/> No (<i>Skip 1.1 to 1.4 and proceed to 2</i>)
1.1 Main Water Supply Source:		
<input type="checkbox"/> Piped water from local service provider	<input type="checkbox"/> Rainwater Catchments	
<input type="checkbox"/> Water Well	<input type="checkbox"/> Others, please specify _____	
<input type="checkbox"/> Natural source		
1.2 Average Cost of Monthly Bills/Maintenance. (Please indicate the amount in PhP) _____		
1.3 Who pays for the Cost of Monthly Bills/Maintenance :		
<input type="checkbox"/> School MOOE	<input type="checkbox"/> School Canteen Fund	
<input type="checkbox"/> LGU	<input type="checkbox"/> Private Individual/Sector	
<input type="checkbox"/> PTA	<input type="checkbox"/> Others, please specify _____	
1.4 Is the water source inside the school ground safe to drink?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the school have mechanism to ensure that the learners have safe drinking water?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.1 If Yes, what mechanism is used?		
<input type="checkbox"/> Teachers ask the learners to bring their own drinking water to school		
<input type="checkbox"/> Safe water in refillable containers are provided in designated areas within the school		
<input type="checkbox"/> Water from an accessible water source is treated (i.e. boiled, etc)		
<input type="checkbox"/> Others, please specify _____		

1. **Local piped water** - water source coming from local water service providers.

2. **Water well** - an excavation structure in the ground by digging, driving, boring or drilling to access water in underground aquifers.

3. **Rainwater catchment** - water sourced from rainwater and collected thru a rainwater collector.

4. **Natural source** - water sourced from a spring or stream that is either located inside the school grounds or located outside school grounds but water is supplied via pipes.

Table 24. NUMBER OF EXISTING WASH FACILITIES, SY 2016-2017 (As of August 31, 2016)

Usage	Functional	Non-Functional	Total Number of Facilities
Facilities for group handwashing			
Facilities for individual handwashing			

1. **Group handwashing facility** - a facility to be used in supervised handwashing and toothbrushing activity that can accommodate 4 to 10 learners

2. **Individual handwashing facility** - a facility in the classroom, drinking points, near toilets, near the canteen, etc that learners can be used for handwashing at critical times.

3. **Functional facilities for handwashing** - the hand washing facility is accessible, with daily water supply, learner-appropriate height and with appropriate drainage.

4. **Non-functional facilities for handwashing** - the hand washing facility is broken, clogged or damaged in such a way that it cannot be used.

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Plantilla/Position Title : _____

Date : _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Date : _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____

Date : _____

Box 10. FEEDING PROGRAM, SY 2016-2017 (As of August 31, 2016)*(Check as appropriate).*

a. Does the school have a feeding program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the funding source of school feeding program?					
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> School-Based Feeding Program		
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Func	<input type="checkbox"/> Others, please specify _____		
b. Availability of agriculture and fishery resources in the school :					
<input type="checkbox"/> Gulayan sa Paaralan	<input type="checkbox"/> Agricultural Crops	<input type="checkbox"/> Others, please specify _____			
<input type="checkbox"/> Fish Pond	<input type="checkbox"/> Livestock	<input type="checkbox"/> None			
Does agricultural and fishery in the school used for feeding program				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the funding source?					
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> Others, please specify _____		
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Fund			

Box 11. FOOD HANDLING, SY 2016-2017 (As of August 31, 2016)

1. Does the school have a canteen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.1 Does the school canteen have a sanitary permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2 If Yes, please indicate the sanitary permit number and the validity date:		_____	_____
		<i>Sanitary Permit No.</i>	<i>Validity Date</i>

Sanitary Permit - is the official document issued by proper authorities to an establishment that has been determined to have met the minimum requirements for the sanitary operation.

Certified True and Correct by :

School Head : _____
 (Signature Over Printed Name)

Plantilla/Position Title : _____ Date : _____

Checked by District Office :

Head of the Office : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office:

Head of the Office : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Box 12. SOLID WASTE MANAGEMENT, SY 2016-2017 (As of August 31, 2016)

1. Is your school compliant to the Ecological Solid Waste Management Act (RA 9003)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. How is the school implementing Solid Waste Management? (Check as appropriate).		
<input type="checkbox"/> Composting	<input type="checkbox"/> Posting of signage	<input type="checkbox"/> Use of paper plates/cups instead of plastic
<input type="checkbox"/> Designation of trash collection point	<input type="checkbox"/> Recycling Projects	<input type="checkbox"/> Use of recycled materials are teaching tool
<input type="checkbox"/> Poster making and/or slogan making contest	<input type="checkbox"/> School representative at the Barangay Solid Waste Management Committee	<input type="checkbox"/> Use of reusable food containerts
		<input type="checkbox"/> Waste segregation
3. Who are the school stakeholders actively engaged on the implementation of solid waste management? (Check as appropriate).		
<input type="checkbox"/> Barangay	<input type="checkbox"/> Local business partners	<input type="checkbox"/> Parents
<input type="checkbox"/> Community leaders	<input type="checkbox"/> Municipal/City government	

Box 13. OPERATION AND MAINTENANCE OF SANITATION FACILITIES, SY 2016-2017 (As of August 31, 2016)

1. How often are the sanitation facilites cleaned? (Check only one).	
<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week
<input type="checkbox"/> At least twice a week	<input type="checkbox"/> Less than once a week
1.1. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount) _____	
1.2. Who Pays for the Cost of Monthly Bills/Maintenance (Check as appropriate):	
<input type="checkbox"/> School MOOE	<input type="checkbox"/> School Canteen Fund
<input type="checkbox"/> LGU	<input type="checkbox"/> Private Individual/Sector
<input type="checkbox"/> PTA	<input type="checkbox"/> Others, please specify _____

Box 14. MENSTRUAL HYGIENE, SY 2016-2017 (As of August 31, 2016)

(Check as appropriate)

Does the <u>school</u> have a provision for availability of sanitary pads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where can the learners avail the sanitary pads?	
<input type="checkbox"/> School Canteen	<input type="checkbox"/> Guidance Office
<input type="checkbox"/> School Clinic	<input type="checkbox"/> Others, please specify _____

Part 1_GISP Elementary Level

Table 25. TRAVEL DETAILS (ONE-WAY) FROM SCHOOL, SY 2016-2017

For each **ONE-WAY** trip from your school to the specified reference points (i.e., Division Office, nearest schools, nearest municipal office), indicate the following:

1. **Travel cost** - How much does it USUALLY* cost to travel from your school to the reference point? Specify your answers in Pesos.
2. **Travel time** - How many minutes does it USUALLY* take to travel from your school to the reference point?
3. **Time spent walking** - Given the USUAL* travel time in item 2, how much of this is spent walking? Specify your answers in minutes.
4. **Travel time if walking the entire way** - If you were to walk the entire way from your school to the reference point, how long would it take? Estimate your answer in minutes.
5. **Crossing any body of water without a bridge** - Do you need to cross any body of water (e.g., river, lake, sea) without a bridge to travel from your school to the reference point? Specify if yes or no.
6. **Passing difficult terrain** - Do you need to pass difficult terrain (e.g., mountains, forests) to travel from your school to the reference point? Specify if yes or no.

Travel Details	Your school to the Division Office	Your school to the NEAREST:				
		Public School		Private School		Municipal Office
		Elementary	Secondary	Elementary	Secondary	
1. Travel cost (in PhP)						
2. Travel time (in minutes)						
3. Time spent walking (in minutes)						
4. Travel time if walking the entire way (in minutes)						
5. Crossing any body of water without a bridge (yes/no)						
6. Passing difficult terrain (yes/no)						

Note: USUAL* - most frequent.

EXAMPLE:

Over the course of 5 years, a school head has travelled from her school to the Division office 50 times already. During that time, the total cost of travelling from the school to the Division office was as follows:

- P40 when taking public transportation (i.e., two jeepney rides);
- P200 for gas when the school service was available.

And, the **travel time** was as follows:

- 60 minutes when taking public transportation which required her to walk between jeepney stops;
- 30 minutes when the school service was available which did not require her to walk.

Out of those 50 trips, 40 trips were via the school service. Hence, the **USUAL** travel cost and travel time from the school to the Division Office should be based on trips using the school service, as follows:

- Travel cost = P200;
- Travel time = 30 minutes;
- Time spent walking = 0 minute.

Box 15. SCHOOL LOCATION, SY 2016-2017

Location descriptions for your school: (Check all applicable)

<input type="checkbox"/> Along the highway	<input type="checkbox"/> Near the coastline**
<input type="checkbox"/> By the hillside	<input type="checkbox"/> Near a river or waterway**
<input type="checkbox"/> On top of a mountain	<input type="checkbox"/> Near a faultline**
<input type="checkbox"/> On a small island*	<input type="checkbox"/> Others, please specify _____

Notes: * - an island with an area less than 200 sq. km.

** - near if within 1.5km from the school

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Plantilla/Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office:

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date :* _____



Republic of the Philippines
DEPARTMENT OF EDUCATION
PLANNING SERVICE
Education Management Information System Division



Municipality ID

School ID

GOVERNMENT JUNIOR HIGH SCHOOL (JHS) PROFILE

INSTRUCTIONS

This form shall be accomplished by the head of all government secondary schools. In the case of schools with annexes, extensions, etc., a separate school profile form shall be accomplished by every annex, extension, etc.

The head of the school shall sign the forms certifying to the correctness of the data, and shall be responsible and accountable for any inaccuracy or false data/information reported. He/She shall submit the accomplished forms to the respective Division Office on or before **May 30, 2017**.

Important: Read the definitions/instructions found at the bottom of each table before filling up the form. No item should be left blank. Instead, "zero (0)" or "not applicable (n/a)" shall be written. Shaded boxes shall not be filled.

SCHOOL INFORMATION SY 2016-2017

Name of School : _____
(Official name)

(If renamed, please indicate old name.)

Address : _____
_____ Street/Sitio/Purok _____ Barangay _____
_____ Municipality _____ Province/City _____

Region : _____

Division : _____

Legislative District : _____

Tel. No. : _____

Mobile No. : _____

Fax No. : _____

E-Mail Address : _____

Date of Establishment : _____

Implementing Unit

(Please check appropriate box if the school has book of accounts or has fiscal autonomy.)

☐ Yes ☐ No

Night Classes

(Please check appropriate box if the school is offering night classes.)

☐ Yes ☐ No

Annex/Extension School

(Please check appropriate box if the school is an annex/extension school.)

☐ Yes (Please indicate School ID of the Mother School)

Mother School ID:

☐ No

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ Date : _____

Box 4. SAFE LEARNING FACILITIES, For the months of June 2015 to May 2016
(Check as appropriate)

1. Does the school conduct risk assesment of school buildings?

☐ Yes☐ No

If Yes, during which month/s?

June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings of risk assessment of school buildings:

☐ Cracks

☐ Buckling (Beams/Columns)

☐ Deterioration

☐ Leaks

☐ Destroyed electrical wirings

☐ Others, please specify _____

2. Does the school conduct regular repair of facilities using their school funds?

☐ Yes☐ No

If Yes, during which month/s?

June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are the school facilities sensitive to the needs of persons with disability (e.g. ramp)?

☐ Yes☐ No

Box 5. INTEGRATION OF CLIMATE CHANGE ADAPTATION (CCA) AND DISASTER RISK REDUCTION AND MANAGEMENT (DRRM), For the months of June 2015 to May 2016
(Check as appropriate)

1. Have you incorporated CCA and DRRM in your School Improvement Plan (SIP)?

☐ Yes☐ No

If Yes, please enumerate the Top 5 DRRM activities included in the SIP:

1

2

3

4

5

2. Is your school equipped with safety equipment?

☐ Yes☐ No

3. Have you developed preparedness/contingency plans in case of disaster or emenrgency?

☐ Yes☐ No

If Yes, which of these has the school developed?

☐ Plan for the Reunification of Learners and Family

☐ Area designated for Temporary Learning Spaces

☐ Others, please specify _____

Box 6. SCHOOL DISASTER RISK REDUCTION AND MANAGEMENT (SDRRM) TEAM, For the months of June 2015 to May 2016
(Check as appropriate)

1. Does your school have a SDRRM Coordinator or Focal Person?

☐ Yes☐ No

2. Does your school have a SDRRM Team?

☐ Yes☐ No

If Yes, during which of the following does your SDRRM Team do/have?

☐ Multistakeholder composition of SDRRM Team including but not limited to the representatives from the BDRRMC, PTA, and CSOs

☐ Regular conduct of meetings

If Yes, please indicate how often your SDRRM Team conducts meeting.

☐ Yearly☐ Monthly

☐ Bi-annually☐ Others, please specify _____

☐ Quarterly

☐ Student-led School Watching and Hazard Mapping per DO No. 23, s. 2015

If Yes, please indicate what month the activity was conducted.

June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Promoting Family Earthquake Preparedness per DO No. 27, s. 2015

If Yes, please indicate what month the activity was conducted.

June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you presented its results to the PTA and LGU?

☐ Yes☐ No

Have you taken appropriate actions based on the results?

☐ Yes☐ No

☐ Observance of National Fire Prevention Month per Proclamation No. 115-A, s. 1966

☐ Observance of National Disaster Consciousness Month per EO No. 137, s. 1999

☐ Earth Day Celebration per DO No. 65, s. 2010

☐ Quarterly Earthquake and Fire Drills including drills for other hazards in your locality per DO No. 48, s. 2012

☐ Brigada Eskwela per DO No. 24, s. 2008

If Yes, who were involved?

☐ Parents☐ Students

☐ Teachers☐ Others, please specify _____

☐ Information Dissemination Strategy/Contingency Plan during times of emergencies/disasters

☐ Proper documentation and reporting of damage, donations received, interventions received, and actions taken

☐ Others, please specify _____

School Head : _____
(Signature over Printed Name)

Position Title : _____ Date : _____

Head of the Office : _____
(Signature over Printed Name)

Position Title : _____ Date : _____

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Table 19. LEARNING AREAS WITH DRRM-RELATED CONCEPTS
For the months of June 2015 to May 2016

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Grade 7	Grade 8	Grade 9	Grade 10
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhatan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 20. TEACHING PERSONNEL WHO RECEIVED COURSES/TRAINING ON DRRM/CCA
For the months of June 2015 to May 2016

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation courses and/or trainings in the last 5 years		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of May 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Table 21. LEARNERS WHO RECEIVED COURSES/TRAINING ON DRRM/CCA
For the months of June 2015 to May 2016

Courses and/or Trainings on DRRM and CCA	Number of Learners	
	Male	Female
DRRM courses and/or trainings		
Climate Change Adaptation courses and/or trainings in the last 5 years		

Reminder: *If a learner received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by:
School Head : _____

(Signature over Printed Name)

Position Title : _____ **Date** : _____

Verified by the Division Office:
Head of the Office : _____

(Signature over Printed Name)

Position Title : _____ **Date** : _____

(Check as appropriate)

1. **Local piped water** - water source coming from local water service providers.
2. **Water well** - an excavation structure in the ground by digging, driving, boring or drilling to access water in underground aquifers.
3. **Rainwater catchment** - water sourced from rainwater and collected thru a rainwater collector.
4. **Natural source** - water sourced from a spring or stream that is either located inside the school grounds or located outside school grounds but water is supplied via pipes.

Usage	Functional	Non-Functional	Total Number of Facilities
Facilities for group handwashing			
Facilities for individual handwashing			

- Certified True and Correct by :*

Position Title : *Date* :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Table 23. HEALTH AND NUTRITION

Number of learners who were vaccinated by the Department of Health in the school this SY 2016-2017 from June 13, 2016 to August 31, 2016

Type of Vaccines	Grade 7		
	Male	Female	Total
Measles Rubella Vaccine			
Tetanus Diptheria			

Box 8. FEEDING PROGRAM, SY 2016-2017 (As of August 31, 2016)*(Check as appropriate)*

a. Does the school have a feeding program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, what is the funding source of school feeding program?			
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> School-Based Feeding Program (SBFP)
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Fund	<input type="checkbox"/> Others, please specify _____
b. Availability of agriculture and fishery resources in the school :			
<input type="checkbox"/> Gulayan sa Paaralan	<input type="checkbox"/> Agricultural Crops	<input type="checkbox"/> Others, please specify _____	
<input type="checkbox"/> Fish Pond	<input type="checkbox"/> Livestock	<input type="checkbox"/> None	
Does agricultural and fishery in the school used for feeding program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the funding source?			
<input type="checkbox"/> School MOOE	<input type="checkbox"/> LGU Fund	<input type="checkbox"/> Barangay Fund	<input type="checkbox"/> Others, please specify _____
<input type="checkbox"/> School Canteen Fund	<input type="checkbox"/> PTA Fund	<input type="checkbox"/> Private Individual/Sector Fund	

Box 9. FOOD HANDLING, SY 2016-2017 (As of August 31, 2016)*(Check as appropriate)*

1. Does the school have a canteen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.1. Does the school canteen have a sanitary permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2. If Yes, please indicate the sanitary permit number and the validity date:	
_____ <i>Sanitary Permit No.</i>	_____ <i>Validity Date</i>

Sanitary Permit - is the official document issued by proper authorities to an establishment that has been determined to have met the minimum requirements for the sanitary operation.

Certified True and Correct by :

School Head : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Verified by the Division Office :

Head of the Office : _____
 (Signature Over Printed Name)

Position Title : _____ Date : _____

Box 10. SOLID WASTE MANAGEMENT, SY 2016-2017 (As of August 31, 2016)

1. Is your school compliant to the Ecological Solid Waste Management Act (RA 9003)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. How is the school implementing Solid Waste Management? (Check as appropriate).				
<input type="checkbox"/> Composting	<input type="checkbox"/> Posting of signage	<input type="checkbox"/> Use of paper plates/cups instead of plastic		
<input type="checkbox"/> Designation of trash collection point	<input type="checkbox"/> Recycling Projects	<input type="checkbox"/> Use of recycled materials are teaching tool		
<input type="checkbox"/> Poster making and/or slogan making contest	<input type="checkbox"/> School representative at the Barangay Solid Waste Management Committee	<input type="checkbox"/> Use of reusable food containerts		
		<input type="checkbox"/> Waste segregation		
3. Who are the school stakeholders actively engaged on the implementation of solid waste management? (Check as appropriate).				
<input type="checkbox"/> Barangay	<input type="checkbox"/> Local business partners	<input type="checkbox"/> Parents		
<input type="checkbox"/> Community leaders	<input type="checkbox"/> Municipal/City government			

Box 11. OPERATION AND MAINTENANCE OF SANITATION FACILITIES, SY 2016-2017 (As of August 31, 2016)

1. How often are the sanitation facilites cleaned? (Check only one).	
<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week
<input type="checkbox"/> At least twice a week	<input type="checkbox"/> Less than once a week
1.1. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount) _____	
1.2. Who Pays for the Cost of Monthly Bills/Maintenance (Check as appropriate):	
<input type="checkbox"/> School MOOE	<input type="checkbox"/> School Canteen Fund
<input type="checkbox"/> LGU	<input type="checkbox"/> Private Individual/Sector
<input type="checkbox"/> PTA	<input type="checkbox"/> Others, please specify _____

Box 12. MENSTRUAL HYGIENE, SY 2016-2017 (As of August 31, 2016)*(Check as appropriate)*

Does the school have a provision for availability of sanitary pads?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, where can the learners avail the sanitary pads?			
<input type="checkbox"/> School Canteen	<input type="checkbox"/> Guidance Office		
<input type="checkbox"/> School Clinic	<input type="checkbox"/> Others, please specify _____		

*Certified True and Correct by :**School Head* : _____
(Signature Over Printed Name)*Position Title* : _____ *Date* : _____*Verified by the Division Office :**Head of the Office* : _____
(Signature Over Printed Name)*Position Title* : _____ *Date* : _____

Table 24. TRAVEL DETAILS (ONE-WAY) FROM SCHOOL, SY 2016-2017
For each **ONE-WAY** trip from your school to the specified reference points (i.e., Division Office, nearest schools, nearest municipal office), indicate the following:

- 1. **Travel cost** - How much does it USUALLY* cost to travel from your school to the reference point? Specify your answers in Pesos.
- 2. **Travel time** - How many minutes does it USUALLY* take to travel from your school to the reference point?
- 3. **Time spent walking** - Given the USUAL* travel time in item 2, how much of this is spent walking? Specify your answers in minutes.
- 4. **Travel time if walking the entire way** - If you were to walk the entire way from your school to the reference point, how long would it take? Estimate your answer in minutes.
- 5. **Crossing any body of water without a bridge** - Do you need to cross any body of water (e.g., river, lake, sea) without a bridge to travel from your school to the reference point? Specify if yes or no.
- 6. **Passing difficult terrain** - Do you need to pass difficult terrain (e.g., mountains, forests) to travel from your school to the reference point? Specify if yes or no.

Travel Details	Your school to the Division Office	Your school to the NEAREST:				
		Public School		Private School		Municipal Office
		Elementary	Secondary	Elementary	Secondary	
1. Travel cost (in PhP)						
2. Travel time (in minutes)						
3. Time spent walking (in minutes)						
4. Travel time if walking the entire way (in minutes)						
5. Crossing any body of water without a bridge (yes/no)						
6. Passing difficult terrain (yes/no)						

Note: USUAL - most frequent.*

EXAMPLE:
Over the course of 5 years, a school head has travelled from her school to the Division office 50 times already. During that time, the total cost of travelling from the school to the Division office was as follows:

- P40 when taking public transportation (i.e., two jeepney rides);
- P200 for gas when the school service was available.

And, the **travel time** was as follows:

- 60 minutes when taking public transportation which required her to walk between jeepney stops;
- 30 minutes when the school service was available which did not require her to walk.

Out of those 50 trips, 40 trips were via the school service. Hence, the **USUAL** travel cost and travel time from the school to the Division Office should be based on trips using the school service, as follows:

- Travel cost = P200;
- Travel time = 30 minutes;
- Time spent walking = 0 minute.

Box 13. SCHOOL LOCATION, SY 2016-2017

Location descriptions for your school: *(Check all applicable)*

☐ Along the highway

☐ By the hillside

☐ On top of a mountain

☐ On a small island*

☐ Near the coastline**

☐ Near a river or waterway**

☐ Near a faultline**

☐ Others, please specify _____

*Notes: * - an island with an area less than 200 sq. km.*
*** - near if within 1.5km from the school*

Certified True and Correct by :
School Head : _____
(Signature Over Printed Name)
Position Title : _____ *Date :* _____

Verified by the Division Office :
Head of the Office : _____
(Signature Over Printed Name)
Position Title : _____ *Date :* _____



Republic of the Philippines
DEPARTMENT OF EDUCATION
PLANNING SERVICE
Education Management Information System Division



Municipality ID

School ID

PRIVATE SCHOOL PROFILE

INSTRUCTIONS

This form shall be accomplished by the head of the private school offering elementary and/or secondary levels. In the case of schools/institutions offering more than one level, only one school profile shall be accomplished.

Only private schools whose establishment has been approved by the DepEd Regional Office shall be issued a Private School Profile. Private Schools whose documents have been submitted to the Regional/Division Office but are still undergoing evaluation at the time of the distribution of the Private School Profile can also be issued this form.

The head of the school shall sign the forms certifying to the correctness of the data, and shall be responsible and accountable for any inaccuracy or false data/information reported. He/She shall submit the accomplished forms to the respective Division Office on or before **September 26, 2016**.

Important: Read the definitions/instructions found at the bottom of each table before filling up the form. No item should be left blank. Instead, "zero (0)" or "not applicable (n/a)" shall be written. Shaded boxes shall not be filled.

SCHOOL INFORMATION SY 2016-2017

Name of Institution : _____
(Official name)

(If renamed, please indicate old name.)

Address : _____

Street/Sitio/Purok _____

Barangay _____

Municipality _____

Province/City _____

Region : _____

Division : _____

Legislative District : _____

Tel. No. : _____

Mobile No. : _____

Fax No. : _____

E-Mail Address : _____

Write appropriate information

		<u>Level of Education Offered</u>			
		<u>Kindergarten</u>	<u>Grades 1 to 6</u>	<u>Junior High School</u>	<u>Senior High School</u>
With Permit	<i>(Permit No.)</i>	_____	_____	_____	_____
With Recognition	<i>(Recognition No.)</i>	_____	_____	_____	_____
Permit on Process	<i>(Date of submission of documents to Regional/Division Office)</i>	_____	_____	_____	_____

Certified True and Correct by :

Head of Institution : _____
(Signature Over Printed Name)

Designation : _____

Date : _____

Box 4. SAFE LEARNING FACILITIES, For the months of June 2015 to May 2016*(Check as appropriate)*

1. Does the school conduct Risk Assessment of buildings? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Findings of risk assessment:
- ☐ Cracks ☐ Buckling (Beams/Columns)
- ☐ Deterioration ☐ Leaks
- ☐ Destroyed electrical wirings ☐ Others, please specify _____
2. Does the school conduct regular maintenance of facilities? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. Does the School Head sign the Building Acceptance during turn-over period? ☐ Yes ☐ No
4. Are there Multi-storey buildings in your school? ☐ Yes ☐ No
5. What multi-storey buildings does the school have?
- ☐ 2-storey ☐ 3-storey ☐ 4-storey
6. Are the school facilities sensitive to the needs of persons with disability (e.g. ramp)? ☐ Yes ☐ No
7. How many learners dropped due to disasters within the current school year? _____
8. Are there classrooms that have been damaged by recent disaster/s? ☐ Yes ☐ No
- If Yes, please indicate the number of damaged classrooms (major or partial) in the applicable month/s.
- | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
9. Are there classrooms constructed in the current school year as a replacement for the ones totally damaged by recent disaster/s? ☐ Yes ☐ No
10. Are there classrooms that underwent or are undergoing repair in the current school year in relation to the recent disaster/s? ☐ Yes ☐ No

Box 5. DISASTER RISK REDUCTION MANAGEMENT (DRRM), For the months of June 2015 to May 2016*(Check as appropriate)*

1. Have you conducted the annual student-led school watching and hazard mapping? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
2. Is DRRM integrated in the SIP? ☐ Yes ☐ No
3. Have you completed the Promoting Family Earthquake Preparedness? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. Have you taken appropriate actions based on the results of the Promoting Family Earthquake Preparedness? ☐ Yes ☐ No
- If Yes, enumerate the actions:
- _____
- _____
- _____
5. Have you developed preparedness and contingency plans in case of disaster or emergency? ☐ Yes ☐ No
6. Is your school equipped with safety equipment? ☐ Yes ☐ No
- If Yes, what equipment?
- ☐ Fire extinguisher ☐ First Aid Kit
7. What DRRM related events/activities do you participate in? (e.g. NDCM, Fire Prevention Month, NSED)?
- ☐ National Disaster Consciousness Month ☐ National Simultaneous Earthquake Drill
- ☐ Fire Prevention Month ☐ Others, please specify _____
8. Did you conduct the annual Brigada Eskwela before the opening of this school year?
- ☐ Parents ☐ Students
- ☐ Teachers ☐ Others, please specify _____

School Head : _____
 (Signature over Printed Name)

Head of the Office : _____
 (Signature over Printed Name)

Position Title : _____ Date : _____

Position Title : _____ Date : _____

Table 20. LEARNING AREAS WITH DRRM-RELATED CONCEPTS, SY 2016-2017

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
Mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhayan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 20. DRRM CLIMATE CHANGE ADAPTATION (CCA) TRAINING DATA

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation courses and/or trainings in the last 5 years		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of March 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by :

School Head : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Checked by District Office :

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Verified by the Division Office:

Head of the Office : _____

(Signature Over Printed Name)

Position Title : _____ *Date :* _____

Table 20. LEARNING AREAS WITH DRRM-RELATED CONCEPTS**For the months of June 2015 to May 2016**

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Grade 7	Grade 8	Grade 9	Grade 10
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhasan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 20. TEACHING PERSONNEL WHO RECEIVED COURSES/TRAINING ON DRRM/CCA**For the months of June 2015 to May 2016**

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation courses and/or trainings in the		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of May 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Table 21. LEARNERS WHO RECEIVED COURSES/TRAINING ON DRRM/CCA**For the months of June 2015 to May 2016**

Courses and/or Trainings on DRRM and CCA	Number of Learners	
	Male	Female
DRRM courses and/or trainings		
Climate Change Adaptation courses and/or trainings in the		

Reminder: *If a learner received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by:

School Head : _____
(Signature over Printed Name)

Position Title : _____ **Date** : _____

Verified by the Division Office:

Head of the Office : _____
(Signature over Printed Name)

Position Title : _____ **Date** : _____

Box 6. AVAILABILITY OF WATER SUPPLY, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate)

1. Is there a water source inside the school ground? ☐ Yes *(Proceed to 1.1)* ☐ No *(Skip 1.1 to 1.4 and proceed to 2)*

1.1. Main Water Supply Source:

☐ Piped water from local service provider ☐ Rainwater Catchments

☐ Water Well ☐ Others, please specify _____

☐ Natural source

1.2. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount in PhP) _____

1.3. Who pays for the Cost of Monthly Bills/Maintenance:

☐ School MOOE ☐ School Canteen Fund

☐ LGU ☐ Private Individual/Sector

☐ PTA ☐ Others, please specify _____

1.4. Is the water source inside the school ground safe to drink? ☐ Yes ☐ No

2. Does the school have mechanism to ensure that the learners have safe drinking water? ☐ Yes ☐ No

2.1. If Yes, what mechanism is used?

☐ Teachers ask the learners to bring their own drinking water to school

☐ Safe water in refillable containers are provided in designated areas within the school

☐ Water from an accessible water source is treated (i.e. boiled, etc)

☐ Others, please specify _____

1. *Local piped water* - water source coming from local water service providers.

2. *Water well* - an excavation structure in the ground by digging, driving, boring or drilling to access water in underground aquifers.

3. *Rainwater catchment* - water sourced from rainwater and collected thru a rainwater collector.

4. *Natural source* - water sourced from a spring or stream that is either located inside the school grounds or located outside school grounds but water is supplied via pipes.

Table 21. NUMBER OF EXISTING WASH FACILITIES, SY 2016-2017 (As of June 17, 2016)

Usage	Functional	Non-Functional	Total Number of Facilities
Facilities for group handwashing			
Facilities for individual handwashing			

1. *Group handwashing facility* - a facility to be used in supervised handwashing and toothbrushing activity that can accommodate 4 to 10 learners.

2. *Individual handwashing facility* - a facility in the classroom, drinking points, near toilets, near the canteen, etc that learners can be used for handwashing at critical times.

3. *Functional facilities for handwashing* - the hand washing facility is accessible, with daily water supply, learner-appropriate height and with appropriate drainage.

4. *Non-functional facilities for handwashing* - the hand washing facility is broken, clogged or damaged in such a way that it cannot be used.

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Number of learners who were vaccinated by the Department of Health in the school this SY 2016-2017 from June 13, 2016 to August 31, 2016

Type of Vaccines	Grade 7		
	Male	Female	Total
Measles Rubella Vaccine			
Tetanus Diptheria			

Box 7. FEEDING PROGRAM, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate)

a. Does the school have a feeding program? ☐ Yes ☐ No

If Yes, what is the funding source of school feeding program?

☐ School MOOE ☐ LGU Fund ☐ Barangay Fund ☐ School-Based Feeding Program (SBFP)

☐ School Canteen Fund ☐ PTA Fund ☐ Private Individual/Sector Fund ☐ Others, please specify _____

b. Availability of agriculture and fishery resources in the school :

☐ Gulayan sa Paaralan ☐ Agricultural Crops ☐ Others, please specify _____

☐ Fish Pond ☐ Livestock ☐ None

Does agricultural and fishery in the school used for feeding program? ☐ Yes ☐ No

If Yes, what is the funding source?

☐ School MOOE ☐ LGU Fund ☐ Barangay Fund ☐ Others, please specify _____

☐ School Canteen Fund ☐ PTA Fund ☐ Private Individual/Sector Fund

Box 8. FOOD HANDLING, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate)

1. Does the school have a canteen? ☐ Yes ☐ No

1.1. Does the school canteen have a sanitary permit? ☐ Yes ☐ No

1.2. If Yes, please indicate the sanitary permit number and the validity date: _____

Sanitary Permit No. _____ Validity Date _____

Sanitary Permit - is the official document issued by proper authorities to an establishment that has been determined to have met the minimum requirements for the sanitary operation.

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : *Date* :

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : *Date* :

Box 9. SOLID WASTE MANAGEMENT, SY 2016-2017 (As of June 17, 2016)**1. Is your school compliant to the Ecological Solid Waste Management Act (RA 9003)?**☐ Yes☐ No**2. How is the school implementing Solid Waste Management? (Check as appropriate).**☐ Composting☐ Posting of signage☐ Use of paper plates/cups instead of plastic☐ Designation of trash collection point☐ Recycling Projects☐ Use of recycled materials are teaching tool☐ Poster making and/or slogan making contest☐ School representative at the Barangay Solid Waste Management Committee☐ Use of reusable food containers☐ Waste segregation**3. Who are the school stakeholders actively engaged on the implementation of solid waste management? (Check as appropriate).**☐ Barangay☐ Local business partners☐ Parents☐ Community leaders☐ Municipal/City government**Box 10. OPERATION AND MAINTENANCE OF SANITATION FACILITIES, SY 2016-2017 (As of June 17, 2016)****1. How often are the sanitation facilities cleaned? (Check only one).**☐ Daily☐ Once a week☐ At least twice a week☐ Less than once a week**1.1. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount) _____****1.2. Who Pays for the Cost of Monthly Bills/Maintenance (Check as appropriate):**☐ School MOOE☐ School Canteen Fund☐ LGU☐ Private Individual/Sector☐ PTA☐ Others, please specify _____**Box 11. MENSTRUAL HYGIENE, SY 2016-2017 (As of June 17, 2016)****(Check as appropriate)****Does the school have a provision for availability of sanitary pads?**☐ Yes☐ No**If Yes, where can the learners avail the sanitary pads?**☐ School Canteen☐ Guidance Office☐ School Clinic☐ Others, please specify _____**Certified True and Correct by :****School Head**

:

(Signature Over Printed Name)**Position Title**

:

Date : _____**Verified by the Division Office :****Head of the Office**

:

(Signature Over Printed Name)**Position Title**

:

Date : _____

Table 23. TRAVEL DETAILS (ONE-WAY) FROM SCHOOL, SY 2016-2017

For each one-way trip from your school to the specified reference points, indicate the travel cost, travel time, and travel means.

Travel Details	Trip to Division Office	Trip to nearest:				
		Public School		Private School		Municipal Office
		Elementary	Secondary	Elementary	Secondary	
1. Cost (in PhP)						
2. Time (in minutes)						
3. Means (check all applicable)						
a. Walking	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
b. Bicycle/Scooter	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
c. Motorcycle	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
d. Habal-habal/skylab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
e. Pedicab/trisikad/padyak	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
f. Tricycle/motorcab/trimobile	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
g. Kuliglig	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
h. Jeep/multicab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
i. Van/car/taxi/minibus/truck	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
j. Bus	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
k. Train	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
l. Raft/boat/ship	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
m. Plane	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
n. Horse/Carabao	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
TOTAL PERCENTAGE	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %

1. **Travel Cost** - In Pesos, how much does it USUALLY cost to travel from your school to the reference point?

2. **Travel Time** - How many minutes does it USUALLY take to travel from your school to the reference point?

3. **Travel Means** - Check the box of each means available to travel from your school to the reference point (check all that apply).

Beside each box, indicate what percentage of a USUAL trip from your school to the reference point is spent using that means of travel.

If a means of travel is available but is not used during a USUAL trip to the reference point, write 0% beside the checkbox.

Reminder: The percentages for each reference point should add up to 100%.

Box 12. SCHOOL LOCATION, SY 2016-2017

Location descriptions for your school: (Check all applicable).

☐ Along the highway

☐ By the hillside

☐ On top of a mountain

☐ On a small island*

☐ Near the coastline**

☐ Near a river or waterway**

☐ Near a faultline**

☐ Others, please specify _____

Notes: * - an island with an area less than 200 sq. km.

** - near if within 1.5km from the school

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ **Date :** _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ **Date :** _____



Republic of the Philippines
DEPARTMENT OF EDUCATION
PLANNING SERVICE
Education Management Information System Division



STATE and LOCAL UNIVERSITIES and COLLEGES SCHOOL PROFILE

INSTRUCTIONS

This form shall be accomplished by the head of the laboratory school of State and Local Universities and Colleges (SUCs and LUCs) offering elementary and/or secondary levels. In the case of schools/institutions offering more than one level, only one school profile shall be accomplished.

The head of the school shall sign the forms certifying to the correctness of the data, and shall be responsible and accountable for any inaccuracy or false data/information reported. He/She shall submit the accomplished forms to the respective Division Office on or before **May 30, 2017**.

Important: Read the definitions/instructions found at the bottom of each table before filling up the form. No item should be left blank. Instead, "zero (0)" or "not applicable (n/a)" shall be written. Shaded boxes shall not be filled.

SCHOOL INFORMATION SY 2016-2017

Name of Institution : _____
(Official name)

(If renamed, please indicate old name.)

Address : _____
_____ Street/Sitio/Purok _____ Barangay _____
Municipality _____ Province/City _____

Region : _____
Division : _____
Legislative District : _____
Tel. No. : _____
Mobile No. : _____
Fax No. : _____
E-Mail Address : _____

Type of School:
(Tick as appropriate)

Level of Education Offered

☐ Kindergarten ☐ Grades 1 to 6 ☐ Junior High School ☐ Senior High School

Certified True and Correct by :

Head of Institution : _____
(Signature Over Printed Name)

Designation : _____

Date : _____

Box 4. SAFE LEARNING FACILITIES, For the months of June 2015 to May 2016*(Check as appropriate)*

1. Does the school conduct Risk Assessment of buildings? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Findings of risk assessment:
- ☐ Cracks ☐ Buckling (Beams/Columns)
- ☐ Deterioration ☐ Leaks
- ☐ Destroyed electrical wirings ☐ Others, please specify _____
2. Does the school conduct regular maintenance of facilities? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. Does the School Head sign the Building Acceptance during turn-over period? ☐ Yes ☐ No
4. Are there Multi-storey buildings in your school? ☐ Yes ☐ No
5. What multi-storey buildings does the school have?
- ☐ 2-storey ☐ 3-storey ☐ 4-storey
6. Are the school facilities sensitive to the needs of persons with disability (e.g. ramp)? ☐ Yes ☐ No
7. How many learners dropped due to disasters within the current school year? _____
8. Are there classrooms that have been damaged by recent disaster/s? ☐ Yes ☐ No
- If Yes, please indicate the number of damaged classrooms (major or partial) in the applicable month/s.
- | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
9. Are there classrooms constructed in the current school year as a replacement for the ones totally damaged by recent disaster/s? ☐ Yes ☐ No
10. Are there classrooms that underwent or are undergoing repair in the current school year in relation to the recent disaster/s? ☐ Yes ☐ No

Box 5. DISASTER RISK REDUCTION MANAGEMENT (DRRM), For the months of June 2015 to May 2016*(Check as appropriate)*

1. Have you conducted the annual student-led school watching and hazard mapping? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
2. Is DRRM integrated in the SIP? ☐ Yes ☐ No
3. Have you completed the Promoting Family Earthquake Preparedness? ☐ Yes ☐ No
- If Yes, in what month?
- | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. Have you taken appropriate actions based on the results of the Promoting Family Earthquake Preparedness? ☐ Yes ☐ No
- If Yes, enumerate the actions:
- _____
- _____
- _____
5. Have you developed preparedness and contingency plans in case of disaster or emergency? ☐ Yes ☐ No
6. Is your school equipped with safety equipment? ☐ Yes ☐ No
- If Yes, what equipment?
- ☐ Fire extinguisher ☐ First Aid Kit
7. What DRRM related events/activities do you participate in? (e.g. NDCM, Fire Prevention Month, NSED)?
- ☐ National Disaster Consciousness Month ☐ National Simultaneous Earthquake Drill
- ☐ Fire Prevention Month ☐ Others, please specify _____
8. Did you conduct the annual Brigada Eskwela before the opening of this school year?
- ☐ Parents ☐ Students
- ☐ Teachers ☐ Others, please specify _____

School Head : _____
 (Signature over Printed Name)

Head of the Office : _____
 (Signature over Printed Name)

Position Title : _____ Date : _____

Position Title : _____ Date : _____

Table 20. LEARNING AREAS WITH DRRM-RELATED CONCEPTS**For the months of June 2015 to May 2016**

Check the appropriate grade level/s if the DRRM-related concepts were taught in the following learning areas.

Learning areas with DRRM-related concepts	Grade 7	Grade 8	Grade 9	Grade 10
Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araling Panlipunan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyon sa Pagpapakatao (EsP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edukasyong Pantahanan at Pangkabuhasan (EPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology and Livelihood Education (TLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 20. TEACHING PERSONNEL WHO RECEIVED COURSES/TRAINING ON DRRM/CCA**For the months of June 2015 to May 2016**

Courses and/or Trainings on DRRM and CCA	Number of Teachers	
	Male	Female
DRRM courses and/or trainings in the last 5 years (except psychosocial first aid)		
Psychosocial first aid courses and/or trainings in the last 5 years		
Climate Change Adaptation courses and/or trainings in the		

Indicate the number of teachers with plantilla positions, including those with provisional appointments and who are actually performing their specific assignments in the school who have received special courses and/or training on DRRM and CCA related courses as of May 31, 2016.

Reminder: *If a teacher received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Table 21. LEARNERS WHO RECEIVED COURSES/TRAINING ON DRRM/CCA**For the months of June 2015 to May 2016**

Courses and/or Trainings on DRRM and CCA	Number of Learners	
	Male	Female
DRRM courses and/or trainings		
Climate Change Adaptation courses and/or trainings in the		

Reminder: *If a learner received more than one training, he/she should be counted once where he/she has the most number of trainings attended.*

Certified True and Correct by:

School Head : _____
(Signature over Printed Name)

Position Title : _____ **Date** : _____

Verified by the Division Office:

Head of the Office : _____
(Signature over Printed Name)

Position Title : _____ **Date** : _____

Box 6. AVAILABILITY OF WATER SUPPLY, SY 2016-2017 (As of June 17, 2016)

(Check as appropriate)

1. Is there a water source inside the school ground? ☐ Yes *(Proceed to 1.1)* ☐ No *(Skip 1.1 to 1.4 and proceed to 2)*

1.1. Main Water Supply Source:

☐ Piped water from local service provider ☐ Rainwater Catchments

☐ Water Well ☐ Others, please specify _____

☐ Natural source

1.2. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount in PHP) _____

1.3. Who pays for the Cost of Monthly Bills/Maintenance:

☐ School MOOE ☐ School Canteen Fund

☐ LGU ☐ Private Individual/Sector

☐ PTA ☐ Others, please specify _____

1.4. Is the water source inside the school ground safe to drink? ☐ Yes ☐ No

2. Does the school have mechanism to ensure that the learners have safe drinking water? ☐ Yes ☐ No

2.1. If Yes, what mechanism is used?

☐ Teachers ask the learners to bring their own drinking water to school

☐ Safe water in refillable containers are provided in designated areas within the school

☐ Water from an accessible water source is treated (i.e. boiled, etc)

☐ Others, please specify _____

1. *Local piped water* - water source coming from local water service providers.

2. *Water well* - an excavation structure in the ground by digging, driving, boring or drilling to access water in underground aquifers.

3. *Rainwater catchment* - water sourced from rainwater and collected thru a rainwater collector.

4. *Natural source* - water sourced from a spring or stream that is either located inside the school grounds or located outside school grounds but water is supplied via pipes.

Table 21. NUMBER OF EXISTING WASH FACILITIES, SY 2016-2017 (As of June 17, 2016)

Usage	Functional	Non-Functional	Total Number of Facilities
Facilities for group handwashing			
Facilities for individual handwashing			

1. *Group handwashing facility* - a facility to be used in supervised handwashing and toothbrushing activity that can accommodate 4 to 10 learners.

2. *Individual handwashing facility* - a facility in the classroom, drinking points, near toilets, near the canteen, etc that learners can be used for handwashing at critical times.

3. *Functional facilities for handwashing* - the hand washing facility is accessible, with daily water supply, learner-appropriate height and with appropriate drainage.

4. *Non-functional facilities for handwashing* - the hand washing facility is broken, clogged or damaged in such a way that it cannot be used.

Certified True and Correct by :

School Head : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Number of learners who were vaccinated by the Department of Health in the school this SY 2016-2017 from June 13, 2016 to August 31, 2016

Type of Vaccines	Grade 7		
	Male	Female	Total
Measles Rubella Vaccine			
Tetanus Diptheria			

(Check as appropriate)

a. Does the school have a feeding program? ☐ Yes ☐ No

If Yes, what is the funding source of school feeding program?

☐ School MOOE ☐ LGU Fund ☐ Barangay Fund ☐ School-Based Feeding Program (SBFP)

☐ School Canteen Fund ☐ PTA Fund ☐ Private Individual/Sector Fund ☐ Others, please specify _____

b. Availability of agriculture and fishery resources in the school :

☐ Gulayan sa Paaralan ☐ Agricultural Crops ☐ Others, please specify _____

☐ Fish Pond ☐ Livestock ☐ None

Does agricultural and fishery in the school used for feeding program? ☐ Yes ☐ No

If Yes, what is the funding source?

☐ School MOOE ☐ LGU Fund ☐ Barangay Fund ☐ Others, please specify _____

☐ School Canteen Fund ☐ PTA Fund ☐ Private Individual/Sector Fund

(Check as appropriate)

1. Does the school have a canteen? ☐ Yes ☐ No

1.1. Does the school canteen have a sanitary permit? ☐ Yes ☐ No

1.2. If Yes, please indicate the sanitary permit number and the validity date: _____

Sanitary Permit No. _____ Validity Date _____

Sanitary Permit - is the official document issued by proper authorities to an establishment that has been determined to have met the minimum requirements for the sanitary operation.

Certified True and Correct by :
School Head : _____
(Signature Over Printed Name)
Position Title : _____ ***Date*** : _____

Verified by the Division Office :

Head of the Office : _____
(Signature Over Printed Name)

Position Title : _____ *Date* : _____

Box 9. SOLID WASTE MANAGEMENT, SY 2016-2017 (As of June 17, 2016)**1. Is your school compliant to the Ecological Solid Waste Management Act (RA 9003)?**☐ Yes☐ No**2. How is the school implementing Solid Waste Management? (Check as appropriate).**☐ Composting☐ Posting of signage☐ Use of paper plates/cups instead of plastic☐ Designation of trash collection point☐ Recycling Projects☐ Use of recycled materials are teaching tool☐ Poster making and/or slogan making contest☐ School representative at the Barangay Solid Waste Management Committee☐ Use of reusable food containers☐ Waste segregation**3. Who are the school stakeholders actively engaged on the implementation of solid waste management? (Check as appropriate).**☐ Barangay☐ Local business partners☐ Parents☐ Community leaders☐ Municipal/City government**Box 10. OPERATION AND MAINTENANCE OF SANITATION FACILITIES, SY 2016-2017 (As of June 17, 2016)****1. How often are the sanitation facilities cleaned? (Check only one).**☐ Daily☐ Once a week☐ At least twice a week☐ Less than once a week**1.1. Average Cost of Monthly Bills/Maintenance: (Please indicate the amount) _____****1.2. Who Pays for the Cost of Monthly Bills/Maintenance (Check as appropriate):**☐ School MOOE☐ School Canteen Fund☐ LGU☐ Private Individual/Sector☐ PTA☐ Others, please specify _____**Box 11. MENSTRUAL HYGIENE, SY 2016-2017 (As of June 17, 2016)****(Check as appropriate)****Does the school have a provision for availability of sanitary pads?**☐ Yes☐ No**If Yes, where can the learners avail the sanitary pads?**☐ School Canteen☐ Guidance Office☐ School Clinic☐ Others, please specify _____**Certified True and Correct by :****School Head**

:

(Signature Over Printed Name)

Position Title

:

Date

:

Verified by the Division Office :**Head of the Office**

:

(Signature Over Printed Name)

Position Title

:

Date

:

Table 23. TRAVEL DETAILS (ONE-WAY) FROM SCHOOL, SY 2016-2017

For each one-way trip from your school to the specified reference points, indicate the travel cost, travel time, and travel means.

Travel Details	Trip to Division Office	Trip to nearest:				
		Public School		Private School		Municipal Office
		Elementary	Secondary	Elementary	Secondary	
1. Cost (in PhP)						
2. Time (in minutes)						
3. Means (check all applicable)						
a. Walking	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
b. Bicycle/Scooter	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
c. Motorcycle	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
d. Habal-habal/skylab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
e. Pedicab/trisikad/padyak	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
f. Tricycle/motorcab/trimobile	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
g. Kuliglig	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
h. Jeep/multicab	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
i. Van/car/taxi/minibus/truck	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
j. Bus	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
k. Train	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
l. Raft/boat/ship	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
m. Plane	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
n. Horse/Carabao	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
TOTAL PERCENTAGE	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %	<input type="checkbox"/> 100 %

1. **Travel Cost** - In Pesos, how much does it USUALLY cost to travel from your school to the reference point?

2. **Travel Time** - How many minutes does it USUALLY take to travel from your school to the reference point?

3. **Travel Means** - Check the box of each means available to travel from your school to the reference point (check all that apply).

Beside each box, indicate what percentage of a USUAL trip from your school to the reference point is spent using that means of travel.

If a means of travel is available but is not used during a USUAL trip to the reference point, write 0% beside the checkbox.

Reminder: The percentages for each reference point should add up to 100%.

Box 12. SCHOOL LOCATION, SY 2016-2017

Location descriptions for your school: (Check all applicable).

☐ Along the highway

☐ By the hillside

☐ On top of a mountain

☐ On a small island*

☐ Near the coastline**

☐ Near a river or waterway**

☐ Near a faultline**

☐ Others, please specify _____

Notes: * - an island with an area less than 200 sq. km.

** - near if within 1.5km from the school

Certified True and Correct by :

School Head

:

(Signature Over Printed Name)

Position Title

:

Date

:

Verified by the Division Office :

Head of the Office

:

(Signature Over Printed Name)

Position Title

:

Date

: