



TVL TOOLS AND EQUIPMENTS MONITORING TOOL - SPECIALIZATION: \_\_\_\_\_

Name of Tool / Equipment /Learner's Material	Total Quantity Received	Date Received	Of the total number received, how many are... (Put the quantity in the space provided.)					Do you need training on the use of the equipment / learners' material	Source of Funds (ex. DepEd CO, RO, SDO, School MOOE, LGU or Others (please specify))
			servicable	Defective and need repair	unservice able	lost	others, specify in the space provided below		
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			servicable	Defective and need repair	unservice able	lost	others, specify in the space provided below		
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			servicable	Defective and need repair	unservice able	lost	others, specify in the space provided below		
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REGION: \_\_\_\_\_  
 DIVISION: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_  
 SCHOOL ID: \_\_\_\_\_

Prepared by:

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 Teacher