



MONITORING TOOL - Wellness Massage NC II EQUIPMENT

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

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

Prepared by: _____

SIGNATURE OVER PRINTED NAME
Teacher