



**DEPARTMENT OF EDUCATION
REGION X**

Regional Office 10-Northern Mindanao, Zone 1, Upper Balulang, Cagayan de Oro City
Telephone Nos.: (088) 880-7072, 880-7071 Telefax: (08822) 72-26-51
Website: <http://www.deped.gov.ph/regions/region-x> Email Address: region10@deped.gov.ph



QA-ME-517

Private School M & E Report Form
(Pls. attach supporting documents when needed)

January –December 2018
January 2019
January 2020

Division: _____ Date of Visit: _____
School: _____ Address: _____
Course/s Applied for: (pls encircle) Prep/Elem/Sec SY Start of Operation: _____
Official Receipt No. for Application & Inspection Fee: _____
Amount Paid : Pre-School _____ Elementary _____ School Bond for New Application: _____

A. Status of Permit/Recognition

Levels in Courses Offered (Pls. write specific details)	If Under Approved Permit/Recognition		If Under Process Yet	
	Date Approved	No. of Sections	Date Rec'd in DO	Date Rec'd in RO
Pre-School				
Elementary				
Secondary				

B. Site Description and Area in Square Meters, Adequacy for School Purposes, and Ownership of Land

- Adequate Size _____ .5 ha. For 50 enrollees or less _____ 1 ha. For 50-1,000 enrollees
_____ 2 has. For 1,000-2,000 enrollees _____ 3 has. For 2,000-3,000 enrollees
- Ownership of School Site
_____ Owned Title _____ USUFRUCT _____ Deed of Donation
_____ Leasehold Contract _____ Others, pls. specify: _____
- Campus Development and landscaping plans:
_____ Fully-implemented _____ Partially implemented

C. SEC/DTI Registration Date: _____ Registration No. _____

D. Building Description: _____ Certificate of Occupancy _____

E. Quarters/Facilities and Equipment

	Adequate	Inadequate	None
Library Holdings			
Laboratory Facilities			
Guidance Office			
Medical Clinic			
Others, pls. specify			



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EVALUATION

Strong Points	Deficiencies

RECOMMENDATIONS:

DIVISION REVIEW AND INSPECTION TEAM:

Date of Document Review: _____

Private School Coordinator
(Signature over Printed Name)

M & E Coordinator
(Signature over Printed Name)

SGOD Chief
(Signature over Printed Name)

Indorsed by:

Schools Division Superintendent

REGIONAL REVIEW AND INSPECTORATE TEAM:

Date of Ocular Inspection: _____

QAD EPS

Member

Member

Conforme:

School Head

DO Private School Coordinator

Action taken:

- Issuance of Government Permit
 Recommend to defer operation
 Others (Specify)

APPROVED:

ROGELIO C. EVANGELISTA
 Chief, Quality Assurance Division

DR. ARTURO B. BAYOCOT, CESO V
 Officer in Charge-Regional Director

Date: _____