



Republic of the Philippines  
**Department of Education**  
REGION III  
**SCHOOLS DIVISION OF BULACAN**

DIVISION MEMORANDUM  
NO. 245 s. 2025

June 19, 2025

**LEARNERS HEALTH ASSESSMENT SYSTEM FOR SY 2025-2026**

To: Assistant Schools Division Superintendent  
Division Chiefs  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
All others Concerned

1. Pursuant to Dep Ed Memorandum No. 42 s. 2025, '2025 Brigada Eskwela which supports the physical and mental well-being of learners, this office has been conducting health assessments of learners since June 9, 2025 and will continue until July 14, 2025 as part of the Learners' Health Assessment System.
2. DM 42 s. 2025, Item No. 3.e. creating a master list of learners along with the schedule for health assessment should be prepared by all teachers/ advisers. Master list forms and templates related to the implementation of the LHAS <https://bit.ly/DepEdLHASSY2526Forms>.
3. School Health Section shall: ensure that learners are properly scheduled for health assessment, and that designated health personnel are available to conduct such as scheduled in coordination with the school heads. Note that the extension of the health assessment of learners (not covered during the BE) is until March 2026.
4. The 6 flagship programs of the SDO are customized to fit respective schools' context, based on assessment and mapping, set realistic and doable targets in providing health and nutrition services to learners and personnel, **within the school year** as stated in the DO 28 s 2018.
5. DO 28 s. 2028, states that RO and SDO are instructed to use their MOOE fund to augment funds provided by BLSS-SHD. Medical and dental supplies and medicines needed for the conduct of medical, dental examination and treatment shall be included in **the school MOOE/ APP/SIP/AIP** for allocation of funds and procurement based on targeted needs for treatment.

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6. Enclosure No.1- shows the Slated Schedule of the School Health and Nutrition Activities for reference.
7. Widest dissemination and cooperation to this Memorandum is desired.

**NORMA P. ESTEBAN, EdD, CESO V**  
Schools Division Superintendent



Republic of the Philippines  
Department of Education  
REGION III  
SCHOOLS DIVISION OF BULACAN

Enclosure No. 1 to Division Memorandum No. 295 s. 2025

**SCHEDULE OF SCHOOL HEALTH ACTIVITIES**

Date	Activity	Person Concerned
June 9 to July 4, 2025	Masterlisting Philhealth Registration, securing of consent form Learning Health Assessment Scheduling	School Clinic Focal
June 16, 2025 to July 4, 2025	Nutritional assessment- Baseline	SHN personnel, designated non-teaching staff, local partners, Clinic Focal
June 16, 2025 to July 14, 2025	Start of General head to toe assessment of learners, vision and hearing test and oral assessment	To be carried out by the SHNU personnel assigned to each districts (Medical Officer Nurses, Dentists and Dental Aides)
As scheduled	First aider to Division- initiated activities, sports events and seminars/ trainings	Nurses Dentists Dental Aides Medical Officer

\*Note that the assessment of learners not covered during the BE period will be covered on a year-round basis.





Republic of the Philippines  
**Department of Education**

MAY 09 2025

DepEd MEMORANDUM  
No. **042**, s. 2025

**2025 BRIGADA ESKWELA IMPLEMENTING GUIDELINES**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher, and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public Elementary and Secondary School Heads  
All Others Concerned

1. Consistent with DepEd Order No. 012, s. 2025 (Multi-Year Implementing Guidelines on the School Calendar and Activities), the Department of Education (DepEd) will conduct the 2025 *Brigada Eskwela* Program from **June 9 to 13, 2025**, as part of its annual initiative to ensure schools are safe, resilient, and well-equipped for the opening of classes on June 16, 2025.

2. *Brigada Eskwela* is a five-day activity that upholds the spirit of *bayanihan*, encouraging community collaboration to prepare schools for the upcoming school year. With literacy as a key priority of the Department, this year's theme, ***Brigada Eskwela: Sama-sama Para sa Bayang Bumabasa***, highlights a nationwide effort and volunteerism on literacy development. The program also serves various purposes like the usual preparing and improving the school facilities and environment, supporting the physical and mental well-being of learners, addressing the needs of engaging parents and stakeholders, and ensuring the accuracy of educational data through a nationwide inventory validation.

3. This year's *Brigada Eskwela* shall focus on the following:

- a. Ensuring that all schools are well-prepared for the new school year by providing a clean, safe, and conducive learning environment for both learners and teachers;
- b. Encouraging active participation of stakeholders in supporting learners' reading skills development and ensuring that reading resources are available at the schools.
- c. Organizing clean-up activities and performing minor to medium repairs and maintenance work in classrooms and school grounds;
- d. Promoting volunteerism and community involvement in enhancing school facilities and resources;
- e. Creating a master list of learners along with a schedule for health assessments (e.g., nutritional assessment and vision and hearing screening) and assisting the Philippine Health Insurance



Corporation in the enrollment of learners to the National Health Insurance Program;

- f. Engaging stakeholders in mobilizing data-driven partnerships with the community to help address the needs of schools; and
- g. Validating essential resource data against existing records of DepEd and engaging the community in establishing inventory data.

4. To officially commence the *Brigada Eskwela* period, a Nationwide *Brigada Eskwela* Kick Off will take place on **Monday, June 9, 2025**. DepEd Central Office will jointly hold its Kick Off Program with Region V, while other regions shall organize their respective kick off activities. The event will be streamed live on the official DepEd Philippines Facebook page to simultaneously launch and promote *Brigada Eskwela*.

5. The Guidelines on the Implementation of *Brigada Eskwela* and National Inventory Day (NID) for School Year 2025–2026 are provided as Enclosures No. 1 and 2, respectively. DepEd Policy and Planning Service under the Strategic Management Strand shall take the lead in the execution of the NID. The guidelines for the Learners' Health Assessment, to be undertaken by the School Health Division under the Operations Strand, shall be issued through a separate policy.

The schedule of activities for the 2025 *Brigada Eskwela* program shall be as follows:

Activity	Schedule
Nationwide <i>Brigada Eskwela</i> Kick Off	June 9, 2025
<i>Brigada Eskwela</i> Implementation, Monitoring of Schools, and Inventory Validation and Official Reporting of selected education data	June 9–13, 2025
Deadline for the submission of <i>Brigada Eskwela</i> resources generated in the DepEd Partnerships Database System	Schools: July 6, 2025 (to be verified and validated by SDOs/ROs)
Submission of <i>Brigada Eskwela</i> Transmittal or Accomplishment Report	By SDOs to ROs: July 15, 2025  By ROs to CO: July 30, 2025
Regional Office (RO) and Schools Division Office (SDO) <i>Brigada Eskwela</i> Appreciation and Recognition Ceremony	To be determined by respective ROs and SDOs

6. All regions and schools divisions are directed to provide intensive and extensive support to school heads during the *Brigada Eskwela* period.

7. For information and clarification, please contact the following:

*Brigada Eskwela*:

**External Partnerships Service**  
external.partnerships@deped.gov.ph  
externalpartnerships@deped.gov.ph  
(02) 8638-8637 and 8638-8639

National Inventory Day:

**Policy and Planning Service**

ps.od@deped.gov.ph

(02) 8638-2251, 8637-6204, and  
8635-3958

Learners' Health Assessment:

**School Health Division**

blss.shd@deped.gov.ph

(02) 8632-9935

8. Immediate dissemination of this Memorandum is desired.



**SONNY ANGARA**  
Secretary

Encls.:

As stated

References:

DepEd Order (No. 012, s. 2025)

DepEd Memorandum No. 033, s. 2024

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

BUREAUS AND OFFICES  
CAMPAIGN  
COMMITTEES  
LEARNERS  
MONITORING AND EVALUATION

OFFICIALS  
PARTNERSHIPS  
PROGRAMS  
SCHOOLS  
TEACHERS





## GUIDELINES ON THE IMPLEMENTATION OF *BRIGADA ESKWELA* FOR SY 2025-2026

### PROCEDURES

#### A. PRE-IMPLEMENTATION STAGE

To prepare for the implementation of the *Brigada Eskwela*, schools shall be guided by the following:

##### 1. **Assessment of Physical Facilities, Maintenance Needs and Learning Areas of the School**

Before the implementation of *Brigada Eskwela*, the *School Facilities Coordinator* shall identify the needs for the upcoming school year's opening of classes and assess school facilities that require repair or replacement. The school needs data shall be reflected in the School Preparedness Checklist (Attached **Annex A**). The assistance of the Education Physical Facilities Division, School Watching Team (SWT), and Parent-Teacher Association (PTA) officers and members may be sought, if necessary.

Assess the status and sufficiency of book shelves, libraries, reading corners, and literacy support spaces (e.g., reading nooks, storytelling areas) as part of the facilities assessment. Consider a reading readiness needs assessment to identify learners who may require early interventions.

Schools shall identify other requirements/ activities necessary for school operations and teaching and learning.

##### 2. **Compliance with the Absolute Prohibition on Solicitation**

School heads, teachers, and other school personnel are **strictly prohibited** from soliciting or collecting any form of contribution including, but not limited to, *Brigada Eskwela* fees from parents or legal guardians, volunteers, partners, and stakeholders. The *Brigada Eskwela* activities shall focus on voluntary work and participation to ensure that schools are adequately prepared for the upcoming school year.

The identified school requirements shall be used by the Central, Regional, and Schools Division Offices to advocate for the support needed by the schools. The proposed *Brigada Eskwela* packages for the clean-up drive and minor repair works can also be presented to stakeholders for reference and guidance.

##### 3. **Compliance with Existing Prohibitions on Certain Partnerships**

All DepEd Offices and schools are reminded to strictly observe the prohibition on partnering with, accepting donations or sponsorships from industries that present conflicts of interest, such as, but not limited to, the tobacco, breast milk substitutes, and alcoholic beverage industries, in support of DepEd's commitment to promote healthy learning environments in schools.

- DepEd Order No. 48, s. 2016 - *Policy and Guidelines on Comprehensive Tobacco Control*
- DepEd Order No. 13, s. 2017 - *Policy and Guidelines on Healthy Food and Beverage Choices in Schools and in DepEd Offices*



- DOH-DSWD-DepEd-CHED-LEB-TESDA- DILG Joint Administrative Order 2022-0001 - *Guidelines on Healthy Settings Framework in Learning Institutions*
- Other related issuances

#### 4. Creation of the *Brigada Eskwela* Working Committees

School Heads shall lead the creation of the working committees for the *Brigada Eskwela* as well as supervise its functions. The *Brigada Eskwela* working committees shall be composed of the following:

- School Head;
- Teachers;
- Non-teaching personnel;
- Parent-Teacher Association Officers;
- School health focal
- Reading Coordinators
- (optional) parents, learners, community members, and external stakeholders may also be part of the task force provided that the nature of the involvement is **voluntary**.

The School Head shall conduct orientation sessions on the tasks to be carried out for the duration of *Brigada Eskwela* implementation.

School personnel cannot require the participation of parents in exchange for extra points in grades of learners.

##### 4.1 The Brigada Eskwela Working Committee Responsibilities:

##### 4.1.a Conduct Extensive Public Awareness Campaigns

- Promote public awareness and encourage involvement in *Brigada Eskwela*, which may include the dissemination of advocacy materials and the conduct of awareness campaigns.

##### 4.1.b Establishment of Partnerships for Resource Mobilization

- Mobilize resources, including books, reading kits, reading materials, repair and maintenance materials, manpower, and volunteer services, for the conduct of Brigada Eskwela in adherence to RA 5546. The law strictly prohibits the sale of tickets or the collection of contributions, whether voluntary or otherwise, from school children, learners, and teachers of public and private schools, for any project or purpose (DO No. 5, s. 1992 titled "Policy on Solicitation of Contribution"; DO No. 47, s. 2022 titled "Promotion of Professionalism in the Implementation and Delivery of Basic Education Programs and Services"; and DO No. 49, s. 2022 titled Amendment to DO No. 47, s. 2022).
- Determine target resources and identify potential volunteers and partners.
- Ensure that the pledges/ commitments of partners are delivered.
- Accept donations from partners before and during the Brigada Eskwela week.
- Craft a Memorandum of Agreement (MOA) and/ or Memorandum of Understanding (MOU) determining the roles and responsibilities of the parties involved (the school and its partners)



#### 4.1.c Program Implementation

- Direct and monitor the implementation of different activities as specified in the school work plan, aligned with the School Improvement Plan (SIP) and Annual Implementation Plan (AIP).
- Provide guidance and direction to work teams in the performance of assigned tasks.
- Monitor actual accomplishments vis-a-vis identified needs and planned activities.

#### 4.1.d Handling of Administrative and Financial Matters

- Provide administrative support and manage funds that will be generated in support of Brigada Eskwela.
- Ensure that all in-kind donations from and rendered services by both government and private sources are properly recorded and used in accordance with applicable rules and regulations and use appropriate forms in acknowledging receipt of donations (the Acknowledgement Receipt and Inventory Custodian Slip).
- Provide logistical support to volunteers such as but not limited to, work materials, first aid, refreshments, etc.
- Conduct daily inventory of all materials used.
- Prepare documents required for the availment of tax incentives by partners such as, but not limited to:
  - a. Notarized MOA;
  - b. Notarized Deed of donation and/ or deed of acceptance; and
  - c. Other required documents.

#### 4.1.e Documentation

- Prepare necessary documentation and reports of the Brigada Eskwela Program including photo/video documentation.
- Prepare daily reports on donations received and services rendered.
- Record the daily attendance of volunteers.
- All kinds of support provided by the stakeholders shall be reported in the DepEd Partnerships Database System (DPDS).

### 5. External Partners participation in the *Brigada Eskwela*

The following matrix indicates the possible steps/actions that potential external partners may undertake to ensure active engagement during the *Brigada Eskwela* week.

Stakeholders	Nature of Engagement
Provincial / Municipal / City Government Units	<ul style="list-style-type: none"><li>a. Coordinate/engage with DepEd regional or division offices</li><li>b. Secure a copy of the school preparedness checklist</li><li>c. Convene the Local School Board (LSB) to identify possible support on school preparedness/ readiness</li><li>d. Mobilize local support through the business sector, philanthropies, academe, and local organizations to assist schools' preparations for class opening</li><li>e. If available, include schools in the early warning system implemented in the locality</li></ul>

	<ul style="list-style-type: none"> <li>f. If possible, issue a local ordinance or resolution to support the implementation of <i>Brigada Eskwela</i></li> </ul>
Barangay Government Units	<ul style="list-style-type: none"> <li>a. Coordinate/engage with nearby elementary and/or secondary schools</li> <li>b. Participate in school preparatory meetings for <i>Brigada Eskwela</i></li> <li>c. Mobilize local assistance to support school readiness strategies</li> <li>d. Secure a copy of the school preparedness checklist</li> <li>e. Support the school preparedness strategies</li> </ul>
Private partners/individuals	<ul style="list-style-type: none"> <li>a. Coordinate/engage with DepEd central, region, division or district or school</li> <li>b. Secure a copy of the school preparedness checklist</li> <li>c. Choose from the <i>Brigada Eskwela</i> Packages on the intervention to be provided to schools</li> <li>d. Provide advocacy /information materials for schools</li> <li>e. Support the school readiness/ preparedness strategies</li> </ul>
Local/NGOs Volunteers	<ul style="list-style-type: none"> <li>a. Coordinate/engage with target elementary and/or secondary schools</li> <li>b. Secure a copy of the school preparedness checklist or <i>Brigada Eskwela</i> Plan</li> <li>c. Signify interest to assist the school during preparation for class opening</li> <li>d. Participate in school preparatory meetings for <i>Brigada Eskwela</i></li> <li>e. Identify and communicate support that will be provided to schools</li> <li>f. Support the school preparedness strategies</li> </ul>
Parents	<ul style="list-style-type: none"> <li>a. Participate voluntarily in school preparatory meetings for <i>Brigada Eskwela</i></li> <li>b. Set an example for children in doing community service</li> <li>c. Render voluntary support to the school preparedness strategies</li> </ul>
Other national government agencies (e.g. PhilHealth)	<ul style="list-style-type: none"> <li>a. Coordinate/engage with select elementary and/or secondary schools</li> <li>b. Orient parents and other stakeholders about the National Health Insurance Program</li> <li>c. Set up a booth and designate personnel to enroll parents and learners into the National Health Insurance Program</li> <li>d. Support the school preparedness strategies</li> </ul>



## 6. *Brigada Eskwela* Packages

Education partners and stakeholders may look into the following *Brigada Eskwela* packages to serve as guidance for the support to be provided to the schools. Other interventions may be provided depending on the capacity and available resources.

General Category	Suggested Items
Reading Kits	<ul style="list-style-type: none"> <li>- Supplementary reading materials</li> <li>- Workbooks/activity sheets and coloring books</li> <li>- Reading Assessment tools (like tests or passages)</li> </ul>
General Cleaning & Sanitation <ul style="list-style-type: none"> <li>- for keeping classrooms and school grounds clean</li> </ul>	<ul style="list-style-type: none"> <li>- Brooms, dustpans, mops, and buckets</li> <li>- Trash bags, gloves, and face masks</li> <li>- Disinfectant, detergent, alcohol, and soap</li> <li>- Sponges, rags, and scrub brushes</li> </ul>
Repair & Maintenance Package <ul style="list-style-type: none"> <li>- for minor repairs and fixing damaged areas</li> </ul>	<ul style="list-style-type: none"> <li>- Hammers, screwdrivers, pliers, and wrenches</li> <li>- Nails, screws, nuts, and bolts</li> <li>- Wood glue, varnish, and sandpaper</li> <li>- Door locks, hinges, and padlocks</li> </ul>
Painting & Beautification <ul style="list-style-type: none"> <li>- for making the school environment more vibrant</li> </ul>	<ul style="list-style-type: none"> <li>- Paint (white, colored, and blackboard paint)</li> <li>- Paintbrushes, rollers, and trays</li> <li>- Wall putty and sandpaper</li> </ul>
Electrical & Lighting <ul style="list-style-type: none"> <li>- for safe and efficient lighting &amp; electrical systems</li> </ul>	<ul style="list-style-type: none"> <li>- Light bulbs, LED tube lights</li> <li>- Extension cords and electrical outlets</li> <li>- Electrical tape and wire connectors</li> <li>- Circuit breakers and fuses</li> </ul>
Gardening & Landscaping <ul style="list-style-type: none"> <li>- for greener and more sustainable school grounds</li> </ul>	<ul style="list-style-type: none"> <li>- Plants, seedlings, and fertilizer</li> <li>- Shovels, rakes, and watering cans</li> <li>- Plant boxes and garden beds</li> <li>- Compost bins for waste management</li> </ul>
Water & Sanitation Maintenance <ul style="list-style-type: none"> <li>- for ensuring proper water supply and clean restrooms</li> </ul>	<ul style="list-style-type: none"> <li>- Toilet and sink repair tools (plungers, wrenches)</li> <li>- Pipes, faucets, and plumbing sealants</li> <li>- Drinking water dispensers and filters</li> <li>- Handwashing stations with soap dispensers/dishes</li> </ul>
Classroom Essentials <ul style="list-style-type: none"> <li>- for ensuring a well-equipped learning space</li> </ul>	<ul style="list-style-type: none"> <li>- Blackboards and bulletin boards</li> <li>- Student desks, chairs, and teacher's table</li> </ul>
Technology & Digital Learning <ul style="list-style-type: none"> <li>- for enhancing digital learning and school connectivity</li> </ul>	<ul style="list-style-type: none"> <li>- Computers, printers, and projectors</li> <li>- Wi-Fi routers and network cables</li> <li>- USB flash drives and external hard drives</li> <li>- Educational software and e-learning resources</li> </ul>
Safety & Disaster Preparedness <ul style="list-style-type: none"> <li>- for emergency readiness and school safety</li> </ul>	<ul style="list-style-type: none"> <li>- Fire extinguishers and smoke detectors</li> <li>- First-aid kits (bandages, antiseptics, gloves)</li> <li>- Emergency exit signs and glow-in-the-dark stickers</li> <li>- Flashlights, batteries, and whistles</li> </ul>
Volunteer Service	<ul style="list-style-type: none"> <li>- Skilled volunteers (carpenters, electricians, plumbers, painters)</li> </ul>

General Category	Suggested Items
<ul style="list-style-type: none"> <li>- for community support, manpower assistance or expertise to assist learners and teachers,</li> </ul>	<ul style="list-style-type: none"> <li>- Professionals (e.g. doctor, lawyers, others)</li> <li>- Parents, teachers, learners, and community members</li> </ul>
Snacks and Food for Volunteers (Compliant with DO 13, s. 2017) <ul style="list-style-type: none"> <li>- for keeping volunteers energized and motivated</li> </ul>	<ul style="list-style-type: none"> <li>- Bottled water, juice, drinks, and refreshments</li> <li>- Bread, biscuits, and packed snacks</li> <li>- Rice meals and packed lunches</li> </ul>
Health and Hygiene Kits <ul style="list-style-type: none"> <li>- for maintaining personal cleanliness</li> </ul>	<ul style="list-style-type: none"> <li>- Facemasks</li> <li>- Soap</li> <li>- Toothpastes and toothbrushes</li> <li>- Sanitary pads for female high school learners</li> </ul>
Learner's Kit <ul style="list-style-type: none"> <li>- for equipping students with essential school supplies</li> </ul>	<ul style="list-style-type: none"> <li>- Notebook</li> <li>- Pad paper</li> <li>- Pencil, ball pen</li> <li>- Crayons</li> <li>- Ruler, small scissors, pencil sharpener</li> <li>- Glue/pastes</li> <li>- Bag</li> </ul>
Teacher's Kit <ul style="list-style-type: none"> <li>- for teacher's daily instructional use</li> </ul>	<ul style="list-style-type: none"> <li>- Manila paper, cartolina, bondpaper</li> <li>- Scissors, ruler, pencil sharpener</li> <li>- Pen (black and red)</li> <li>- Markers (black and blue)</li> <li>- Lesson plan notebook</li> <li>- Chalk</li> </ul>
Emergency Kit <ul style="list-style-type: none"> <li>- for ensuring readiness during natural disasters or crises</li> </ul>	For Learners <ul style="list-style-type: none"> <li>- Whistle, flashlight/battery</li> </ul> For Teachers <ul style="list-style-type: none"> <li>- Whistle</li> <li>- Flashlight, radio, battery</li> <li>- Boots, raincoats, umbrellas</li> <li>- Toiletries</li> <li>- Bottled water</li> <li>- Emergency hotline list</li> <li>- Evacuation guide</li> </ul>
Medical Devices <ul style="list-style-type: none"> <li>- for basic health monitoring and care</li> </ul>	<ul style="list-style-type: none"> <li>- Infrared and digital thermometer</li> <li>- Pulse oximeter</li> <li>- Thermal scanner</li> <li>- Stethoscope</li> <li>- Blood pressure monitor machine</li> <li>- Stretcher</li> </ul>
Emergency Kit for School <ul style="list-style-type: none"> <li>- for school-wide emergency response</li> </ul>	<ul style="list-style-type: none"> <li>- First aid kit</li> <li>- Contact numbers for emergencies</li> <li>- Flashlight, radio, batteries</li> <li>- Bell, whistle</li> <li>- Electrical tape, rope</li> </ul>



General Category	Suggested Items
First Aid Kit - for providing immediate treatment for minor injuries	<ul style="list-style-type: none"> <li>- Burn ointment, povidone-iodine (e.g. Betadine), alcohol, hydrogen peroxide</li> <li>- Adhesive bandage (band-aid), bandage, gauze, plaster tape, cotton</li> <li>- Bottled water</li> <li>- Gloves</li> </ul>

The external partners and stakeholders may contact the following DepEd offices for information of their engagement in the Brigada Eskwela:

Central Office:	External Partnerships Service (EPS) <a href="mailto:external.partnerships@deped.gov.ph">external.partnerships@deped.gov.ph</a> / <a href="mailto:externalpartnerships@deped.gov.ph">externalpartnerships@deped.gov.ph</a> (02) 8638-8637 / (02) 86388639
Regional Office:	Education Support Service Division (ESSD) <a href="https://tinyurl.com/DepEdROSDODirectory">https://tinyurl.com/DepEdROSDODirectory</a>
Schools Division Office:	School Governance Operations Division (SGOD) <a href="https://tinyurl.com/DepEdROSDODirectory">https://tinyurl.com/DepEdROSDODirectory</a>
Schools:	Office of the School Head Nearest public elementary and secondary schools

## B. IMPLEMENTATION STAGE

The actual implementation is during the *Brigada Eskwela* week on June 9-13, 2025. As a matter of policy, all work and tasks performed under the *Brigada Eskwela* are **voluntary in nature**.

### 1. Conduct of Nationwide *Brigada Eskwela* Kick Off

This year's *Brigada Eskwela* period will officially begin with a Nationwide *Brigada Eskwela* Kick Off on **Monday, June 9, 2025**, marking the first day of *Brigada Eskwela* week. Kick Off activities will take place **simultaneously across all regions** nationwide.

The DepEd-Central Office will hold its Kick Off Program in Albay, Region V, while other regions will organize their respective opening activities.

Hereunder is the proposed Program of Activities for the kick off ceremony:

TIME	ACTIVITY
<b>NATIONWIDE KICK OFF PROGRAM</b>	
7:00 AM	<i>Brigada Eskwela</i> Caravan and Advocacy Campaign
8:00 AM	Arrival and Registration at the Host Venue Tree Planting Activity
9:00 AM	Opening Program <ul style="list-style-type: none"> <li>• Preliminaries</li> <li>• Opening Message</li> </ul>



TIME	ACTIVITY
	<ul style="list-style-type: none"> <li>• AVP on the <i>Brigada Eskwela</i> Across the Years</li> </ul>
9:30 AM	Keynote Message <ul style="list-style-type: none"> <li>• Launching of National Inventory Day</li> <li>• Call to Action</li> <li>• Symbolic Turnover of Donations and Resources and Commitment Pledges</li> <li>✓ 2024 Healthy Learning Institutions Awarding and Related Activities</li> </ul>
10:30 AM	<ul style="list-style-type: none"> <li>• Presentation of <i>Brigada Eskwela</i> Model School</li> <li>• SDO <i>Brigada Eskwela</i> Booths Showcasing the Division's School Preparedness Plans and Initiatives</li> </ul>
11:00 AM	Volunteer Activities within the host school <ul style="list-style-type: none"> <li>• Storytelling activity</li> <li>• Cleaning and Repainting</li> <li>• Minor Repair</li> </ul>
1:00 PM	<ul style="list-style-type: none"> <li>• School Visit and Monitoring of <i>Brigada Eskwela</i> activities</li> <li>• Dialogue with PTA and other organizations</li> </ul>
Afternoon Session (simultaneous in the host school)	Various Sessions and Activities: <ul style="list-style-type: none"> <li>• Anti-Bullying Session</li> <li>• Health Assessment</li> <li>• National Inventory</li> <li>• Partner Program Orientation (e.g. National Health Insurance Program c/o PhilHealth)</li> </ul>

To ensure widespread participation, the activity will be streamed live on the official DepEd Philippines Facebook page, serving as both a launch and promotion of *Brigada Eskwela*.

The Schools Division Offices may participate in the Regional Kick Off, organize their own kick off activities, or may do the monitoring of the *Brigada Eskwela* implementation in the schools.

The schools may initiate the kick off with an advocacy caravan, followed by the presentation of the School Preparedness Plans to the stakeholders. Subsequently, voluntary work within the school premises will take place.

## 2. Suggested Activities within the *Brigada Eskwela* week

Based on school preparedness plan, schools shall select appropriate activities for implementation during the *Brigada Eskwela* week from the following suggested list:

Activities	Day 1	Day 2	Day 3	Day 4	Day 5	Persons Responsible	Expected Output/s
Kick Off Ceremony	/					<i>Brigada Eskwela</i> Working Committees	Program of Activities Pledges of Commitment
Presentation of Major projects/activities to be done	/					School Head	Presentation

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Activities	Day 1	Day 2	Day 3	Day 4	Day 5	Persons Responsible	Expected Output/s
Presentation of <i>Brigada Eskwela</i> Plan	/					School Head	Presentation
Registration of Partners and Stakeholders / Volunteers	/	/	/	/	/	<i>Brigada Eskwela</i> Secretariat	Accomplished Registration Form
Receipt of donations, resource/supplies	/	/	/	/	/	<i>Brigada Eskwela</i> Working Committees	Registry of donations, resources and supplies received
General cleaning of classrooms and school premises	/	/	/	/	/	<i>Brigada Eskwela</i> Working Committees / Volunteers	Daily Accomplishment Report
Repair/Repainting/ Replacement/ Rehabilitation of school facilities such as roofs/gutters, walls, comfort rooms and other	/	/	/	/	/	<i>Brigada Eskwela</i> Working Committees / Volunteers	Daily Accomplishment Report
Other maintenance works	/	/	/	/	/	<i>Brigada Eskwela</i> Working Committees / Volunteers	Daily Accomplishment Report
*Master listing of learners/scheduling of health assessments	/	/	/	/	/	School Health Focal / School Head	Accomplishment Report (part of 2 <sup>nd</sup> quarter Medical, Dental, and Nursing Accomplishment report)
*Enrollment of learners to the National Health Insurance Program	/	/	/	/	/	PhilHealth/School Health Focal/ School Head	Accomplishment report (number of learners enrolled in NHIP)
*Reading/Storytelling Session with Learners	/	/	/	/	/	Volunteers	Daily Accomplishment Report
*Tree Planting	/	/	/	/	/	Volunteers	Daily Accomplishment Report
*National Inventory Day	/	/	/	/	/	Assigned personnel from <i>Brigada Eskwela</i> Working Committee	Updated School Data in the dashboard
Closing Program					/	<i>Brigada Eskwela</i> Working Committees	Report of accomplishment of Program of Activities, Presentation of Accomplishment Certificate of Appreciation and Recognition

\* The activity can be carried out on any day during the 5-day implementation period

### 3. Maintenance of Clean Schools

Schools shall ensure that school grounds, classrooms and all its walls, and other school facilities are clean and free from unnecessary artwork, decorations, tarpaulin, and posters at all times. Oversized signages with commercial advertisements, words of sponsorships,



and/ or endorsements or announcements of any kind or nature shall be taken down in compliance with DO 37, s. 2010 titled Prohibition on Use and/or Display of School Signages Showing Commercial Advertisements, Sponsorships, and/ or Endorsements. Classroom walls shall remain bare and devoid of posters, decorations or other posted materials. Classrooms should not be used to stockpile materials and should be clear of other unused items or items for disposal.

## C. POST-IMPLEMENTATION STAGE

Post-implementation is the period after the conduct of the *Brigada Eskwela* week. The collected data shall be consolidated in preparation for the school's accomplishment report. The following steps shall be undertaken:

### 1. Preparation and Submission of Accomplishment Report

Schools shall prepare and submit an accomplishment report, hence, the following shall be undertaken:

- 1.1. Accomplish the school's *Brigada Eskwela* Report through the DepEd Partnerships Database System (DPDS). For SY 2025-2026, data reported in the DPDS from May to June 2025 shall be considered as 2025 *Brigada Eskwela* generated resources. Technical concerns in reporting the partnership data in the DPDS should be forwarded to [support.dpds@deped.gov.ph](mailto:support.dpds@deped.gov.ph).
- 1.2. Other projects and activities completed with the help of stakeholders and partners outside the *Brigada Eskwela* week shall be reported through the DPDS.

The school heads shall ensure that all donated items classified as property, plant, and equipment are properly recorded in the book of accounts as stipulated in DO No. 082, s. 2011 titled "Guidelines on the Proper Recording of all Donated Properties." The documents required to support the recording in the book of accounts are as follows:

- i. Inventory Custodian Slip (Attached **Annex B**) for donated properties with a value below P50,000.00; and
- ii. Property Acknowledgment Receipt (Attached **Annex C**) for donated properties above P50,000.00.

### 2. Sustaining *Brigada Eskwela*

School improvement does not end on the last day of the *Brigada Eskwela* week. It may be a year-round undertaking to guarantee our school children have a conducive learning environment.

Sending letters of gratitude to partners and volunteers for their contributions in preparing the school in time for the opening of classes may inspire them to do more.

The partnerships shall likewise be sustained. There may be tasks in the *Brigada Eskwela* work plan, or other school needs that may come up during the school year, where schools still requires the help of stakeholders.

#### Other possible strategies for sustainability:

- 2.1 Keep the stakeholders informed of the status and progress of the programs/ projects.
- 2.2 Listen to the ideas and concerns of stakeholders through the conduct of fora, focus group discussions, etc.
- 2.3 Engage partners in other school activities.



- 2.4 Conduct recognition and appreciation programs for the working committees and stakeholders. SDOs and ROs shall conduct their own recognition and appreciation programs. The RO may reward or recognize SDOs and schools for outstanding performance in implementing *Brigada Eskwela*.

### **3. Service Credits/Compensatory Time-off**

Teaching personnel shall be entitled to earn vacation service credits arising from their active involvement as members of the school *Brigada Eskwela* working committees and/ or voluntary services in the *Brigada Eskwela* activities. Teachers shall earn one-day service credit for accumulated eight hours of service as committee members and/ or volunteers in the school preparation and partnership engagement activities, but not to exceed the total of five days' service credits. The computation of the service credits to teachers shall be in consonance with DO 13, s. 2024 titled *Revised Guidelines on the Grant of Vacation Service Credit for Teachers*.

DepEd employees in all governance levels are encouraged to join *Brigada Eskwela* and may serve for two (2) days within the *Brigada Eskwela* week. This shall be considered on official time.

Likewise, non-teaching personnel shall be granted Compensatory Time Off (CTO) for all services rendered during weekends/holidays as members of the *Brigada Eskwela* working committees and/ or voluntary services in the *Brigada Eskwela* activities. Eight hours of accumulated services are equivalent to one-day CTO.

### **4. Recognition and Appreciation of Partners**

Recognition and appreciation of partners and stakeholders who contributed to the success of the *Brigada Eskwela* may be decided on the school, district, and/ or division levels.

The following are suggested qualifiers, subject to the recommendation and approval of the committee:

- i. *Group/Institutional*- may be given to partners (e.g. *NGA/LGU, Private, NGO*) who have supported the school/institution for three (3) consecutive years.
- ii. *Individual* - may be given to the Chief Local Executive, Barangay leaders, School Head, Partnership Focal Person, and other individuals who have shown immense support for the realization of *Brigada Eskwela* goals.

#### **4.1 Recognition and Appreciation of Partners at the SDO Level**

At the SDO level, the SDS shall serve as the Committee Chair with the SGOD Chief and Senior Education Program Specialist (SEPS) for Social Mobilization and Networking as co-chairs to further determine who among the stakeholders shall receive due recognition. The conferment of such may be given during culminating activity or Partners Recognition Program, as deemed applicable.

#### **4.2 Recognition and Appreciation of Partners at the Regional Level**

Partners at the regional level may also be recognized in adherence to the above-mentioned attributes and qualifiers. The Regional Director (RD) shall serve as the Committee Chair with ESSD Chief and Regional Partnership Focal Person as co-chairs. As to Individuals, Exemplary Division Partnership Focal Person may also be conferred.



Expenses to be incurred for the culminating and conferment activity, including plaques, certificates, and the like, may be charged to Regional MOOE and Division MOOE/local funds for Division and program support fund from the Central Office (CO), subject to the usual government accounting and auditing rules and regulations.

## **D. IMPLEMENTATION ROLES AND RESPONSIBILITIES**

### **1. Central Office**

The External Partnership Service (EPS) shall:

- 1.1. issue School Preparedness Guidelines which provide a checklist on school preparedness measures.
- 1.2. conduct various advocacy campaigns to encourage the partners to participate in the *Brigada Eskwela*;
- 1.3. lead the conduct of the *Brigada Eskwela* Nationwide Kick Off Program;
- 1.4. monitor the week-long implementation of *Brigada Eskwela* through the ROs;
- 1.5. verify and evaluate the submissions of *Brigada Eskwela* Reports in the DPDS;
- 1.6. coordinate with the DepEd-Policy and Planning Service relative to the implementation of the National Inventory Day;
- 1.7. coordinate with DepEd-School Health Division on the implementation of the Learners' Health Assessment;
- 1.8. provide updates to the media and the general public through the Public Affairs Service (PAS), DepEd Central Office on the status of implementation;
- 1.9. coordinate and facilitate the distribution of donations received by the Central Office to identified regional, division, and schools;

### **2. Regional Office**

The Education Support Services Division (ESSD) shall:

- 2.1 lead and monitor the actual implementation of *Brigada Eskwela* Kick Off at the Region;
- 2.2 engage local stakeholders to support the implementation of *Brigada Eskwela*;
- 2.3 create the Regional Monitoring Team for approval of the Regional Director;
- 2.4 verify and validate the *Brigada Eskwela* Reports of the SDOs in the DPDS;
- 2.5 conduct planning meetings with SDOs to determine school needs;
- 2.6 provide technical assistance to SDOs in formulating strategies to support school preparedness; and
- 2.7 validate, monitor, and prepare a report on the implementation of preparedness strategies.

### **3. Schools Division Office**

The School Governance Operations Division (SGOD) shall:

- 3.1 mobilize assistance from education partners and other government agencies for schools' implementation of preparedness measures;
- 3.2 ensure support is equitably distributed to all schools;
- 3.3 ensure that learners are properly scheduled for health assessments, that designated personnel are available to conduct such, and that these are conducted as scheduled;
- 3.4 conduct daily monitoring and evaluation of the school's implementation in coordination with the Public Schools District Supervisors (PSDS). The unit shall



- create the division monitoring team for approval of the Schools Division Superintendent;
- 3.5 verify and validate the submission of partnership interventions of the schools through the PSDS;
- 3.6 recommend schools for the monitoring by the RO;
- 3.7 conduct orientation on the *Brigada Eskwela* implementing guidelines;
- 3.8 plan for stakeholders' recognition and appreciation activities;
- 3.9 coordinate with local government agencies and uniformed personnel;
- 3.10 ensure availability of the summary of school-level data for local partners' preferences; and
- 3.11 prepare a list of schools that would be needing the most assistance from partners.

#### **4. Public Schools**

The school heads shall:

- 4.1 spearhead the implementation of school preparedness activities;
- 4.2 create the *Brigada Eskwela* Working Committee;
- 4.3 identify relevant *Brigada Eskwela* activities aligned to SIP and AIP;
- 4.4 identify potential partners;
- 4.5 ensure the conduct of *Brigada Eskwela* activities as abovementioned;
- 4.6 ensure masterlisting and coordination among school health focal, class adviser, school health personnel, and their respective SDO for the scheduling of health assessments;
- 4.7 Assist the Philippine Health Insurance Corporation in enrolling learners to the National Health Insurance Program and report number of learners registered/enrolled to their respective SDO
- 4.8 submit resources generated and volunteers to the PSDS;
- 4.9 provide updates to partners / stakeholders on the status of the spearheaded project by providing them a coffee table magazine style of accomplishment for them to be recognized as well;
- 4.10 if and when the school has reached a state where all physical aspects have been improved and no further work needs to be done, the School Head may initiate innovations that will improve the performance of the teachers and learners.

#### **5. Partners and Stakeholders**

Partners and stakeholders shall monitor, in coordination with the school, division, region or central office, the status of the project/s implemented during the *Brigada Eskwela* week. They may refer to *Brigada Eskwela* Packages on possible intervention to be provided in the school.

#### **6. Volunteers**

Volunteers shall coordinate with the school and assist in the *Brigada Eskwela* activities.

#### **7. Teachers**

Teachers shall:

- 7.1 assist the School Head in the implementation of the activities prepared for the day and/or the week;
- 7.2 engage parents of the learners to participate in *Brigada Eskwela* voluntarily;
- 7.3 coordinate with school health focal for scheduling and conduct of health assessments;
- 7.4 monitor the assigned tasks performed by the volunteers; and



7.5 identify classroom needs to ensure readiness.

## 8. Supreme Student Government (SSG)/Supreme Pupil Government (SPG) Officers

The SSG / SPG Officers shall assist their homeroom teachers in the implementation of *Brigada Eskwela* activities.

## 9. Brigada Eskwela Technical Working Group

To facilitate the smooth and efficient implementation of the *Brigada Eskwela*, a Technical Working Group (TWG) has been established. This group will be responsible for organizing, coordinating, and overseeing all event-related activities of the Brigada Eskwela.

2025 *Brigada Eskwela*

**Program Management** : Usec. Fatima Lipp D. Panontongan  
Asec. Cilette Liboro Co  
Asec. Georgina Ann H. Yang  
Asec. Dexter Galban  
Asec. Roger Masapol

**Program Committee** : Dir. Graciela E. Mendoza  
Dir. Miguel Angelo Mantaring  
Dir. Maria Clarisse Ligunas-Roque  
Dir. Jan Kevin Rivera

2025 *Brigada Eskwela* Nationwide Kick Off

**Program Management** : Dir. Graciela E. Mendoza  
Dir. Gilbert Sadsad  
Dir. Jan Kevin Rivera  
SDS Nene Rosal-Merioles

**Program Committee** : Rolly V. Soriano  
Maria Christina Baroso  
Maria Eloisa Arellano  
Jho-ana A. Llana

The composition of the 2025 Brigada Eskwela Nationwide Kick Off Technical Working Group will be detailed in a separate memorandum.

## REFERENCES

Department of Education. (2015). DepEd Order No. 40, s. 2015, *Guidelines on K to 12 Partnerships*.

Department of Education. (2013). DepEd Order No. 2 s. 2013. Revised Implementing Rules and Regulations of Republic Act 8525, *An Act Establishing An "Adopt-A-School Program," Providing Incentives Therefor, and For Other Purposes*.

Department of Education. (2008). DepEd Order No. 24 s. 2008, *Institutionalisation of Brigada Eskwela Program of the National Schools Maintenance Week (NCMW)*.

Department of Education. (2011). DepEd Order No. 082, s. 2011, *Guidelines on the Proper Recording of all Donated Properties*.





## GUIDELINES ON THE IMPLEMENTATION OF THE NATIONAL INVENTORY DAY

### I. RATIONALE

The credibility of data is the backbone of informed decision-making, programming, budgeting, policy formulation, and program implementation, in any organization—especially in the education sector. DepEd, being the largest government agencies, have huge data managed for its effective governance of the basic education.

DepEd needs an effective and efficient data validation such as but not limited on school personnel, school infrastructure, usable furniture, learning resources, ICT equipment, and utilities. While there is an existence of information systems such as the Basic Education Information System, Program Management Information System, and the National School Building Inventory, there remain a need for a decisive action to validate its data to ensure that all figures reflect the reality on the schools and field offices. These validated data are important for the data-driven partnerships with the stakeholders to ensure school readiness.

In support of the 5-Point reform agenda in producing an evidence-based policies, programs, projects, and activities, DepEd plans to validate its data while also using the initiative as an avenue to further support schools in preparation for the opening of classes and leveraging the stakeholders on the ground for the data collection and validation process. Consequently, the National Inventory Day, embedded in the Brigada Eskwela for SY 2025-2026 shall be conducted.

### II. SCOPE

These guidelines on the conduct of the National Inventory Day shall serve as guide to all personnel involved at all governance levels and external stakeholders to be involved in the activity. This involves the Regional Office, Schools Division Office, and all DepEd-managed public schools nationwide.

### III. DEFINITION OF TERMS

The operation definitions below serve as a guide and reference of DepEd personnel and involved stakeholders on the validation day:

- a. **Functional Toilet Bowls** refers to the serviceable toilet bowls.
- b. **ICT Equipment.**
  - i. **SMART TV Package** refers to a television set that has integrated internet connectivity and built-in software or applications, enabling it to access online content and interactive services.
  - ii. **E-Learning Carts** refers to a set of mobile educational resources. These packages might include a combination of electronic devices such as laptops or tablets, charging cart, Smart TV and other possible educational technology tools.
  - iii. **External Hard Drive** refers to portable storage device that is connected to a computer or other digital devices via an external interface, typically USB, Thunderbolt, eSATA, or other connection methods.
- c. **Instructional Rooms** refers to rooms use for academic purposes: Classroom SPED, Classroom Elementary (Kindergarten, Grade 1, 2,3,4,5,6), Classrooms JHS (Grade 7,8,9,10), Classroom SHS (Grade 11, 12), ALS Room, Audio Visual, Computer Room, Industrial Arts Room, Home Economic Room, Science Laboratory, Speech Laboratory, Research Laboratory, Not Currently Used, Others.

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- d. **Internet for Academic or Instructional Purposes** refers to internet solely utilized in the classroom or laboratory as an aid to instruction.
- e. **Internet for Administrative Purposes** refers to internet solely used for encoding administrative data of the school (e.g., enrollment, attendance, disbursements, financial statements, and other reports) or are only accessible at the school head office or faculty room.
- f. **Learning Tools and Equipment** refers to non-text-based learning resources such as Science and Mathematics Equipment (SME) and Technical Vocational Livelihood (TVL) tools and equipment.<sup>1</sup>
- g. **Locally-funded Personnel** refers to school personnel not having Plantilla positions and whose compensation is chargeable against the local budget. Included are teachers funded under Special Education Fund, Local Government Unit fund, and other funding source such as but not limited to Parents-Teacher Association.
- h. **Nationally-funded personnel actually working in the school** refers to teaching, teaching-related and non-teaching personnel with plantilla positions who are actually performing their specific assignments in the school. It includes those personnel who are working in a school but whose items belong from other schools or DepEd Office.
- i. **Non-instructional Rooms** refers to rooms use for non-instructional purposes (e.g., Library/Learning Resource Center, Canteen, Clinic, Conference Room, Offices, Faculty Room, Museum, Supply Room, Conference Room, Data File Room/Records Room, Student Co-Curricular Center, Youth Development Center, Not Currently Used, Others).
- j. **Non-Teaching personnel** refers to personnel whose primary duties and responsibilities contribute to the delivery of basic education services and achievement of agency outcomes, but do not involve nor directly support the actual conduct of teaching or delivery of instructions.<sup>2</sup>
- k. **Related-Teaching Personnel** refers to those with position whose primary duties and responsibilities contribute to the delivery of basic education services and achievement of agency outcomes, through the provision of direct support to teaching and the delivery of instruction, such as standard setting, policy and program formulation, research, and sector monitoring and evaluation.<sup>3</sup>
- l. **School Furniture.**
  - i. **Armchair** refers to a usable armchair in the school, regardless of material (wood, plastic).
  - ii. **DepEd New Design 2-Seater Table and Chair** refers to the new design of school furniture of which 1 set is equal to 2 chairs and 1 table on wood and steel finishes.
  - iii. **Kinder Modular Table & Chair** refers to the standard modular table & chair used by kindergarten learner.
  - iv. **Other Classroom Table and Chair** refers to the table and chair used by learner in the classroom not mentioned in this Table.
  - v. **School Desk** refers to a usable two-seater desks in the school.
- m. **School Wide Internet** refers to the entirety of a school's physical space, encompassing all its buildings, facilities, and outdoor grounds.
- n. **Teaching personnel** refers to personnel that is directly engaged in teaching or in the delivery of instruction in elementary or secondary levels (junior high school and senior





high school, whether in full-time or part-time basis in schools and Community Learning Centers (CLCs).<sup>4</sup>

- o. **Textbook** as defined in Republic Act 8047, is an exposition of generally accepted principles in one (1) subject, intended primarily as a basis for instruction in a classroom or pupil-book-teacher situation. It is the primary learning resource for classroom instruction that sufficiently develops the prescribed learning competencies for a specific grade level and learning area.<sup>5</sup>

#### IV.

#### PROCEDURES AND TIMELINES

1. To ensure consistency in implementation, the National Inventory Day will be conducted in a structured manner as integrated within the activities of the Brigada Eskwela. The activities below are chronologically arranged and indicated are responsible person or office.

Activity	Description	Timeline	Responsible Office
<b>1. Orientation of Regional and Schools Division Offices</b>			
	An online orientation will be conducted among Regional, Division Offices, and schools relative to the guidelines of National Inventory Day.	May 27, 2025	Policy and Planning Service and External Partnership Service
<b>2. Creation of School Technical Working Group</b>			
	School to engage group who will be part of the Technical Working Group (TWG) responsible of the National Inventory Day and prepare the operational plan for the conduct of the data validation.	June 2-6, 2025 or during the actual inventory validation and triangulation	School Head
<b>3. Actual Inventory Validation and Triangulation</b>			
	Schools will input verified data into the system, ensuring cross-checking with existing records.  A multi-stakeholder approach will be implemented by including partners from the local government, private sector, Non-Government Organizations, and community groups to ensure the correctness of the data.	June 9-13, 2025	School Technical Working Group

4. Closing Program			
	Communication of the National Inventory results.	On or before June 13, 2025 for schools with internet and until June 20, 2025 for schools needing assistance from the Schools Division	School Technical Working Group
5. Data Analysis and Presentation			
	Submitted data will be analyzed and presented.	End of June 2025	National Inventory Day TWG (Central Office)

1. All schools can access the National Inventory Day system through [www.nid.deped.gov.ph](http://www.nid.deped.gov.ph) and shall serve as the platform where forms to be filled out can be generated and submitted. The system shall be fully operational after the national orientation for the National Inventory Day on 27 May 2025.
  - a. For schools with internet access, the form shall be generated from the system by accessing their respective school account. To access the school's account, use the BEIS username and password of the school. The generated form shall contain pre-loaded data from the latest submitted data of the school which will be subject to validation and triangulation.
  - b. For schools needing assistance to access the site, the form can be generated by the Schools Division Office (SDO). The accomplished offline form may then be submitted to SDO for uploading.
2. A separate dashboard summarizing the school data at all governance levels shall be made accessible to education stakeholders for transparency.
3. All resources and other references such as the data dictionary, mechanics and template for the operational planning, and project proposal template for the National Inventory Day can be accessed through this link: <https://bit.ly/NIDReferenceMaterials>.
4. The cut-off date for the data is **13 June 2025**. For the submission of schools with internet access, it is highly encouraged to upload in the NID system on 13 June 2025 while for schools needing SDO assistance, submission and uploading to the system is on or before **20 June 2025**.
5. The validation will cover essential resource categories that directly impact school operations such as the school personnel, school infrastructure, usable furniture, learning resources (textbooks and learning tools and equipment), ICT equipment, and utilities. Specifically, the following are the key data points for validation:



**A. Inventory of School Personnel (Filled and Unfilled Positions). Schools may refer to the Electronic School Form 7.**

1. Number of Teaching Positions **assigned in school** per latest School Personal Services Itemization and Plantilla of Personnel (PSIPOP) or Division PSIPOP.
  - a. Teaching personnel
  - b. Teaching-related
  - c. Non-Teaching personnel
2. Number of Nationally Funded Plantilla **actually working** in schools (including Plantilla Personnel borrowed/detailed from other school(s)/DepEd Offices).
  - a. Teaching personnel
  - b. Teaching-related
  - c. Non-Teaching personnel
3. Number of Locally funded Personnel working in the school such as funded under Special Education Fund and Local Government Fund
  - a. Teaching personnel
  - b. Teaching-related
  - c. Non-Teaching personnel

**B. Inventory of School Infrastructure**

1. Number of instructional rooms (existing and ongoing construction)
2. Number of non-instructional rooms (existing and ongoing construction)
  - a. Faculty Room
  - b. Library or Learning Resource Center
  - c. ICT room
  - d. Guidance Office
  - e. Clinic
  - f. Ongoing construction
3. Number of functional toilet bowls

**C. Inventory of Usable Furniture**

1. Number of Kinder Modular Table
2. Number of Kinder Chair
3. Number of Armchair
4. Number of School Desk
5. Number of other classroom table
6. Number of other classroom chair
7. Number of DepEd New Design 2-seater Table and Chair

**D. Inventory of Learning Resources**

1. Inventory of textbooks **aligned with the Revised K-12 Curriculum**:
  - a. Number of Grade 1 textbooks: Reading, Makabansa, Good Manners and Right Conduct (GMRC), Language

- b. Number of Grade 4 textbooks: Araling Panlipunan (AP), GMRC, Filipino, Science, Music and Arts, English, Mathematics, Physical Education (PE) and Health, and Edukasyong Pantahanan at Pangkabuhayan
- c. Number of Grade 7 textbooks: AP, English, Math, Filipino, Music and Arts, PE and Health, Technology and Livelihood Education, Values Education, Science
- d. Number of Senior High School (SHS) textbooks: Earth and Life Science, SHS HOPE 1 & 2, SHS HOPE 3&4, SHS Personal Development, SHS Physical Science, Statistics and Probability, Understanding Culture, Society and Politics, Media and Information Literacy, General Mathematics, Contemporary Arts

2. Inventory of Learning Tools and Equipment (LTE)

- a. Number of latest Science and Mathematics Equipment packages received
- b. Number of latest Technical-Vocation and Livelihood Equipment packages received

**E. Inventory of Information and Communications Technology (ICT) Equipment**

- 1. Number of SMART TV Package
- 2. Number of External Hard Drive
- 3. Number of E-learning Carts
- 4. Number of Laptop for teachers (if school head is provided, include)
- 5. Number of Laptop for non-teaching personnel
- 6. Number of Desktop for administrative or learning use
- 7. Number of Tablet for learners
- 8. Number of Laptop for learners
- 9. Internet connectivity availability
  - a. With internet connectivity
    - i. School-wide access
    - ii. Used for academic or instructional purposes
    - iii. Administrative use only
  - b. No internet access

**F. Availability of Access to Utilities**

- 1. Water Supply (whichever case is applicable to the school)
  - a. With water supply
  - b. Without water supply
- 2. Electricity (whichever case is applicable to the school)
  - a. With electricity
  - b. No electricity



- G. Proposed Program, Project, or Activity (PPA) for funding request of the school.** This refers to any PPA planned or being implemented by the school that is being proposed for possible funding by the Department of Education. It is a call for proposals from the schools in support of empowering schools to implement their own initiatives to address contextual needs. However, submitted proposals are subject to evaluation by the Strategic Management which will proceed with funding aside from the yearly received Maintenance and Other Operating Expenses (MOOE).

Submission is not mandatory and is open only to interested public schools. Schools can submit at most three (3) project proposals with each not exceeding P100,000.00 and the form is downloadable from <https://bit.ly/NIDReferenceMaterials> or refer to annex D. The proposal shall be uploaded in the school's National Inventory Day account at [www.nid.deped.gov.ph](http://www.nid.deped.gov.ph) or submitted to Schools Division Office if the school has no internet access for appropriate submission.

6. Schools Division Offices shall ensure that their respective school data shall be shared with their Local Government Unit (LGU) and other relevant stakeholders. This is to promote stronger transparency and partnership with counterpart LGUs.
7. A feedback mechanism in the National Inventory Day system will be set up to report inconsistencies and resolve data conflicts. Official reports will be finalized and released in preparation for budget planning and educational reforms.

## V. ROLES AND RESPONSIBILITIES

To ensure the successful execution of the National Inventory Day, the following groups will have specific roles and responsibilities:

### A. Central Office

Office/Personnel	Roles and Responsibilities
Policy and Planning Service	System administration, database management, data analysis, and reporting.
External Partnership Service	Lead the coordination on Brigada Eskwela activities.
Education Facilities Division	Validate infrastructure data.
Bureau of Learning Resources	Validate Textbooks and Learning Tools and Equipment data.
Bureau of Human Resource and Organizational Development	Validate school personnel data.
Information and Communications Technology Service	Validate ICT Equipment data and develop the National Inventory Day Dashboard, Data Capture Form, and the system.

## B. Region and Division Offices

Governance Level	Office/Personnel	Roles and Responsibilities
Regional Office	Policy and Research Division, Administrative Services Division, and Regional IT Officer	Monitor the submission of respective schools and provide technical assistance. For schools without internet connectivity, Schools Division Offices shall assist to ensure that schools be able to submit data and facilitate the uploading of validated data.
Schools Division Office	Planning Officers, Supply Officer, and Division IT Officer	

## C. School Technical Working Group

Office/Personnel	Roles and Responsibilities
School Heads	Engage community members to form the TWG.
School Technical Working Group <ul style="list-style-type: none"><li>Teachers (Voluntary basis)</li><li>Parent-Teacher Association</li><li>School Governing Council</li><li>Barangay</li><li>Private Sector</li><li>Non-Government Agencies</li><li>Local Government Units</li><li>Other stakeholders</li></ul>	Validate and submit the data of the school.

## VI. MONITORING AND REPORTING

The identified offices and personnel under item V for roles and responsibilities shall monitor the status of submission and implementation of their respective lower governance level. In addition, the DepEd Central office through the Policy and Planning Service, in partnership with the External Partnership Service, shall evaluate the readiness of the schools based on the submitted data.



## School Preparedness Checklist

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8.

<b>IV. Staff and Personnel</b> <ul style="list-style-type: none"> <li>Teachers have received orientation or briefing on school policies and programs</li> <li>Security personnel are properly assigned and briefed on protocols</li> <li>Guidance counselors and support staff are available as needed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V. Enrollment and Documentation</b> <ul style="list-style-type: none"> <li>Updated student records, including contact details and medical information</li> <li>Class schedules, sections, and teacher assignments are finalized</li> <li>Parent-teacher communication channels are established</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VI. Partnerships and Community Engagement</b> <ul style="list-style-type: none"> <li>Partnerships with local stakeholders (e.g., LGUs, NGOs) are coordinated</li> <li>Volunteers for school maintenance and volunteer activities are identified</li> <li>Advocacy campaigns for <i>Brigada Eskwela</i> are implemented</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VII. Emergency and Disaster Preparedness</b> <ul style="list-style-type: none"> <li>Fire extinguishers, emergency alarms, and evacuation plans are in place</li> <li>Emergency drills (earthquake, fire, etc.) are scheduled and communicated</li> <li>Designated evacuation areas are identified and prepared</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VIII. Support for Learners</b> <ul style="list-style-type: none"> <li>Counseling support services are available</li> <li>Inclusive education measures for learners with special needs are implemented</li> <li>School feeding programs are prepared if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## ANNEX B

## INVENTORY CUSTODIAN SLIP

Entity Name: \_\_\_\_\_

Fund Cluster: \_\_\_\_\_

ICS No: \_\_\_\_\_

Quantity	Unit	Amount		Description	Inventory Item No.	Estimated Useful Life
		Unit Cost	Total Cost			

Received from:

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Signature Over Printed

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Name Position/Office

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Date

Received by:

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Signature Over Printed

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Name Position/Office

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Date

## ANNEX C

## PROPERTY ACKNOWLEDGMENT RECEIPT

Entity Name: \_\_\_\_\_

Fund Cluster: \_\_\_\_\_

PAR No.: \_\_\_\_\_

[illegible]

8.



## Annex D

Kindly note that you do not need to request edit access to this file. You may download a copy and accomplish it offline at your convenience. Please also be informed that submission of this proposal template is voluntary. Participation is open to all schools interested. The approval and granting is not guaranteed since all proposals are subject to evaluation.

### NAME OF THE PROJECT 1, 2, or 3 Project Proposal

School Name		SDO	
School ID		Region	

#### A. Rationale of the Program, Project, or Activity (PPA)

*Short description of why the Program, Project, or Activity is relevant and needed by the school to be implemented.*

#### B. Objectives *(Provide clear and measurable objectives; include the target beneficiaries; and intended impact)*

The PPA aims to achieve the following:

1. Objective 1
2. Objective 2
3. Add more if needed

Check where the PPA contributes to the achievement of (under the Quality Basic Education Development Plan):

<input type="checkbox"/> High performing teachers	<input type="checkbox"/> Learners physical and mental well-being protected	<input type="checkbox"/> Efficient and supportive governance structure
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#### C. Timeline of Implementation *(Indicate the activities and respective date)*

Activity <i>(Chronologically Arranged)</i>	Physical Target of Activity	Date
Activity 1		Schedule
Activity 2		Schedule
Add more rows if necessary		Schedule

#### D. Funding Requirement *(Provide the amount needed per activity)*

Activity <i>(Chronologically Arranged)</i>	Budget (in peso)
Activity 1	
Activity 2	
Add more rows if necessary	

Prepared by *(any school personnel)*:

Endorsed by *(School Head)*:

\_\_\_\_\_  
Name and Designation

\_\_\_\_\_  
Name and Designation



Republic of the Philippines  
Department of Education

JUN 18 2025

DepEd MEMORANDUM  
No. 050, s. 2025

**LEARNERS' HEALTH ASSESSMENT AND SCREENING  
FOR SCHOOL YEAR 2025-2026**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher, and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public Elementary and Secondary School Heads  
All Others Concerned

1. In line with the Department of Education's (DepEd) 5-Point Reform Agenda, which prioritizes the protection of learners' physical and mental well-being, DepEd ensures that learners have access to quality medical, dental, nursing, nutrition, and mental health services that will allow them to attain their full educational potential.
2. Learners' Health Assessment and Screening (LHAS) is an integral component of these services, delivered and/or coordinated by School Health and Nutrition (SHN) Personnel as part of the implementation of *Oplan Kalusugan sa DepEd* (OK sa DepEd)<sup>1</sup>.
3. The Department recently released several issuances concerning LHAS, namely:
  - a. **DepEd Order No. 012, s. 2025** or the Multi-Year Implementing Guidelines on the School Calendar and Activities<sup>2</sup>;
  - b. **DepEd Memorandum (DM) No. 033, s. 2025** or the Supplemental Guidelines for the Implementation of the Bawat Bata Makababasa Program<sup>3</sup>; and
  - c. **DM 042, s. 2025** or the 2025 *Brigada Eskwela* Implementing Guidelines<sup>4</sup>.

<sup>1</sup> Launched through DepEd Order No. 028, s. 2018 or the Policy and Guidelines on *Oplan Kalusugan sa* Department of Education

<sup>2</sup> Under Sec. V General Guidelines, Item C.13.d Conduct of Mandatory Learners' Health Assessment, wherein "all learners shall undergo a mandatory health assessment during *Brigada Eskwela* and up to three weeks after the start of classes, to be conducted by the designated health personnel of the school in coordination with class advisers. The assessments include a general physical examination, as well as evaluations of all systems, vision and hearing screening, oral health examination, immunization status, and review of medical and family history. Schools may also perform catch-up activities during [One Health Week] in July, for any missed assessments during this period."

<sup>3</sup> Under Implementing Guidelines, Item 5.e Vision and Ear Care Support for Learners, wherein "the [Bawat Bata Makababasa Program (BBMP)] shall ensure that learners with vision and hearing impairments are identified and receive the necessary support to facilitate their learning."

<sup>4</sup> Item 3.e provides that the *Brigada Eskwela* is "supporting the physical and mental well-being of learners." This year's focus includes "creating a master list of learners along with a schedule for health assessments (e.g., nutritional assessment and vision and hearing screening) and assisting the Philippine Health Insurance Corporation in the enrollment of learners to the National Health Insurance Program."



4. To provide further guidance to SHN personnel and other personnel involved in the conduct of LHAS for school year (SY) 2025–2026, the LHAS-related provisions of the aforementioned issuances shall be operationalized as follows:

- a. LHAS shall cover all learners from kindergarten to Grade 12, including those enrolled in the Alternative Learning System (ALS);
- b. LHAS shall comprise the following components:
  - i. Master listing;
  - ii. Nutritional assessment;
  - iii. Health history intake and general head-to-toe assessment;
  - iv. Vision and hearing screening;
  - v. Oral health assessment; and
  - vi. Universal mental health and psychosocial screening and assessment.

Screening components are non-diagnostic in nature and are intended to identify learners who require further evaluation and/or intervention. The general descriptions of these components are attached as **Enclosure No. 1**, while the specific guidelines for each component are provided in **Enclosure Nos. 2 to 7**.

- c. At the school level, the Technical Working Group (TWG) for OK sa DepEd, created through DO 028, s. 2018 (Policy and Guidelines on *Oplan Kalusugan* sa Department of Education), and as amended by DO 002, s. 2024 (Immediate Removal of Administrative Tasks of Public School Teachers) and DO 005, s. 2024 (Rationalization of Teachers' Workload in Public Schools and Payment of Teaching Overload) shall oversee the conduct of all activities related to LHAS. With the school head as the chairperson, the following members of the OK sa DepEd TWG shall serve as the focal persons for the specific components of LHAS, including the coordination with their counterparts at the schools division office (SDO), through the OK sa DepEd TWG, and local partners:

Table 1. School and SDO Personnel in Charge of LHAS Components

Component(s)	School OK sa DepEd TWG Focal Person	SDO Counterpart (SDO OK sa DepEd TWG)
i. Master listing	<b>Clinic focal</b> <sup>5</sup>	Medical Officer III and/or Nurse-in-Charge/Nurse II designated to coordinate medical and nursing services (in the absence of Medical Officer III)
ii. Nutritional assessment		
iii. Health history intake, general head-to-toe assessment and vision and hearing		
iv. Oral health screening		Dentist II and/or Nurse-in-Charge/Nurse II designated to coordinate dental services (in the absence of the Dentist II)
v. Universal mental health and	School's Registered Guidance Counselor	Designated Program Coordinators of the School Mental Health

<sup>5</sup> In compliance with DO 005 and 002, s. 2024, the "clinic teacher" previously identified as a member of the school TWG for OK sa DepEd is replaced in this memorandum by a "clinic focal" which shall pertain to nonteaching personnel who have been designated to coordinate school clinic activities/services.

psychosocial screening and assessment	(RGC) and/or Guidance Advocate	Program and the Adolescent Reproductive Health Program, and Schools Division Counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services
---------------------------------------	--------------------------------	---

As focal persons, school-based personnel listed are primarily in charge of coordination activities, including reportorial tasks. The actual assessment shall be administered **only by qualified and/or trained professionals**, as identified in the specific guidelines for each component of LHAS, provided in the Enclosures of this Memorandum.

- d. Tasks assigned to teachers in the conduct of LHAS as stipulated in this memorandum shall be integrated in the teachers' performance of both teaching and ancillary tasks, as applicable. Tasks such as vision screening of Kindergarten learners, administering universal mental health and psychosocial screening of learners in one's advisory class, and spotting behaviors or situations indicative of mental health concerns among learners shall be considered as Teacher Ancillary Tasks under classroom management or class adviser duties, pursuant to DO 005, s. 2024, or other subsequent issuances on Teachers' Workload.
- e. The SDO OK *sa* DepEd TWG shall facilitate collaboration with the local government units (LGUs), PhilHealth offices, universities offering medical and allied health programs, professional organizations, and other partners to ensure the effective and efficient implementation of the activities necessary for LHAS. This collaboration shall include, but not be limited to the following:
  - i. deployment of qualified and/or trained professionals to administer the assessment;
  - ii. setting up referral mechanisms; and
  - iii. establishing data sharing agreements to facilitate the completion of the necessary learner data.
- f. Below is the prescribed schedule for the conduct of LHAS:

Table 2. Prescribed Schedule for LHAS

Date/Schedule	Activities	Target
<b>June 9, 2025</b> Start of <i>Brigada Eskwela</i> <sup>6</sup>	Start of master <b>listing and LHAS scheduling</b>	All learners
	Start of promoting the <b>registration of learners to the National Health Insurance Program</b> <sup>7</sup>	All learners
	Securing consent from parents/parent-substitutes/legal guardians and information dissemination activities for stakeholders	All learners

<sup>6</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "Start of Mandatory Learners' Health Assessment" is on June 9, 2025, during the *Brigada Eskwela*. This specifically refers only to master listing, scheduling for assessments and services, and PhilHealth registration.

<sup>7</sup> To continue all year round, as practicable



<b>June 16, 2025</b> Beginning of the School Year	Start of <b>baseline nutritional assessment</b> <sup>8</sup>	K to G6
	Start of <b>vision and hearing screening</b> <sup>9</sup>	K, G1, G7
<b>July 4, 2025</b> Three weeks after the start of classes	Completion the <b>baseline nutritional assessment</b>	K to G6
	Completion of <b>LHAS scheduling</b> (as part of master listing) <sup>10</sup>	All learners
	Target end date for <b>vision and hearing screening</b>	K, G1, G7
<b>July 7–11, 2025</b> OK sa DepEd- One Health Week	Start of the <b>health history intake and general head-to-toe assessment</b> , and of <b>oral health screening</b> <sup>11</sup>	All learners
	Catch-up <b>vision and hearing screening</b>	K, G1, G7
<b>August 11, 2025</b> Eight weeks after the start of classes	Start of the annual <b>psychosocial screening</b> (i.e., Rapid HEEADSSS)	G4 to G12
	and <b>universal mental health screening</b> (i.e., CARS) <sup>12</sup>	All learners
<b>December 19, 2025</b> Last school day of 2025	Completion of the annual <b>psychosocial and universal mental health screenings</b>	All learners
<b>March 27, 2026</b> Last school day of SY 2025–2026 before EOSY Rites	Target date of completion of <b>endline nutritional assessment</b>	SBFP beneficiaries

5. The SHN personnel shall strive to ensure that all learners undergo LHAS within the school year. The actual target and timeline per school will depend on the capacity of the school, its partners, and the SDO concerned, determined through multi-stakeholder coordination and planning. Factors in determining the school's capacity include the size of the SDO; the number of health personnel in DepEd, at the LGU, and among partners who can administer the assessment; the geographic features of/distance between schools; the time required for travel and conducting activities; and the availability of funds.

6. To support the conduct of LHAS in schools, SDOs, through their SHN Sections, shall implement the following strategies:

a. **OK sa DepEd TWG's oversight of the conduct of the assessment.**

Consistent with Item No. 4.c of this memorandum, the SDO OK sa DepEd TWG shall be primarily in charge of ensuring that schools under their jurisdiction conduct LHAS as scheduled. The schools division counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services (e.g., a RGC who may be detailed at the SDO), although not an identified member

<sup>8</sup> Nutritional assessment may commence earlier, depending on the capacity of the school, its partners, or the SDO concerned, and as necessary for the school to reach its timelines for the SBFP.

<sup>9</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>10</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "End of Mandatory Learners' Health Assessment" is on July 4, 2025. This specifically refers to the scheduling of learners to ensure enough time for logistical preparations and coordination for the delivery of school-based health services for the learners, and for the nutritional assessment to ensure inclusion of target learner-beneficiaries in the School-Based Feeding Program (SBFP). The conduct of all the other components of LHAS shall proceed during the school year, as scheduled during the *Brigada Eskwela*.

<sup>11</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>12</sup> In qualified schools only; schools, depending on their capacity, shall strategize the targeting of grade levels and scheduling of the screenings so that all target learners complete the annual screenings before the Year End Break.



of the SDO OK sa DepEd TWG per DO 028, s. 2018, shall also be primarily involved in the conduct of universal mental health and psychosocial screening and assessment.

- b. **Collaboration with LGUs and other external partners.** Consistent with **Item No. 4.e** of this Memorandum, schools shall ensure that all LHAS activities are done in collaboration with stakeholders, as facilitated by the SDO.
- c. **Planning and coordination of SDO personnel with schools.** The SDO OK sa DepEd TWG, through the focal persons concerned, shall ensure that schools under their respective jurisdictions are properly oriented and onboarded about LHAS and related activities. As an output, the SDOs shall endeavor to come up with implementation plans based on time and motion analysis, ensuring alignment with targets and timelines along with the assessment of capacities and available resources. School-level preparations relative to the various components of LHAS are outlined in the specific guidelines for each component.
- d. **Monitoring and reporting.** All involved shall ensure the effective monitoring and documentation of all activities utilizing the forms and report templates provided. SDOs are encouraged to document the best practices, observe implementation challenges and gaps, and monitor progress to effectively inform continuous improvement of the initiatives. Submission of reports related to the assessment shall be subject to the omnibus guidelines on reporting of school health data and activities for fiscal year 2025 to be issued separately. The information to be collected as results of LHAS shall be handled with utmost confidentiality and privacy in accordance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, and the data privacy policies of the Department.

7. Expenses for the conduct of LHAS and related activities may be charged to the Program Support Funds (PSF) provided for School Health Programs for FY 2025<sup>13</sup> or to local funds under Maintenance and Other Operating Expenses, as available. All offices and schools are also enjoined to pursue partnerships that may allow for the augmentation of costs and resource requirements of the activities.

8. To support the uniform implementation of LHAS nationwide and ensure the standardized recording and reporting of learners' health-related data, field offices and schools are enjoined to use the templates, forms, and other tools for the components of LHAS which may be accessed at **<https://bit.ly/DepEdLHASSY2526Forms>**.

9. The LHAS is part of a more comprehensive menu of school-based health and nutrition services that shall be made accessible to all learners throughout the school year, as stipulated in Item No. 19 of DO 012, s. 2025. These services, which cover the full spectrum of care from prevention to intervention and postvention, shall follow existing guidelines and protocols, pending the issuance of the omnibus guidelines covering all SHN services.

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<sup>13</sup> As provided for in OUOPS Memorandum No. OM-OUOPS-2025-07-02351 or the Implementing Guidelines on the Allocation, Utilization, Documentation, and Reporting of Program Support Funds (PSF) for the Field Implementation of Learner Support Programs for Financial Year (FY) 2025



10. The SHD Forms mentioned in the Enclosures of this Memorandum refer to the existing forms, currently used by the field, with minor revisions for suitability to the purpose of this memorandum. Such may be accessed through <https://bit.ly/SHDForms2025>. The SDOs that have already printed and distributed previous versions of the forms may continue to utilize them until the release of the said omnibus guidelines. Other SDOs are encouraged to adopt updated versions of these forms.

11. The LHAS and related activities, and other health services (e.g., immunization, deworming) shall not be considered **co-curricular activities** that are limited to being conducted only every two weeks, pursuant to Item No. 16 of DO 012, s. 2025.

12. While this Memorandum provides guidelines, templates, and tools specifically for the general learner population, the same can be used as a reference when conducting health assessments for learners in special situations or specific contexts, such as learner-athletes participating in competitions or those applying for or participating in scholarship programs and education-related travels.

13. This Memorandum can also be a reference for private schools and other schools that are not directly under the control and supervision of DepEd, including those under the state universities and colleges/local universities and colleges.

14. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [blss.shd@deped.gov.ph](mailto:blss.shd@deped.gov.ph) or telephone (02) 8632-9935.

15. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:



**ATTY. FATIMA LIPP D. PANONTONGAN**  
Undersecretary and Chief of Staff

Encls.:

As stated

References:

DepEd Order (Nos. 012, s. 2025; 005 and 002 s. 2024; 28, s. 2018; and 12, s. 2015)  
DepEd Memorandum (Nos. 042 and 033, s. 2025)

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

BENEFITS  
BUREAUS AND OFFICES  
SERVICE

TEACHERS  
TEACHING LOAD  
WORK HOURS



(Enclosure No. 1 to DepEd Memorandum No. 050, s. 2025)

## OVERVIEW OF THE COMPONENTS OF LHAS

1. **Master listing** refers to the school's preparation of the list of all its learners who are qualified to undergo the various components of LHAS, as prescribed by these guidelines. This shall include the scheduling of learners for the components of the assessment, depending on:

- a. the actual target and timeline for the school according to its capacity; and
- b. the **consent provided by parents/parent-substitutes/legal guardians** for the learners to be administered specific components of the assessment.

The master list shall be used to monitor the progress or the completion of the assessment activities and to serve as basis for reporting the status of the conduct of the assessment among learners.

Promoting **PhilHealth registration** shall also commence during the start of the master listing, as this activity requires the consent of parents/parent-substitutes/legal guardians before it can be completed.

The school shall also conduct **information dissemination activities** for parents/parent-substitutes/legal guardians, learners, and other stakeholders concerned to properly orient them about the activities, address any possible concerns, and secure their active support and participation.

Specific guidelines for *master listing* are attached as **Enclosure No. 2**.

2. **Nutritional assessment** means determining the height and weight of Kinder to Grade 6 learners at the start of the school year to obtain their nutritional status, following the World Health Organization (WHO) standards, as basis for inclusion to the School-Based Feeding Program (SBFP). Feeding progress is tracked by performing baseline and endline assessments. This may be done by the school's non-teaching personnel designated for school health concerns, school health personnel, or local health partners. This may also be conducted as part of classroom activities for Music, Arts, Physical Education, and Health (MAPEH), Science, and other subjects, as practicable. Specific guidelines for *nutritional assessment* are attached as **Enclosure No. 3**.

3. **Health history intake** refers to the recording of past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, immunization status, and other relevant information and may include targeted history taking if deemed appropriate by the interviewer. This may be elicited by health personnel from the learner or the parent/parent-substitute/legal guardian.

**General head-to-toe assessment** refers to a thorough examination done once a year for all learners. It is performed by health personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor the hygiene practices of the learners, and provide health education to learners and parents/parent-substitutes/legal guardians in preventing and managing common ailments. This shall include conducting anthropometric measurements, such as the height and weight of a learner, and calculating their Body Mass Index (BMI) to determine their overall nutritional status and to identify and address potential nutritional concerns.



Specific guidelines for *general health history and physical assessment* are attached as **Enclosure No. 4**.

4. **Vision screening** or visual acuity screening refers to the use of charts, occluders, transparent response key, and other methods aimed at early detection and management of vision problems among learners. This may be done by teachers (for Kindergarten learners and non-readers) and non-teaching personnel (for other grade levels) who have received appropriate training, school health personnel, or local partners.

**Hearing screening** refers to the use of a 512 Hz tuning fork or a retractable pen by health personnel to identify learners who may require comprehensive audiological assessment and further management by appropriate healthcare professionals.

**Vision and hearing screening** shall be administered to all Kindergarten, Grade 1, and Grade 7 learners at the beginning of the School Year. **Vision screening** shall also be administered to all Grades 1 to 3 learner-participants of the BBMP before participating in the program, while ear care support shall be a key component of the program for among learner-participants.<sup>1</sup>

Specific guidelines for *vision and hearing screening* are attached as **Enclosure No. 5**.

5. **Oral health assessment** refers to the structured evaluation of the oral cavity conducted by licensed dentists as part of the School Dental Health Care Program (SDHCP) to determine the dental health condition of learners and school personnel. This process includes inspection of the teeth, gums, and other oral tissues to identify dental caries, periodontal issues, and other oral health concerns. It supports early detection, timely intervention, and referral for necessary treatment, thereby promoting preventive oral care and improving the overall health and learning capacity of students. This initiative is implemented in accordance with DepEd Order No. 41, s. 2020, which provides guidelines for the delivery of basic medical, dental, and nursing services in schools.

Specific guidelines for *oral health screening* are attached as **Enclosure No. 6**.

6. **Universal mental health screening** refers to the systematic assessment of learners on their academic, behavioral, and social-emotional functioning. The purpose of this screening is to identify at-risk learners and provide early intervention and support, or referral for specialized help if needed. Screening is limited to the assessment of risks and is not intended for the clinical diagnosis of mental disorders. This screening will use the Children and Adolescents Risk Screener (CARS), a locally developed tool that assesses various areas of mental health concerns. The tool shall be administered to learners from Kindergarten to Grade 12 in all qualified schools, only by personnel who have received proper training.

**Psychosocial screening** is a psychosocial triage for the early identification of risk factors to prevent unfavorable health outcomes. For this purpose, DepEd has adopted Rapid HEEADSSS<sup>2</sup>, a self-administered questionnaire recommended for adolescents aged 10-19. Rapid HEEADSSS will be administered by homeroom advisers or any personnel with relevant training.

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<sup>1</sup> May 8-15, 2025 (the Start of BBMP and Summer Remedial Classes) is for catch-up vision screening for Grades 1 to 3 learner-participants of the BBMP for Summer 2025 (in pilot schools in region IX only). Learner-participants of the BBMP 2025 (in the pilot schools) shall have already undergone vision and hearing screening prior to participating in the program, as part of a more comprehensive eye and ear care support for learners.

<sup>2</sup> HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety and is a globally recognized psychosocial interview framework for adolescents

Those who will be identified as “at-risk learners,” based on the results of CARS or the Rapid HEEADSSS, shall be referred to the school’s Registered Guidance Counselor (RGC) and/or other personnel trained in Adolescent Job Aid (AJA) and Adolescent Health Education and Practical Training (ADEPT) or any equivalent training for the conduct of the **psychosocial assessment** or the Comprehensive HEEADSSS Interview, a guided, semi-structured interview conducted on adolescents identified with risk indicators.

This component of LHAS shall be administered every year, beginning SY 2025-2026, in schools that will meet the requirements for the administration of the adopted screening and assessment tools. Specific guidelines for *universal mental health and psychosocial screening and assessment*, including the requirements that a school must fulfill before it can begin administering screenings, are in **Enclosure No. 7**.

Schools that do not qualify to administer the tools this school year shall strive to meet such requirements to qualify for the administration of the screening in the next school year, SY 2026-2027. The specific guidelines also provide for a list of behaviors and situations indicative of mental health concerns that all school personnel shall be oriented about as well as the protocols for handling mental health crises or mental health concerns arising from crisis situations.





(Enclosure No. 2 to DepEd Memorandum No. 050 s. 2025)

### MASTER LISTING

**Master listing** refers to the schools' preparation of the list of all its learners that are qualified to undergo the various components of LHAS, as prescribed by these guidelines. The **master list template** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>. The clinic focal, in coordination with the SDO school health personnel, shall ensure that the master list is accomplished accurately and updated throughout the school year.

Promoting PhilHealth registration shall also commence during the start of the master listing, as this activity requires the consent of parents/parent-substitutes/legal guardians before it can be completed. Specifically, this means inviting resource persons from PhilHealth to orient the school's stakeholders about the insurance program and how to register as members. This shall be a continuing activity throughout the school year, as practicable.

**Assent and consent of the learners' parents/parent-substitutes/legal guardians** shall be required before the scheduling of health services, and PhilHealth registration can be completed. As such, schools shall also conduct **information dissemination activities for parents/parent-substitutes/legal guardians, learners, and other stakeholders** concerned to properly orient them about the activities, address any possible concerns, and secure their active support and participation. For this, schools may utilize the general assembly with stakeholders (per Item No. 23 of DO 12, s. 2025) scheduled at the beginning of the school year. The Parent-Teacher Conferences scheduled throughout the year (per Item No. 24 of DO 12, s. 2025) may also be utilized for the continued promotion of school health services and activities for learners. The soft copy of the **Consent Form for Learners' Health Assessment and Screening** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>. The Bureau of Learner Support Services-School Health Division shall disseminate materials that may be used by field offices and schools in their information dissemination and orientation activities.

The master listing shall also include the **scheduling of target learners for LHAS**, depending on the capacity of the school and the SDO concerned. For each learner, the schedule of screening and assessment and whether the learner is for treatment and/or referral is recorded. If the learner is for referral, the date when the patient was seen by the receiving facility or health personnel as indicated on the SHD Form 3 (Referral Form and Return Slip), shall be recorded. If the learner is for follow-up, the date when follow-up was done shall also be recorded.

Schools are enjoined to utilize the master list summary to validate their monthly school health reports submitted to the SDO's School Governance and Operations Division (SGOD)-SHN Section.





(Enclosure No. 3 to DepEd Memorandum No. 050, s. 2025)

### NUTRITIONAL ASSESSMENT

1. All schools shall conduct nutritional assessment of Kinder to Grade 6 students during the conduct of *Brigada Eskwela* until the first three weeks of the opening of the school year to be encoded in the Learner Information System (LIS). The data shall be the basis for identifying the feeding beneficiaries and assessing the improvement of the nutritional status of the children at the end of the program.
  - a. At the school level, the **clinic focal**, or the personnel designated to coordinate school clinic activities/services, shall be overall in-charge of the conduct nutritional assessment, in coordination with the **Medical Officer III and/or Nurse-in-Charge/Nurse II** designated to coordinate medical and nursing services (in the absence of the Medical Officer III).
  - b. The World Health Organization Child Growth Standards (WHO-CGS) shall be the basis for determining Nutritional Status (NS).
  - c. The **baseline** data shall be taken before the start of feeding and **endline** data shall be taken upon program termination.
  - d. The SDOs, through the Medical and Nursing Services Coordinator, and schools, through their respective Clinic Focals, are encouraged to do the following activities to fast-track nutritional assessment:
    - i. during enrolment, request the parents/parent-substitutes/legal guardians to provide their children's recent record of height (in centimeters) and weight (in kilograms) certified by the Rural Health Unit (RHU) or any private health personnel;
    - ii. Coordinate with their RHU to seek the assistance of Barangay Nutrition Scholars (BNS) or Barangay Health Workers (BHW);
    - iii. Seek partnership from professional groups or student interns of allied health courses (i.e., Nutrition and Dietetics, Nursing, and others); and
    - iv. Height and weight-taking may be conducted as part of classroom activity for Music, Arts, Physical Education, and Health (MAPEH), Science, and others.
  - e. A calibrated weighing scale, preferably beam balance or digital (recommended by DOST-FNRI), shall be used to take the weight, and steel tape/microtoise shall be used to take the height.
  - f. School/health personnel shall calibrate weighing scales regularly using calibration weights to ensure reliability and accuracy.
  - g. To ensure accuracy of BMI computation, all schools are enjoined to make use of the BMI Software provided by BLSS-SHD in determining the NS of learners.
2. Each school is expected to identify and submit to the SDO the names of the SW and W students, including severely stunted and stunted learners as possible secondary beneficiaries, using the relevant SBFP Form duly signed by the School Head. The report shall be submitted in the first three (3) weeks of the opening of the school year.
3. All ROs, SDOs, and participating schools are required to prepare and submit the SBFP forms relative to the implementation of the Program, following the standard templates. These forms are included in the subsequent SBFP institutional guidelines that will be issued separately.





## **HEALTH HISTORY INTAKE AND GENERAL HEAD-TO-TOE ASSESSMENT**

### **I. Preliminary Preparation**

Conducting thorough medical, nursing, dental, and nutritional evaluations is crucial for monitoring the overall well-being of learners and identifying potential health concerns or risks at an early stage. As such, all learners shall undergo a comprehensive health assessment, utilizing key events such as Enrollment, Brigada Eskwela and One Health Week to conduct vital components of LHAS.

*Brigada Eskwela* shall mark the commencement of LHAS, beginning with masterlisting of learners and enrollment of learners to the National Health Insurance Program by the Philippine Health Insurance Corporation. The following components of LHAS shall be completed up until the third week of the school year: nutritional assessment, vision screening, and hearing screening. One Health Week (2nd week of July) shall mark the commencement of physical assessment and history taking, oral health screening and surveillance, which may be completed until end of school year.

The SDO shall ensure that learners are properly scheduled for LHAS, that designated personnel are available to conduct such, and that these are conducted as scheduled. Health personnel are responsible for ensuring that consent forms are distributed, collected, and properly recorded before the scheduled activity. Once the schedule is confirmed, the assessment shall be conducted in coordination with class advisers and the clinic focal, to be conducted by school health personnel or in partnership with the local government, Konsulta package providers, or other service providers as designated by the DepEd, subject to their agreements.

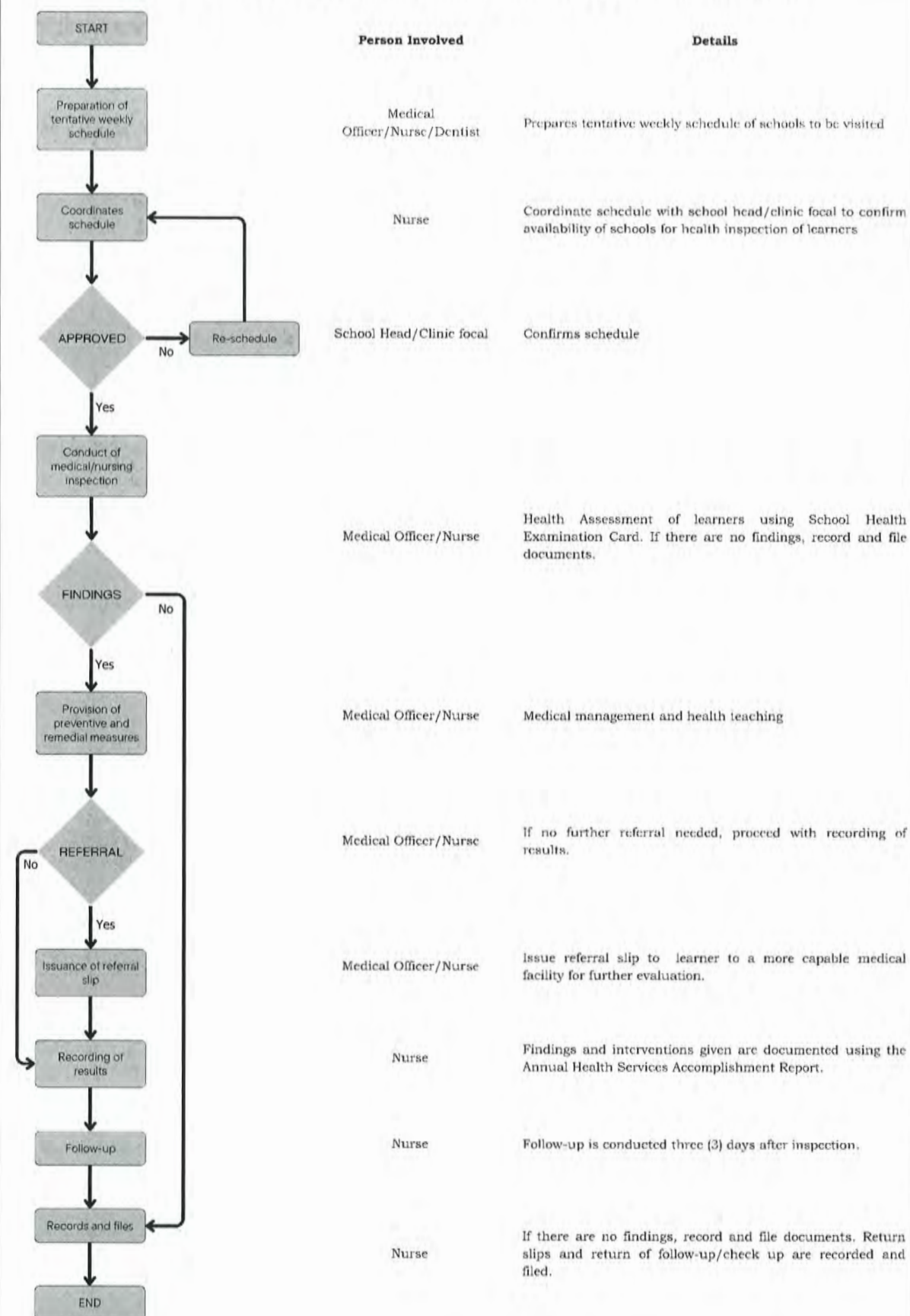
### **II. Assessment Protocol**

The nurse or medical officer obtains a comprehensive health history by interviewing the learner or parent/parent-substitute/legal guardian and records the information in the appropriate forms. The health history is composed of the past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, and immunization status, and may include targeted history taking if deemed appropriate by the interviewer. The health personnel performs the general physical assessment and completes the School Health Examination Card (SHD form 1a and 1b).

Vital signs and anthropometric measurement are fundamental services offered within school clinics, catering to both learners, teaching and non-teaching personnel. This procedure includes blood pressure measurement, which is conducted as necessary or upon the recommendation of the medical officer to assess and monitor cardiovascular health. Other vital signs such as heart rate, respiratory rate, and pulse oximetry are taken and also recorded accordingly. Height- and weight-taking are also conducted routinely as part of the general physical assessment.

Head-to-toe examination is a thorough cephalo-caudal examination done once a year for all learners, prioritizing those in grades 1 and 7. The examination is conducted in a well-lit and ventilated area, with a tray with a towel lining containing assessment tools (i.e. tongue depressors, penlight, oral thermometer, alcohol, stethoscope etc.) at hand. The examination is performed to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor the hygiene practices of the learners, and provide health education to learners and parents/parent-substitutes/legal guardians in preventing and managing common ailments.

**Figure 4.1. Process Flowchart for General Physical Assessment**





If no findings or concerns arise from the assessments, the documents are recorded and filed accordingly. However, if findings are present, the medical officer, nurse, or dentist provides appropriate preventive and remedial measures, such as medical management and health teaching.

If further referral is not needed after providing initial interventions, the results are recorded. However, if a referral is deemed necessary, a referral slip is issued to the learner directing them to a more capable medical facility for further investigation. The nurse documents the findings and interventions provided using the Annual Health Services Accomplishment Report. Additionally, the nurse conducts a follow-up visit three (3) days after the initial inspection.

Finally, if there are no negative findings upon the conduct of the medical and dental assessments, the documents are recorded and filed. Any return slips/referral follow-up check-ups are also recorded and filed by the nurse.

### **III. Documentation and Reporting**

As stipulated in DM No. 62, s.2021 or the Supplemental Guidelines to DepEd Order No. 041, s. 2020 (Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021), health assessments are recorded in the School Health Examination Card (SHD Form 1a and 1b), to be included in the Health Assessment Report (SHD Form 5a) and submitted by the school monthly to the SDO's SGOD-SHN Section. The SDO shall consolidate and submit the reports quarterly to the Regional Office (RO). The RO will submit a consolidated report to the Central Office (CO) quarterly on the 10th day of the succeeding month as follows:

*Table 4.1. Schedule of Quarterly Reporting to the CO*

<b>Reporting Period</b>	<b>Deadline of Submission</b>
1 <sup>st</sup> Quarter	April 10 of the same year
2 <sup>nd</sup> Quarter	July 10 of the same year
3 <sup>rd</sup> Quarter	October 10 of the same year
4 <sup>th</sup> Quarter	January 10 of the succeeding year

Health assessments conducted during One Health Week (physical assessment and history taking, oral health screening and surveillance, as well as catch-up vision and hearing screening) shall be submitted in the same manner as part of the One Health Week Accomplishment Report.

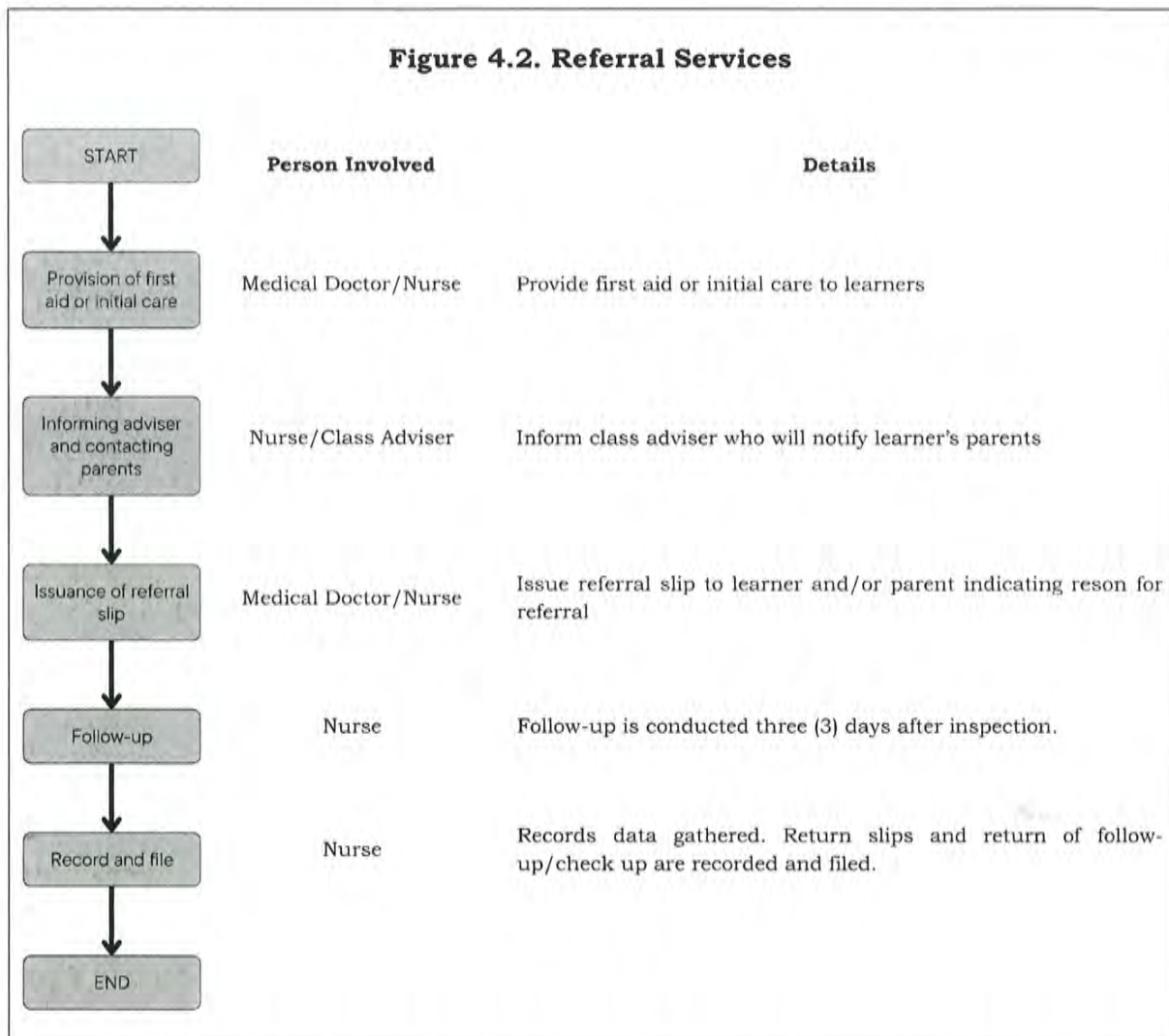
School Heads must be informed as to the number of learners assessed, including those needing immediate treatment and/or referral. Identified health concerns shall be communicated to parents/parent-substitutes/legal guardians with appropriate recommendations.

### **IV. Post-Assessment Procedures and Referral**

Learners who exhibit signs of illness shall be advised to seek medical attention immediately. Referral services are open to learners year-round as needed. When a patient requires medical attention beyond the scope of the school clinic's resources, the medical officer, nurse, or service provider first accommodates the patient by providing initial care and ensuring their comfort and safety. Proper documentation is then maintained by

filling out the Daily Treatment Logbook and Accident Logbook, meticulously recording the patient's condition, symptoms, and any relevant details surrounding the incident.

**Figure 4.2. Referral Services**



The patient's health card and previous health records are prepared and gathered, ensuring that comprehensive medical information is readily available for the receiving healthcare facility. With these records on hand, the medical officer, nurse, or service provider carefully evaluates the patient's condition, assessing the severity and urgency of the situation. Concurrently, the patient's parent/parent-substitute/legal guardian is notified of the circumstances, particularly if the patient is a minor or requires additional consent for treatment or transfer. Clear and timely communication with family members is crucial throughout the referral process.

After thorough evaluation and preparation, a referral note (SHD Form 3) is provided to the patient or their parent/parent-substitute/legal guardian, detailing the reason for referral, the patient's condition, and any necessary information for the receiving healthcare facility. The nurse conducts a follow-up visit three (3) days after the initial inspection, and follow-up appointments or consultations are scheduled to ensure continuity of care and monitoring of the patient's progress.





(Enclosure No. 5 to DepEd Memorandum No. 050, s. 2025)

## **VISION AND HEARING SCREENING**

### **I. Preliminary Preparation**

DepEd recognizes the importance of early detection and intervention for vision and hearing impairments in school-aged children.

Visual acuity screening is a crucial component of the school health services aimed at early detection and management of vision problems among learners. The recommended approach for visual acuity screening based on R.A. 11358 or the National Vision Screening Act in school settings is through the use of charts with symbols or numbers, occluders, and transparent response key. However, the DOH and Philippine Eye Research Institute (PERI) also recommend adopting new screening methods of vision screening based on new trends and developments, such as photoscreeners.

Hearing, on the other hand, is another critical sense for learners, as it plays a vital role in their ability to effectively communicate, learn, and develop. As part of its comprehensive school health services program, DepEd has implemented auditory screening initiatives to identify learners with potential hearing difficulties at an early stage.

Masterlisting of the vision and hearing screening shall commence during Brigada Eskwela and shall be completed up until the third week of the school year, prioritizing learners in kindergarten level for vision screening. Coordination with the School Head and class advisers is essential for master listing and scheduling. Class lists must be prepared, and designated assessment areas identified. School personnel are responsible for ensuring that consent forms are distributed, collected, and properly recorded before the scheduled activity. Learner-participants in the *Bawat Bata Makababasa Program* shall have undergone vision screening within the course of the program.

### **II. Protocol for Vision Screening**

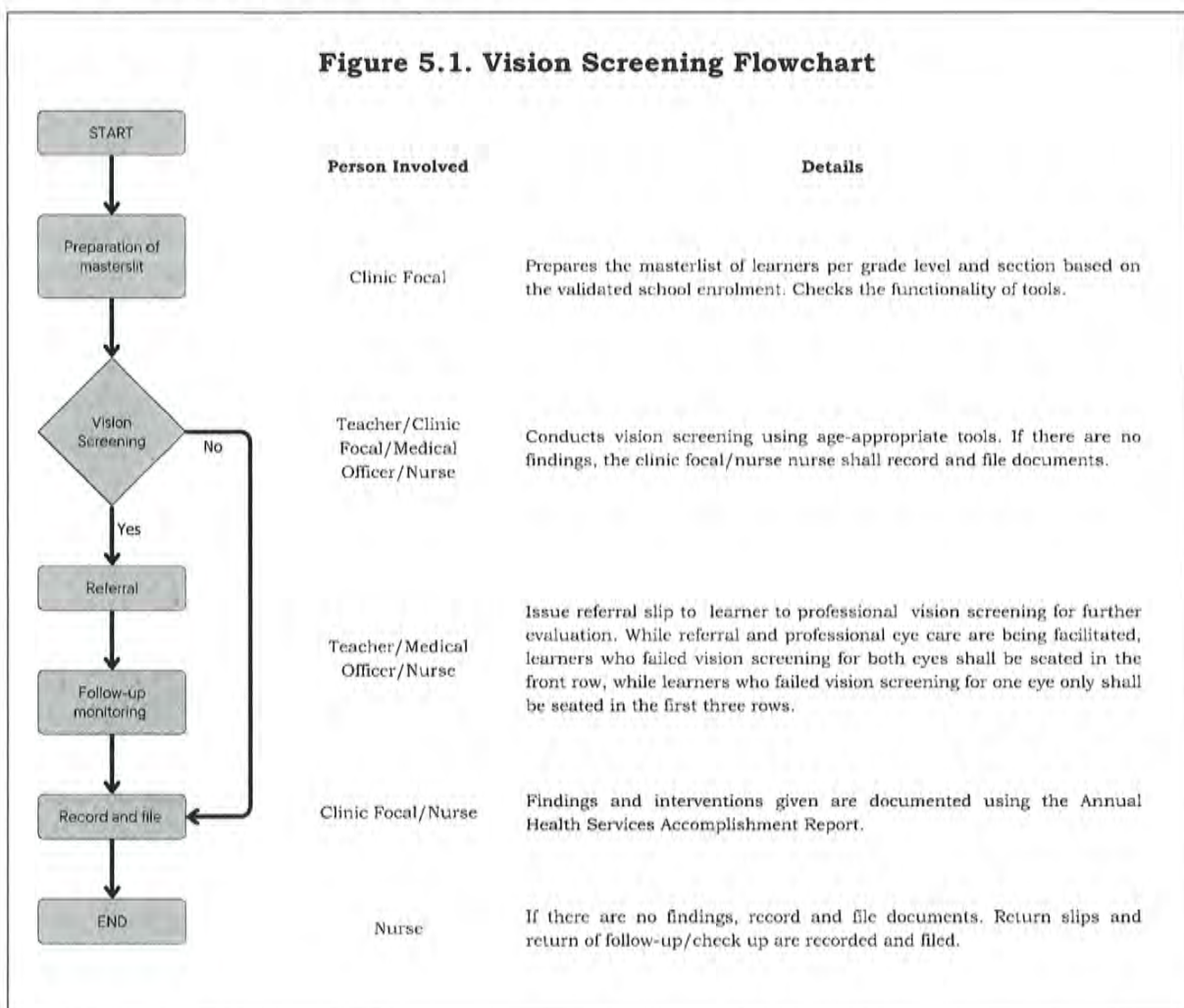
The screening process consists of observation of the learner's appearance, behavior, and complaints, followed by visual acuity assessment using age-appropriate tools (Lea Symbols ® Chart for Kinder, grade 1, and non-readers; photoscreener or Snellen chart with pinhole for grades 1 and 7). Vision screening using Lea Symbols ® Chart or photoscreener shall be conducted by teachers (for Kindergarten learners), school health personnel, or any personnel employed or enlisted by DepEd. Vision screening using Snellen chart shall be conducted by health personnel. Learners who fail visual acuity screening with Lea Symbols ® Chart once shall undergo repeat visual acuity assessment within thirty (30) days to confirm that failure is due to poor vision and not because of other factors (e.g., shyness, poor comprehension, anxiety etc). Learners with red or draining eyes should not be screened but referred immediately to an eye care professional.

Learners who fail visual acuity screening (i.e., a score of 2 out of 5 or lower on the Lea Symbols ® Chart for one or both eyes even upon re-screening; or failure on photoscreener) or has a visual acuity of 20/30 or worse on the Snellen chart, shall be referred to professional visual screening and eye care. The following signs and symptoms are significant findings and may also be indications for referral:

- Crossed-eyes or misaligned eyes
- Shaking eyes or eyes in constant motion, i.e., nystagmus
- Drooping eyelid(s)
- Eye redness

- Frequent styes
- Presence of a white pupil
- Eye injuries
- Squinting, frowning, blinking or squeezing the eyes
- Thrusting head forward, or backward while looking at distant objects
- Rubbing the eyes
- Turning the head
- Placing the head close to a book or a desk when reading or writing
- Closing or covering one eye, especially in bright light
- Headaches
- Eye pain
- Nausea and dizziness
- Blurred or double vision
- Unusual sensitivity to light

**Figure 5.1. Vision Screening Flowchart**



### III. Protocol for Hearing Screening

All learners from Kindergarten to Grade 12 are to undergo hearing screening. The school health personnel may administer the test using a precisely calibrated 512 Hz tuning fork or a retractable pen, ensuring a quiet environment. With the tuning fork method, the examiner strikes the tuning fork to generate a sound. Alternatively, the retractable pen technique involves pressing down the button of the pen and releasing it to produce a sound. In both instances, the device is held near the patient's ear who is



instructed to raise their hand when a sound is heard. The process is repeated for the other ear without the patient turning their head. Results are recorded in the School Health Examination Card (SHD Form 1b) and referral or further evaluation is arranged if a hearing concern is suspected. While basic, this screening method helps identify learners who may require comprehensive audiological assessment and management by appropriate healthcare professionals.

Relevant information about ear care must also be disseminated to learners, teachers, and parents/parent-substitutes/legal guardians through informational materials, educational sessions, exhibits, or other appropriate activities. Topics may include the following:

- A. Proper Ear Hygiene
  - 1. When cleaning the ears, a warm damp cloth may be used to clean the outer part. It is not advisable to clean the inside of the ear canal or use cotton buds as this may cause injury.
  - 2. Do not put oil or foreign objects inside the ear.
  - 3. Do not swim in dirty water.
  - 4. Do not share earphones or earplugs with others.
- B. Hearing Protection
  - 1. Use ear plugs in noisy places.
  - 2. Avoid listening to loud sounds or music.
- C. Other measures to prevent hearing impairment
  - 1. Vaccination against rubella, measles, mumps, and meningitis.
  - 2. Adequate maternal care during pregnancy as well as newborn care.
- D. Signs and symptoms that may suggest ear problems and must be evaluated by a medical professional:
  - 1. Ear pain (otalgia)
  - 2. Ear discharge (otorrhea)
  - 3. Hearing loss
  - 4. Poor performance in school
  - 5. Communication skills not at par with age

#### **IV. Infection Control and Safety Protocols**

All tools, chairs, and equipment to be used for the screening should be disinfected with alcohol before and after each use.

#### **V. Documentation and Reporting**

Vision screeners are to record their findings and submit them to the school health personnel for recording in the School Health Examination Card (SHD Form 1b), to be included in the Health Assessment Report (SHD Form 5a) which shall be consolidated and submitted by the school to the SDO-SGOD Health Section monthly. This will be consolidated by the SDO and submitted to the RO as part of the quarterly accomplishment report. The RO shall submit a consolidated report to the CO quarterly, as stipulated in DM No. 62, s.2021 or the Supplemental Guidelines to DepEd Order No. 041, s. 2020 (Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021).

Hearing screening findings are to be recorded, consolidated and reported similarly. School Heads must be informed as to the number of learners screened, including those needing immediate treatment and/or referral. Identified health concerns

shall be communicated to parents/parent-substitutes/legal guardians with appropriate recommendations.

## **VI. Post-Screening Procedures and Referral**

Following the hearing screening, individualized health education should be provided. This includes teaching proper ear care and hygiene and offering advice to prevent hearing impairment.

While referral and professional eye care are being facilitated, learners with poor visual acuity for both eyes shall be seated in the front row, while learners with poor visual acuity for one eye only shall be seated in the first three rows.

For those requiring referral and further evaluation, a referral form (SHD Form 3B) is provided to the patient or their parent/parent-substitute/legal guardian, detailing the reason for referral, the patient's condition, and any necessary information for the receiving healthcare facility. Additionally, follow-up appointments or consultations are scheduled to ensure continuity of care and monitoring of the patient's progress.





## **ORAL HEALTH ASSESSMENT**

### **I. Preliminary Preparation**

Oral health assessments are vital for early detection, prevention, and management of dental conditions among learners, hence, all learners from Kindergarten to Grade 12 are required to undergo an annual oral health assessment. This assessment shall commence during One Health Week, held in the second week of July, and may continue throughout the school year depending on schedule availability and resource allocation. Furthermore, this activity supports the implementation of school health and nutrition programs in accordance with DepEd Order No. 41, s. 2020 or the Revised Guidelines on the Implementation of School Dental Health Care Program.

The oral health assessment is conducted by school dental personnel in collaboration with class advisers, health coordinators, and support staff. The dental chair, lighting, and examination area should be set up accordingly with adequate lighting and must include the following instruments: mouth mirror, explorer, cotton pliers, and spoon excavator.

### **II. Assessment Protocol**

The assessment team consists of a dentist, who leads the conduct of oral assessments, diagnoses dental conditions, and recommends treatment; a dental aide or school clinic aide, who assists in setting up equipment, preparing health records, maintaining infection control protocols, and supporting documentation; and the school's clinic focal, who facilitates communication with parents/parent-substitutes/legal guardians, manages consent forms, and assists in scheduling.

The assessment begins with an initial interview and health history-taking, where the learner and/or accompanying adult is asked about the learner's dental and medical background. Any contraindications for oral examination must be identified at this stage. This is followed by a visual and tactile examination, during which the dental personnel inspects the oral cavity for dental caries, plaque and calculus, gingival condition, malocclusion, and any soft tissue abnormalities.

### **III. Infection Control and Safety Protocols**

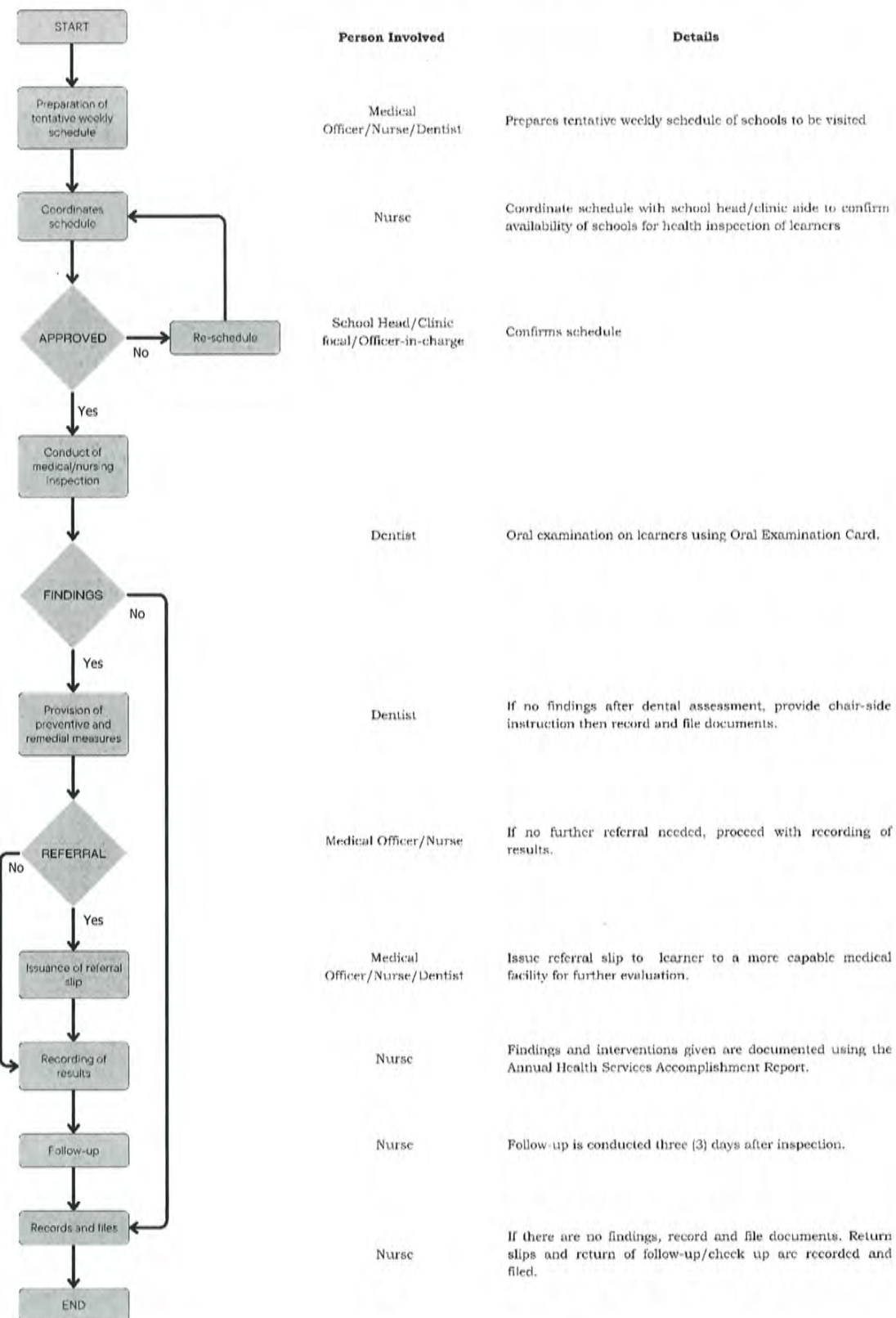
Sterilized instruments must be used for each learner. All dental personnel are required to wear appropriate personal protective equipment (PPE), including gloves, face masks, and eye protection. The dental chair and tools should be disinfected between each client.

### **IV. Documentation and Reporting**

The following forms are used during the assessment process: SHD 1-D, 1-Da, and 1-Db for Dental Findings; SHD Form 3B for Dental Referrals; SHD Form 4-B for Oral Health Profile of Teaching and Non-teaching Personnel; and SHD Form 5B for Dental Services Accomplishment Reports.

Dental Accomplishment Reports (SHD Form 5B) must be submitted quarterly to the SDO-SGOD Health Section as stipulated in DO 41 s.2020 Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021. Additionally, a summary of findings should be provided to the School Head for awareness and appropriate school action.

**Figure 6.1. Process Flowchart for Oral Health Assessment**



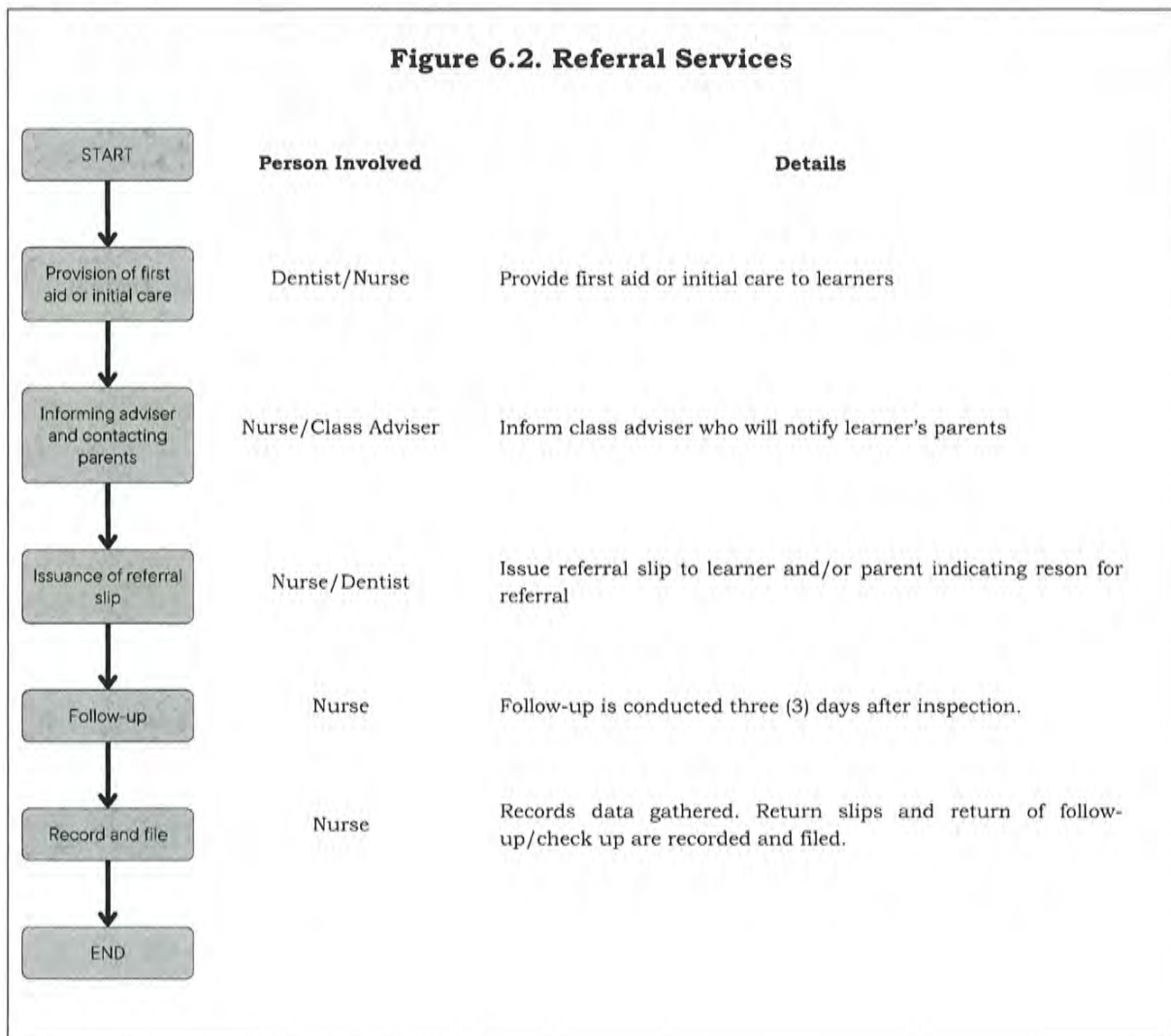


## V. Post-Assessment Procedures and Referral

Following the oral health assessment, individualized oral health education should be provided. This includes teaching proper brushing and flossing techniques, offering dietary advice to prevent cavities, and emphasizing the importance of routine dental check-ups.

For learners requiring further evaluation or specialized dental care, a Dental Referral Form (SHD Form 3) should be issued. Follow-up should be done within 1–2 weeks to monitor referred cases, coordinate with parents/parent-substitutes/legal guardians, and track treatment completion. Integration with other services is encouraged through coordination with school medical and nutrition teams for a more holistic health intervention.

**Figure 6.2. Referral Services**





(Enclosure No. 7 to DepEd Memorandum No. 050, s. 2025)

## UNIVERSAL MENTAL HEALTH AND PSYCHOSOCIAL ASSESSMENT

### I. Overview

Section 24 of Republic Act (RA) 11036 or the “*Mental Health Act*” mandates educational institutions such as schools to develop policies and programs designed to raise awareness on mental health issues, **identify** and provide support and services for individuals at risk, and facilitate access, including referral mechanisms of individuals with mental health conditions to treatment and psychosocial support. Meanwhile, RA 12080 or the “*Basic Education Mental Health and Well-Being Promotion Act*,” provides that the school-based mental health program shall be designed to provide school-based mental health services including **screening, evaluation, assessment, and monitoring**. There are primarily three contexts (**Figure 7.1**) where schools can identify/screen/assess/monitor learners who are at risk for possible mental health concerns or conditions:

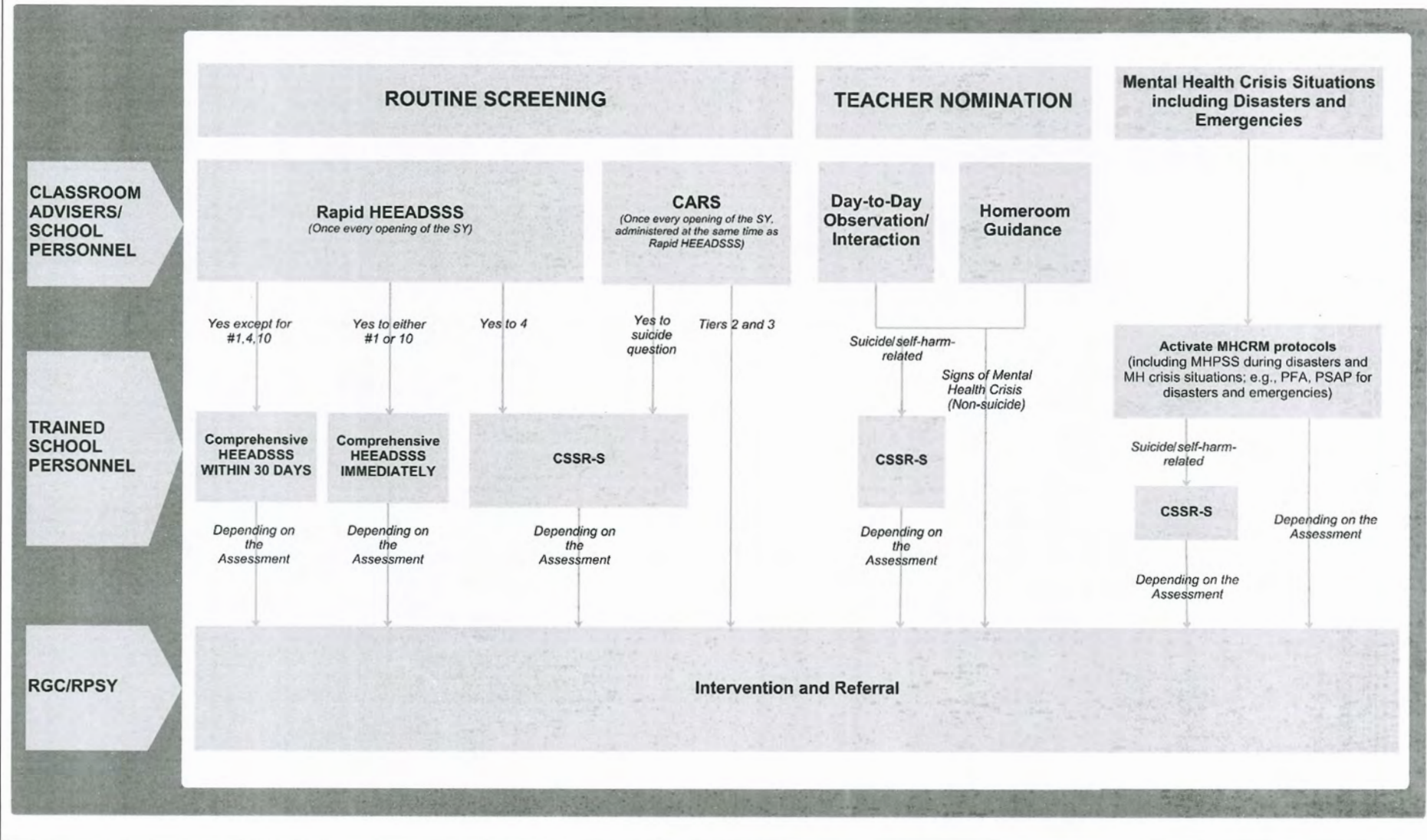
1. **Routine screening** - *where all learners undergo a systematic psychosocial and mental health screening process, using age-appropriate tools, on a regular basis, as a routine (e.g., every beginning of the school year).* For SY 2025-2026, DepEd adopts two tools for routine screening: (a) the Children and Adolescents Risk Screener (CARS); and (b) Rapid HEEADSSS<sup>3</sup>. Both tools are administered to target learners, eight weeks from the start of classes, to give teachers ample time to get to know the learners enabling them to screen them properly. Rapid HEEADSSS shall continue to be available in school-based facilities that provide health services (e.g., clinic, guidance office/care center) for “walk-in” learners who avail of services in the said facilities or for learners who may have missed the scheduled routine screening. Only schools that have met the requirements for the administration of the tools will be allowed to proceed with the routine screening.
2. **Teacher nomination** – *where teachers “nominate” or report to trained school personnel (e.g., school’s RGC, Guidance Advocate) who among their learners exhibit behaviors or are in situations indicative of mental health concerns.* For teacher nomination, teachers shall be capacitated in spotting mental health risks among learners in the following contexts: (a) during their day-to-day observation/interaction with learners; and (b) during their facilitation of Homeroom Guidance activities (as classroom advisers).
3. **During mental health crisis situations, such as disasters and emergencies** – *where Mental Health Crisis Response and Management (MHCRM) protocols are automatically activated.* Once MHCRM protocols are activated, affected learners are automatically provided with psychological first aid (PFA) and necessary mental health and psychosocial support (MHPSS). This usually includes screening of possible mental health concerns that may require further screening, further assessment, or other intervention, including referral.

Depending on the results of the routine screening, learners shall undergo further assessment (i.e., through comprehensive HEEADSSS interview) or be provided with necessary intervention or referred as needed. For all routine screening, teacher nomination, and mental health crisis situations, all learners who express or exhibit signs of suicidality or self-harm shall be automatically screened using the Columbia Suicide Severity Rating Scale (CSSR-S).

<sup>3</sup> HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety and is a globally recognized psychosocial interview framework for adolescents



**Figure 7.1. Universal Mental Health and Psychosocial Screening and Assessment Pathways**



## II. Overview of the Screening and Assessment Tools

### A. Children and Adolescents Risk Screener (CARS)

1. CARS is a universal screening tool that aims to identify K-12 learners at-risk of behavioral, emotional, social, and academic behavior problems so that necessary prevention or early intervention support can be provided by the school through available mental health and psychosocial support services or referral linkages as well as collaborative efforts across a learner's support system (e.g., peers, teachers, parents/parent-substitutes/legal guardians).
2. CARS has two forms each for specific grade levels (i.e., K-3, Grades 4-8, and Grades 9-12). Some forms are to be completed by specific informants related to a learner, such as parents/parent-substitutes/legal guardians or teachers, while some forms are to be completed by the learner himself or herself. The table below shows which forms shall be accomplished by whom depending on the learner's grade level.

*Table 7.1. CARS Forms for Grade Levels*

Grade Level	CARS Parent Report (PR) (CARS-PR:K-3)	CARS Teacher Report (TR) (CARS-TR:K-3, -TR: 4-8, -TR: 9-12)	CARS Learner Report (CARS-LR:4-8, -LR: 9-12)
K - G3	✓	✓	
G4 - G8		✓	✓
G9 - G12		✓	✓

3. CARS forms may be accessed at <https://bit.ly/DepEdCARSTools2025>.

### B. Rapid and Comprehensive HEEADSSS

1. Rapid HEEADSSS screening is a self-administered questionnaire recommended for adolescents ages 10-19. It is used as psychosocial triaging for the early identification of risk factors to prevent unfavorable health outcomes.
2. Comprehensive HEEADSSS is an assessment tool with guide questions conducted on adolescents with risk indicators after the psychosocial screening.

The **soft copies** of the **Rapid HEEADSSS** and of the **Comprehensive HEEADSSS Assessment Guide** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

### C. Columbia Suicide Severity Rating Scale (CSSR-S)

This 5-question assessment tool evaluates the severity and lethality of learners' suicidal thoughts and behaviors while determining the appropriate level of support they need.

The **soft copy of the CSSR-S** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

Details for the administration of the tools to learners, including the recommended interventions depending the results of the screening, are discussed in **Section VII** of this Enclosure.



### III. Requirements Before Schools Can Conduct Routine Screening

A school is qualified to proceed with the **routine screening (HEEADSSS and CARS) and subsequent assessment (Comprehensive HEEADSSS)** only upon meeting the following requirements:

1. The school shall have activated the OKD-TWG to oversee the conduct of LHAS, with the school's RGC(s) and/or Guidance Advocate(s) as a member/s.
2. The school shall have personnel who have been trained in the Foundational Course on Adolescent Health, the Adolescent Health Education and Practical Training (ADEPT) or Adolescent Job Aid (AJA) 2.0 Skills Enhancement Training (ASET), and Children and Adolescent Risk Screener (CARS); or have health professional who have credentials equivalent to the competencies of the enumerated trainings.
3. The school has a functional Child Protection Committee (CPC) with a score of at least 4 on the CPC Functionality tool, per the OUOPS Memorandum No. OUOPS-2024-05-0627 titled, "*Dissemination of the Updated Child Protection Committee (CPC) Functionality Tool.*"
4. The school has a functional referral network, including an updated local directory which includes clinics, hospitals, and other related support offices or agencies.
5. The school has a private space for guidance and health counseling.

Schools that do not qualify to conduct routine screening this school year shall strive to meet such requirements in order to qualify for the conduct of the screening in the next school year, SY 2026-2027.

### IV. Important Points for Teacher Nomination

- A. Day-to-Day Observation of/Interaction with Learners.** Supporting learner well-being shall be inherent in the roles and responsibilities of all school personnel. For teaching personnel, it shall be integrated in their performance of both teaching and ancillary tasks; e.g., spotting behaviors or situations indicative of mental health concerns among learners, and facilitating appropriate psychosocial support shall be considered as Teacher Ancillary Tasks under classroom management or class adviser duties, pursuant to DepEd Order No. 5, s. 2024 or the "*Rationalization Teachers' Workload in Public Schools and Payment of Teaching Overload*" or other such subsequent issuances on teachers' workload. Accordingly, school personnel shall be capacitated in spotting behaviors or situations indicative of mental health concerns among learners. School personnel may note the observed risks and inform their respective RGCs or Guidance Advocates.

Such risks may include the following:

- Frequent absences or tardiness;
- Gross negligence in academic work;
- Behavioral concerns;
- Negatively impactful incidents in the learner's life; e.g., death of a loved one;
- History of mental conditions or suicidal behaviors;
- Experience of violence; e.g., bullying, sexual harassment, abuse; and
- Other such related behaviors and factors.

- B. Homeroom Guidance.** Activities conducted during Homeroom Guidance usually provide opportunities for learners to express responses that may



indicate a sign or symptom of mental health or psychosocial concern. Teachers may coordinate with the school's RGC or Guidance Advocate for assessment and appropriate intervention, and submit necessary documentation that may be needed in the process.

It is also the duty of **all** school personnel to accommodate and consider reports and observations from learners, other school personnel, and stakeholders such as parents/parent-substitutes/legal guardians. School personnel may coordinate with the school's RGC or Guidance Advocate to address such reports for appropriate intervention.

A list of behaviors or situations indicative of mental health concerns among learners may be accessed at **<https://bit.ly/DepEdLHASSY2526Forms>**.

## **V. Mental Health Crisis Response and Management (MHCRM)**

In the event of an emergency, disaster, or crisis, MHCRM protocols will be activated to ensure that affected learners are provided MHPSS. If in the process of providing MHPSS, a learner exhibits symptoms of or expresses suicidality, they shall undergo the CSSR-S. A list of behaviors and situations to note when facilitating MHPSS or during disaster/emergency response, as lifted from DepEd's Psychosocial Support Activity Pack: A Teacher's Guide (All Levels), may be accessed at **<https://bit.ly/DepEdLHASSY2526Forms>**.

## **VI. Key Preparatory Activities**

**A. Preparation of the School Human Resources.** The school shall ensure that it has met all the human resource requirements stipulated in **Section III** of this Enclosure, and that all personnel involved in the conduct of the universal mental health and psychosocial screening, including all classroom advisers, are properly oriented on all activities related to the screening, especially on the use and administration of the screening tools.

### **B. Orientation for Parents/Parent-substitutes/Legal Guardians, Learners, and other Stakeholders.**

The school shall ensure that the parents/parent-substitutes/legal guardians of learners from kindergarten to grade 12 (K-12) and the school's/SDO's internal and external partners and stakeholders as the health service providers are properly oriented about the screening and related activities.

Similarly, all learners concerned (Grades 4-12 for CARS, 10-19 years old for Rapid HEEDSSS) shall be oriented before the administration of the screening and assessment. Schools shall utilize Socio-Behavioral Communication Change (SBCC) materials like pamphlets and videos during the orientation. For K-3 learners, it is the parents/parent-substitutes/legal guardians who will be oriented during the parents' orientation.

**C. Informed Consent.** Consent of parents/parent-substitutes/legal guardians and assent of learners shall be sought using the Consent Form for Learners' Health Assessment and Screening. This shall be a requirement before the learners are administered the screening tools. Likewise, parents/parent-substitutes/legal guardians shall be notified when pertinent findings are identified, requiring parents/parent-substitutes/legal guardians' support unless caused by family members.



**D. Logistical Preparations, including reproduction of Materials for Screening and Assessment.** Guidelines for the Program Support Funds (PSF) for the School Mental Health Program in FY 2024 and for the PSF for School Health Programs for FY 2025 provide for allocation of funds for producing materials needed for the screening and other related expenses.

**E. Observation period for the administration of CARS (for Teacher Reports).** Prior to the screening proper, class advisers are given 6 to 8 weeks period to observe learners to help enhance the accuracy of the screening process, as well as to identify learners who may be experiencing emotional or behavioral difficulties. Observing teachers or classroom advisers must properly record their observations in a logbook or any form of documentation of their choosing. Observers may also coordinate with the school's RGC or the Guidance Advocate to help with the assessment and intervention for the learner.

## **VII. Administration of the Tools**

### **A. Administration of Rapid HEEADSSS and CARS among Learners**

1. The screening tools (Rapid HEEADSSS and CARS) shall be administered at least two (2) months after the opening of classes, as part of the routine screening. This may be done in a phased approach (e.g., by section, by year level) from August to December. Schools are required to complete the screening of the entire population of learners by the end of the fiscal year.
2. Administration of the screening tools for learners may only be done by RGCs or trained personnel such as Guidance Advocate(s), homeroom/class advisers, SHN personnel, and partners such as those from the LGU, NGOs, or professional associations.
3. The screening can be conducted inside the classroom, or through a secure online platform, as practicable.
4. Learners who will miss their scheduled screening can avail themselves of "walk-in" screening at the clinic, guidance office/care center, teen center/hub/kiosk, and similar facilities.
5. Screening shall also be available throughout the year as part of the services offered by these facilities. The results of the routine screening shall not be treated as "permanent" and "indicative" of the learner's behavior or situation for the entire year. As such, screening through Teacher Nomination shall remain in place all year.

#### **Processing and Collection of Screening Forms**

6. All printed forms shall be folded when collected, and all responses shall be kept secured and confidential. Learners are instructed to keep the tear-away portion of the questionnaire, which will serve as the reference to ask for assistance/help.
7. The trained school personnel/classroom adviser shall collect the forms directly from the learners, which shall be secured in an envelope and submitted to the school's RGC or Guidance Advocate for verification and consolidation.
8. The school's RGC or Guidance Advocate, in coordination and collaboration with the classroom advisers concerned and SHN personnel, shall identify the learners needing immediate attention and those at risk within the day or the week. Urgent appropriate interventions shall be given to the learner identified with pertinent findings.

**B. Conduct of the Comprehensive HEEADSSS Assessment.** Based on the screening tool results, adolescent learners shall undergo a comprehensive assessment to be conducted by the school's RGC or other trained personnel.



1. **For learners who answered NO to all items of Rapid HEEADSSS:** Screening through **Teacher Nomination** shall continue all year. Classroom advisers shall continue to observe learners for behaviors or situations indicative of mental health concerns as discussed in **Section IV** of this memorandum, and refer to the RGC or trained personnel for further assessment and/or intervention in case such behaviors or situations are observed.
2. **For learners that answered YES to any other items except #1, #4 and #10 of Rapid HEEADSSS:** The school's RGC or other trained personnel shall conduct comprehensive HEEADSSS within 30 days of screening.
3. **For learners who answered YES on either Item #1 or Item #10 of the Rapid HEEADSSS:** The school's RGC or other trained personnel shall conduct comprehensive HEEADSSS **immediately**.
  - a. If physical abuse is identified during the interview, the school's Child Protection Committee (CPC) shall be mobilized to provide necessary referrals.
  - b. The CPC shall coordinate with the Barangay Local Council for the Protection of Children (BLCPC), the Community Social Welfare Officer (CSWO), and/or the Women's and Child Protection Desk (WCPD) for proper documentation and handling of the case.
  - c. The parents/parent-substitutes/legal guardians of the learner(s) concerned shall be notified through the BLCPC, CSWO, or the WCPD. However, if the parent/parent-substitute/legal guardian is the perpetrator, the learner shall not be allowed to go home until the case is properly handled by the authorities. The School Head shall ensure that the learner is safe and secured in a shelter with the BLCPC or the CSWO.
4. During the conduct of the Comprehensive HEEADSSS Assessment, the interviewer shall be guided by the following:
  - a. Issues/ problems that were identified during the interview shall be given immediate intervention.
  - b. Verbal and non-verbal cues may provide information or give a hint to the learner's situation or condition.
  - c. Probing questions may be asked immediately, especially when red flags such as suicidal ideation or abuse are noticed (either explicitly stated or not).
  - d. The interviewer must avoid judgment made for answers that differ from their views or values.

**C. Administration of the Columbia Suicide Severity Rating Scale (CSSR-S) Tool.** For learners who answered **YES on Item #4 of Rapid HEEADSSS** and the **suicidal tendency question of CARS tool**: The school's RGC or other trained personnel shall conduct CSSR-S immediately or within the day of the administration of the Rapid HEEADSSS or CARS. It should be conducted one-on-one, ideally in a quiet, safe, and private space, using a calm and non-judgmental tone. This must not be conducted in a group setting or through written forms.

1. After conducting the CSSR-S, the personnel administering the assessment should stay with the learner. No learner expressing suicidal thoughts should be sent home alone or left alone during the intervention process. In addition, keep harmful objects away from the learner.



2. The personnel administering the assessment, if not an RGC, must refer the learner to an RGC and provide details of the results.
3. Based on the level of severity from CSSR-S, the school's RGC or Guidance Advocate shall implement the prescribed interventions.

**VIII.** Attached as **Enclosure No. 8** is the list of prescribed interventions depending on the results of the administration of the abovementioned tools.

## MENTAL HEALTH INTERVENTIONS AND REFERRAL

**A. Prescribed Interventions and Referral Depending on CARS Results.** Learners who have undergone CARS can be categorized as low risk, at-risk, and high risk. The category of risk may guide the Registered Guidance Counselor or Guidance Advocate on the type of intervention that they can provide to the learner based on the multi-tiered system of support (MTSS). MTSS consists of the three tiers:

1. **Tier 1 (Universal Support):** This tier focuses on providing preventive support to all learners, **regardless of their risk level**. It aims to cultivate a positive school environment and promote the social-emotional well-being of all learners. Activities in this tier are typically implemented school-wide or within classrooms, with teachers and the Universal Screening Team playing key roles in their execution. Examples of Tier 1 supports include:

- a. Homeroom guidance activities
- b. Social-emotional learning curriculum
- c. Physical activities like sports and exercise
- d. The CARS universal screening itself
- e. Classroom and school-wide positive behavior support strategies
- f. Parent-Teacher Association (PTA) meetings
- g. Psychoeducation activities such as self-esteem and anger management workshops

2. **Tier 2 (Targeted Support):** This tier provides more focused support to learners identified as **“at-risk”** during the initial CARS screening or those who have not shown improvement after receiving Tier 1 support. It involves interventions delivered in small groups or individually, often by a registered guidance counselor or a trained Guidance Advocate under the supervision of a registered guidance counselor. The frequency of these interventions is usually bi-weekly, with assessments of learner progress conducted at least once every two weeks using various methods such as CARS, behavioral observations, and anecdotal records. Importantly, learners receiving Tier 2 support continue to receive Tier 1 support. Examples of Tier 2 supports include:

- a. Social skills training
- b. Relaxation techniques and mindfulness sessions
- c. Self-monitoring of classroom behaviors
- d. Parent-teacher conferences

3. **Tier 3 (Intensive Support):** This tier caters to learners identified as **“high-risk”** during the initial CARS screening or those who have not shown improvement after receiving Tier 2 support. This tier involves highly individualized and intensive interventions, often delivered by a registered guidance counselor weekly. Assessment of learner’s progress in this tier is frequent, occurring at least once a week, utilizing the same methods as in Tier 2. Learners receiving Tier 3 support also continue to receive Tier 1 support. Examples of Tier 3 supports include:

- a. Individual counseling
- b. Referral to specialists such as psychologists, psychiatrists, or developmental pediatricians
- c. Referral for comprehensive psychological evaluations



**B. Prescribed Interventions and Referral Depending on CSSR-S Results.** Based on the level of severity from CSSR-S, the school's RGC or Guidance Advocate shall implement the prescribed interventions:<sup>4</sup>

Severity Level	Intervention		
	With learner	With parents/parent-substitutes/legal guardians	With Mental Health Professional or Community Health Professional or Crisis Hotline
<b>MILD</b>	<ul style="list-style-type: none"> <li>• Perform an advance assessment</li> <li>• Do safety planning</li> <li>• Follow-up periodically</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> </ul>	<ul style="list-style-type: none"> <li>• Can opt not yet to refer</li> </ul>
<b>MODERATE</b>	<ul style="list-style-type: none"> <li>• Perform an advanced assessment</li> <li>• Do safety planning</li> <li>• Follow-up closely</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> <li>• Recommend non-emergency referral to professional</li> </ul>	<ul style="list-style-type: none"> <li>• Assist non-emergency referral with written or oral endorsement</li> </ul>
<b>SEVERE</b>	<ul style="list-style-type: none"> <li>• Perform an advanced assessment</li> <li>• Do safety planning</li> <li>• Ensure close watch for safety</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> <li>• Recommend removal of means and 24/7 watch</li> <li>• Recommend emergency referral to professional/hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Assist emergency referral with oral endorsement</li> </ul>

The RGC/Guidance Advocate must ensure that the learner will be endorsed to his/her parents/parent-substitutes/legal guardians to ensure safety, provided that the cause of suicidal thoughts or ideation are not of family origin. Counseling may also be done via online platform or the directory of referrals should have a list of hotlines for counselors who are trained to handle the matter. As a life and death situation, suicidal ideation or suicidal tendencies should not be handled lightly. Personnel concerned shall provide follow-ups and necessary assistance on the learner after a few days.

### C. Other Important Considerations

- Endorsement of identified learner to an RGC for appropriate intervention and referral based on the result of the assessment.** The personnel who conducted the Comprehensive HEEADSSS must ensure that the learner is properly referred as necessary and will immediately seek the help of other mental health professionals like a psychologist or a psychiatrist.
- Dealing with cases of abuse.** In cases where physical or emotional abuse is suspected during any stage of the conduct of screening and assessment, the school's Child Protection Committee will be activated to conduct necessary referrals.
- Referral.** The school's *OK sa DepEd TWG*, through the school's RGC/Guidance Advocate, and Clinic Focal, in coordination with the SDO's SHN personnel, and in collaboration with local stakeholders shall ensure that the school is linked with an active referral network for both health and non-health

<sup>4</sup> Based on the RACE Against Suicide Toolkit

concerns. An updated directory shall be available in the school at all times. The following information must be documented for all referred learners:

- a. Date referred
- b. Institution/office referred to
- c. Reason for referral
- d. Outcome of referral (e.g., received, for follow-up)

4. **Follow up.** RGCs and Guidance Advocates must monitor the progress of the referred learners through scheduled meetups with them. RGCs and Guidance Advocates may reassess the referred learners using CARS, Comprehensive HEADSSS, CSSR-S, whichever tool they may have used prior referral, to assess the progress of the learners.