

## Republic of the Philippines Department of Education CORDILLERA ADMINISTRATIVE REGION Wangal, La Trinidad, Benguet



DEPED-CAR

## **REGIONAL MEMORANDUM** No. 215.2014

:

DATE

August 08, 2016

TO

**Schools Division Superintendents** 

Divisions' Legal Officers / Administrative Officers

All others concerned

From

**SORAYA T. FACULO** 

Chief Education Supervisor **OIC-** Assistant Regional Director

**SUBIECT** 

DIVISION CONSOLIDATED DATA ON THE INVOLVEMENT ON

CASES OF THE PUBLIC SCHOOL LEARNERS

Pursuant to the DepEd Order 52 series of 2015, the Central Office established the Youth Formation Division (YFD) that is in-charge with the formulation of policies, standards, and guidelines on the youth development programs to complement the learning through co-curricular and non-curricular activities.

In light with this, this Office would like to request for a Division Consolidated data on issues/cases concerning physical, psychological, emotional, and social aspects such as bullying, smoking, child labor, teenage pregnancy etc. following the attached enclosure for the template.

email your reports in Excel Format to the Legal Unit at legalunit.depedcar@gmail.com and sheryl.lacdao@deped.gov.ph on or before August 12,2016.

References:

DepEd Order 52, s. 2015 DepEd Memorandum OM-GO-2016-BLSS

ORD/LU/VBF/scl

| Division: |  |
|-----------|--|
|           |  |

| Division | Total No. of<br>Enrolment | SPECIFIC ISSUES AND CASES |                      |                      |                      |                      |                               |  |
|----------|---------------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|--|
|          |                           | Bullying                  | Smoking              | Child Labor          | Teenage<br>Pregnancy | Premarital<br>Sex    | Total No. of<br>Cases         | Specific Intervention / Programs conducted by the teachers/<br>school head / division office   |
| :        | X number of enrolment     | X<br>Number<br>of Cases   | X Number<br>of Cases | X Number of<br>Cases | X Number<br>of Cases | X Number<br>of Cases | X total<br>Number of<br>cases | (e.g.) Counselling, Home Visit, Rehabilitation etc.  |
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|          |                           |                           |                      |                      |                      |                      |                               |  |

Certified true and correct:

Signature over printed name
Schools Division Superintendent

<sup>\*\*\*</sup>Issues and Concerns are not limited to the example sgiven. Please put additional columns under the category if necessary.