



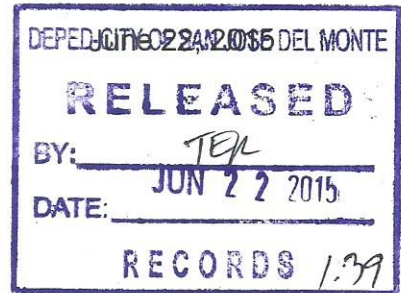
Republic of the Philippine:  
 DEPARTMENT OF EDUCATION  
 Region III  
 DIVISION OF CITY SCHOOLS  
 City of San Jose del Monte



website: [www.depedcsjdm.webs.com](http://www.depedcsjdm.webs.com) / e-mail: [deped\\_csjdm@yahoo.com](mailto:deped_csjdm@yahoo.com) / telefax: (044) 815-2815

**DIVISION LETTER**  
 No. 26, s. 2015

To: **Public Schools District Supervisors**  
**Elementary & Secondary School Heads**



Please be advised to submit Inventory of Manipulative Toys, Activity Work Book and Answer Sheet for SY 2014-15, SY 2013-14, SY 2012-13, SY 2011-12, and SY 2010-11, using the format (in excel form) below on June 24, 2015 before 3:00 p.m. and Reports on Kindergarten Regular Program (KRP) and Kindergarten Volunteer Program (KVP) for SY 2015 - 2016 on June 26, 2015 before 3:00 o'clock in the afternoon (for these report see attached sheets).

Sped Report on Enrolment with Special Needs are expected **only** for those who are offering / catering children with special needs. Please see attached format.

The said reports will be submitted both in hard and e-copies using [jen.quinto1502@gmail.com](mailto:jen.quinto1502@gmail.com) for submission of the e-copy reports.

**INVENTORY OF MANIPULATIVE TOYS, ACTIVITY WORK BOOK & ANSWER SHEETS**

DIVISION: \_\_\_\_\_ SY: \_\_\_\_\_

School	Description & No. of Manipulative Toys Received	Condition (Good, Condemnable, etc)	No. & Activity Workbook Received	Condition (Good, Condemnable, etc)	Answer Sheets	Etc

Prepared by: \_\_\_\_\_  
 Designation

NOTED: \_\_\_\_\_  
 School Head

*JHPascal*  
**GERMELINA H. PASCUAL**  
 Schools Division Superintendent

Republic of the Philippines  
Department Of Education  
Region III  
Government Center, Maimpis, City of San Fernando (P)

**ENROLMENT OF CHILDREN WITH SPECIAL NEEDS**  
SY 2015-2016

Division: \_\_\_\_\_

SCHOOL (ELEM.)	AREA OF EXCEPTIONALITIES																	TOTAL		GRAND TOTAL	REMARKS (Recognized/ Not Recognized)			
	LD		HI		VISUALLY IMPAIRED		MR/ID	MIH	BP/ADHD	OC/CHSP	AU	SD	CP	DS	GDD	M	F							
	M	F	M	F	TB	LV												M	F	M	F	M	F	M
SHOOL (SEC)																								

Prepared by: \_\_\_\_\_

EPS in Charge of SPED  
Contact No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

NOTED:

Schools Division Superintendent

*Please submit all via email.com*

*Due at*

DIVISION SUMMARY REPORT ON KINDERGARTEN REGULAR PROGRAM (KRP)

SY \_\_\_\_\_

Division: \_\_\_\_\_

Region: \_\_\_\_\_

NO.	DISTRICT	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				DATE OF APPOINTMENT	NUMBER OF CLASSES	ENROLMENT			REMARKS (indicate if with ECE trainings)
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED			M	F	Total	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
<b>TOTAL</b>															

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: \_\_\_\_\_

Certified true and correct: \_\_\_\_\_

Signature over printed name

Designation

Date: \_\_\_\_\_

Signature over printed name

Designation



DIVISION SUMMARY REPORT ON KINDERGARTEN VOLUNTEER PROGRAM (KVP)

SY \_\_\_\_\_

Division: \_\_\_\_\_

Region: \_\_\_\_\_

NO.	DISTRICT	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				NUMBER OF CLASSES	ENROLLMENT			REMARKS(indicate if with ECE trainings)	
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED		DATE OF CONTRACT OF SERVICE	M	F		Total
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
TOTAL															

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: \_\_\_\_\_

Certified true and correct: \_\_\_\_\_

Signature over printed name

Signature over printed name

Designation

Designation

Date: \_\_\_\_\_

cc: Regional DepED Office  
Central DepED Office - electronic file in excel format thru [kindergartenproject@yahoo.com.ph](mailto:kindergartenproject@yahoo.com.ph)

*Please submit or  
held for me!  
Date: 6-26-15 (3 pm)*

*Please submit at jen.guinto1502@gmail.com*