



DepEd
DEPARTMENT OF EDUCATION
Region I
DIVISION OF CITY SCHOOLS
Dagupan City

RELEASED
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DATE: 1/22/16
BY: [Signature]

DIVISION MEMORANDUM
No. 104 s. 2015

To: Public Schools District Supervisors
All Public School Heads (Elementary)

From: *[Signature]*
FROSERFINA J. BRAVO
OIC, Schools Division Superintendent *[Signature]*

Subject: **LANGUAGE MAPPING FOR MTB-MLE**

Date: December 21, 2015

1. In support of the implementation of Mother Tongue-Based-Multilingual Education (MTB-MLE), the Department of Education (DepEd) issued DepEd Order No. 55, s. 2015, re: Utilization of Language Mapping Data for Mother Tongue-Based Multilingual Education (MTB-MLE) Program Implementation.
2. In line with this, all schools are required to conduct language mapping in which the data gathered shall be the bases for the production of new teaching and learning materials, capacity building of teaching and non-teaching personnel, and the development of a culturally responsive MTB-MLE strategy for all learners.
3. Attached are the forms to be accomplished by all Class Advisers/Teachers from Kindergarten to Grade 3 and submit the following forms to the Division Office on or before January 15, 2016.
 - a. Classroom-level Language Mapping Validation Form – c/o Ms. Agnes Bacugan, EPS-English
 - b. Classroom Inventory of MTB-MLE Materials – c/o Mrs. Renata G. Rovillos, EPS-LRMDS
4. Immediate dissemination of this memorandum is desired.

Date: _____				
I. LEARNER PROFILE				
1. Name (Last, First Name/s, Middle Name)				
2. Birth Date <small>Month Day Year</small>	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Religion	5. Contact Numbers home () _____ cellphone () _____	
6. Current Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City/Municipality	Province	
7. Mother Tongue/ Most frequently used language		8. Other Languages Spoken by the learner at home or in the community		
9. Ethnicity		10. Member of Indigenous Peoples Community/ Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Foreign Languages spoken <input type="checkbox"/> None <input type="checkbox"/> Yes (Please specify): _____	
II. FAMILY INFORMATION				
1. Father's Name (Last, First Name/s, Middle Name)			2. Contact Numbers (optional) home () _____ cellphone () _____	
3. Current Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City/Municipality	Province	
4. Permanent Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City/Municipality	Province	
5. Mother's Name (Last, First Name/s, Middle Name)			6. Contact Numbers (optional) home () _____ cellphone () _____	
7. Current Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City	Province	
8. Permanent Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City	Province	
9. Guardian's Name (Last, First Name/s, Middle Name) and relationship to student			10. Contact Numbers (optional) home () _____ cellphone () _____	
11. Current Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City	Province	
12. Permanent Address <small>(House/Apt/Lot No., Street)</small>	Barangay/Village/Sitio	City	Province	

III. ACADEMIC PROFILE

<p>1. Did the child attend preschool or day care?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (if yes, tick all that apply)</p> <p><input type="checkbox"/> From public</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> 1 year</p> <p><input type="checkbox"/> 2 years</p> <p><input type="checkbox"/> From private</p> <p><input type="checkbox"/> Less than a year</p> <p><input type="checkbox"/> 1 year</p> <p><input type="checkbox"/> 2 years</p>	<p>2. Type of Learner</p> <p><input type="checkbox"/> Regular/ Continuing</p> <p><input type="checkbox"/> Transferee</p> <p><input type="checkbox"/> From Private school</p> <p><input type="checkbox"/> From Public school</p> <p><input type="checkbox"/> From ALS</p> <p><input type="checkbox"/> From home school</p> <p><input type="checkbox"/> Repeater in current grade level</p> <p><input type="checkbox"/> Balik-aral (returning out-of-school child/youth) from:</p> <p><input type="checkbox"/> Kinder Catch Up</p> <p><input type="checkbox"/> Kariton Klasrum</p> <p><input type="checkbox"/> Abot Alam</p> <p><input type="checkbox"/> PEPT qualifier</p>	<p>3. Grants Received (tick all that apply)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Pantawid Pamilyang Pilipino Program (4Ps)</p> <p><input type="checkbox"/> Local Government Unit (LGU) scholarship</p> <p><input type="checkbox"/> Non-governmental Organization (NGO)</p> <p><input type="checkbox"/> Others (Please specify):</p> <p>_____</p> <p>_____</p>
<p>4. Learner exceptionality:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please check all that apply)</p> <p><input type="checkbox"/> With diagnosis from specialist</p> <p><input type="checkbox"/> Visual impairment</p> <p><input type="checkbox"/> Hearing impairment</p> <p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> Intellectual disability</p> <p><input type="checkbox"/> Autism Spectrum Disorder</p> <p><input type="checkbox"/> Emotional-behavioral disorder</p> <p><input type="checkbox"/> Orthopedic/physical handicap</p> <p><input type="checkbox"/> Speech/language disorder</p> <p><input type="checkbox"/> Cerebral palsy</p> <p><input type="checkbox"/> Special health problems/ chronic illness</p> <p><input type="checkbox"/> multiple disabilities</p> <p><input type="checkbox"/> Others (Please specify) _____</p> <p><input type="checkbox"/> Without diagnosis from specialist</p> <p><input type="checkbox"/> Difficulty seeing even if wearing glasses</p> <p><input type="checkbox"/> Difficulty hearing even if using hearing aid/deaf</p> <p><input type="checkbox"/> Difficulty walking, climbing stairs</p> <p><input type="checkbox"/> Difficulty remembering, or concentrating</p> <p><input type="checkbox"/> Difficulty with self care</p> <p><input type="checkbox"/> Difficulty communicating</p> <p><input type="checkbox"/> Others (Please specify) _____</p>		
<p>5. Current and Previous Involvement in Other Programs</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Headstart</p> <p><input type="checkbox"/> SPED Program</p> <p><input type="checkbox"/> Tahderriyah/Arabic Language and Islamic Values Education (ALIVE) Program</p> <p><input type="checkbox"/> Special Science Elementary School</p>		

Classroom-level Language Mapping Validation Form

Region: _____ Division: _____ District: _____
 School: _____ Year Started MTB-MLE Implementation: _____
 Grade Level: _____ Section: _____ Class Adviser's MT: _____
 Class Adviser: _____
 Other Languages Spoken by the Class Adviser: _____

To identify the pupil's MT and other language (s) spoken, you may choose to perform any of the following:

1. Interview students by asking an open-ended question (ex. What did you do yesterday?)
2. Observe the child as he or she is playing with peers and note down the languages he/she uses to converse
3. Interview parents about the languages spoken at home

Pupil's Name	Mother Tongue ¹	Other languages ²	Mapping methodology (please check)		
			Parent interview	Child observation	Child interview
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

¹ **Mother Language or First Language (L1)** refers to the Mother Language or First Language (L1) as defined in the Implementing Rules and Regulations of RA 10533. It refers to the "language or languages first learned by a child, which he or she identifies with, is identified as a native language user of by others, which he or she knows best, or uses habitually." (Section 4(d), Implementing Rules and Regulations of RA 10533).

² **Other Languages Spoken** refer to the languages spoken and understood by the learner, in addition to his/her Mother Tongue. This may be languages commonly used in the community or area he/she resides in, or languages spoken by other members of his/her family.

Classroom Inventory of MTB-MLE Materials

Region: _____ Division: _____ District: _____

School: _____

Grade Level: _____ Section: _____

Name of Teacher/Class Adviser: _____ No. of Pupils: _____

Date of Materials Inventory: _____

Please conduct an inventory of available materials which are used for MTB-MLE. Please segregate per grade level if it is a multigrade class. Please use extra sheets when necessary.

	No. of pieces	Titles, if applicable	Year of Publication	Donors or Sponsors (if applicable)
DepED -provided				
<i>Learner materials (LMs)</i>				
• For MT Literacy				
• For Math				
• For AP				
• For MAPEH				
• For ESP				
• For Science				
<i>Teacher guides (TGs)</i>				
• For MT Literacy				
• For Math				
• For AP				
• For MAPEH				
• For ESP				
• For Science				
Externally procured				
<i>Big books</i>				
<i>Small books</i>				
<i>Leveled Texts</i>				
<i>Magazines</i>				
<i>Newspapers</i>				
<i>Others, please specify (e.g., posters, flashcards, comics, etc.)</i>				
Classroom- or Teacher-made / reproduced				
<i>Big books</i>				
<i>Small books</i>				
<i>Others, please specify (e.g., posters, flash cards, etc.)</i>				
Parent- or Community- made / reproduced				
<i>Big books</i>				
<i>Small books</i>				
<i>Others, please specify (e.g., posters, flash cards, etc.)</i>				