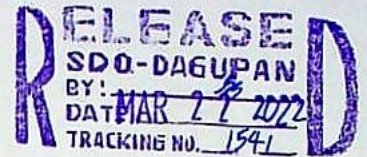




Republic of the Philippines
Department of Education

REGION I

SCHOOLS DIVISION OFFICE DAGUPAN CITY



Office of the Schools Division

Superintendent

DIVISION MEMORANDUM

No. 87 s. 2022

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Schools District Supervisors
Public and Private Elementary & Secondary School Heads
All Others Concerned

From: **OFFICE OF THE SCHOOLS DIVISION SUPERINTENDENT**

Date: March 22, 2022

Subject: **SPECIFIC INSTRUCTION ON THE CONDUCT OF EARLY REGISTRATION AND RELATED PROCESS**

1. In compliance with DepEd Memorandum No. 17, s.2022 entitled "Conduct of the Early Registration for School Year 2022-2023" provides the dates for the conduct of the pre-registration of all incoming Kindergarten, Grade 1, 7 and 11, which will be on March 25 to April 30, 2022
2. Schools are instructed to use the **Modified Basic Education Enrollment and Survey Form**, the softcopy shall also be forwarded by the SGOD – Planning & Research Unit to all schools. The use of the Basic Education Enrollment Form is mandatory for public schools, however, this is optional for private schools.
3. Schools are reminded of the strict implementation of the Cut-off Age in Kindergarten as stipulated in DepEd Order No.20, s.2018 which specifically provides that for schools commencing their school year (SY) on August, Kindergarten learners should be five (5) years old by August 1 and the extension period shall be until October 31. Thus provision is applicable for this School Year 2022-2023 is within August 2022.
4. In the context of prevailing COVID-19 public health emergency, the conduct of the early registration in-person registration through parents or guardians may be allowed in the areas under Alert Levels 1-2 provided physical distancing and health protocols are strictly observed.



Address: DepEd SDO, Burgos St., Dagupan City

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Republic of the Philippines
Department of Education

REGION I
SCHOOLS DIVISION OFFICE DAGUPAN CITY

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Superintendent

5. In line with this, school heads are encouraged to conduct early registration campaign by:
 - a. Posting materials such as tarpaulins, banners, brochures in conspicuous places
 - b. Posting on social media (facebook, Instagram, etc.)
 - c. Secure radio/television broadcast and advertisement

Schools are expected to involve parents, local barangay officials, civic organizations, people's organization and other stakeholders.

6. Data from incoming Kindergarten, Grades 1, 7 and 11 will be encoded or reported in the Learners Information System (LIS). Incoming Grades 2-6, Grade 8-10 and Grade 12 based on the previous school enrollment can also be encoded in the system to get the overall picture of the expected enrollees for the next enrolment.
7. For further clarifications, please contact the SGOD – Planning & Research Unit c/o Joann L. Jimenez through email joann.jimenez001@deped.gov.ph.
8. Immediate dissemination of this Memorandum is desired.

AGUEDO C. FERNANDEZ, CESO V
Schools Division Superintendent

For and in the absence of the Schools Division Superintendent

MARCIANO U. SORIANO, JR. CESO VI
Assistant Schools Division Superintendent



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MODIFIED LEARNER ENROLLMENT AND SURVEY FORM

THIS FORM IS NOT FOR SALE

Instructions:

1. This enrollment survey shall be answered by the parent/guardian of the learner.
2. Please read the questions carefully and fill in all applicable spaces and write your answers legibly in CAPITAL letters. For items not applicable, write N/A.
3. For questions/ clarifications, please ask for the assistance of the teacher/ person-in-charge.

A. GRADE LEVEL AND SCHOOL INFORMATION

A1. School Year - A2. Check the appropriate boxes only No LRN With LRN A3. Returning (Balik-Aral)

A4. Grade Level to enroll: _____ A7. Last School Attended: _____ A8. School ID: _____ A11. School to enroll in: _____ A12. School ID: _____

A5. Last grade level completed: _____ A9. School Address: _____ A13. School Address: _____

A6. Last school year completed: _____ A10. School Type: Public Private

FOR SENIOR HIGH SCHOOL ONLY:
A14. Semester (1st/2nd): _____ A15. Track: _____ A16. Strand (if any): _____

B. STUDENT INFORMATION

B1. PSA Birth Certificate No. (if available upon enrollment) B2. Learner Reference Number (LRN)

B3. LAST NAME

B4. FIRST NAME

B5. MIDDLE NAME

B6. EXTENSION NAME e.g. Jr., III (if applicable) _____

B7. Date of Birth (Month/Day/Year) / /

B8. Age B9. Sex Male Female

B10. Belonging to Indigenous Peoples (IP) Community/Indigenous Cultural Community (IP) Yes No

B11. If yes, please specify: _____

B12. Mother Tongue: _____

B13. Religion: _____

B18. Email Address: _____

For Learners with Special Education Needs

B14. Does the learner have special education needs? (i.e. physical, mental, social disability, medical condition, giftedness, among others)

Yes No

B15. If yes, please specify: _____

B16. Do you have any assistive technology devices available at home? (i.e. screen reader, Braille, DAISY)

Yes No

B17. If yes, please specify: _____

ADDRESS

B19. House Number and Street

B20. Subdivision/ Village/ Zone

B21. Barangay

B22. City/ Municipality

B23. Province

B24. Region

C. PARENT/ GUARDIAN INFORMATION

Father	Mother	Guardian
C1. Full Name (last name, first name, middle name)	C4. Full Maiden Name (last name, first name, middle name)	C7. Full Name (last name, first name, middle name)
C2. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C5. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C8. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational
C3. Contact number/s (cellphone/ telephone)/Email Address	C6. Contact number/s (cellphone/ telephone) /Email Address	C9. Contact number/s (cellphone/ telephone) /Email Address

C10. Is your family a beneficiary of 4Ps? Yes No

D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING

D1. How many of your household members (including the enrollee) are studying in School Year 2021-2022? Please specify each.

Kindergarten _____	Grade 4 _____	Grade 8 _____	Grade 12 _____
Grade 1 _____	Grade 5 _____	Grade 9 _____	Others _____ <small>(in college, vocational, etc.)</small>
Grade 2 _____	Grade 6 _____	Grade 10 _____	
Grade 3 _____	Grade 7 _____	Grade 11 _____	

D2. Who among the household members can provide instructional support to the child's distance learning? Choose all that applies.

<input type="checkbox"/> parents/guardians	<input type="checkbox"/> others (tutor, house helper)
<input type="checkbox"/> elder siblings	<input type="checkbox"/> none
<input type="checkbox"/> grandparents	<input type="checkbox"/> able to do independent learning
<input type="checkbox"/> extended members of the family	

D3. What devices are available at home that the learner can use for learning? Check all that applies.

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> Smartphone	<input type="checkbox"/> none
<input type="checkbox"/> Tablet	<input type="checkbox"/> others: _____

D4. Is there an internet signal in your area?

Yes
 No
(If NO, proceed to D7)

D5. How do you connect to the internet? Choose all that applies.

<input type="checkbox"/> own mobile data
<input type="checkbox"/> own broadband internet (DSL, wireless fiber, satellite)
<input type="checkbox"/> computer shop
<input type="checkbox"/> other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives)
<input type="checkbox"/> None

D6. What distance learning modality/ies do you prefer for your child? Choose all that applies.

<input type="checkbox"/> online learning	<input type="checkbox"/> modular learning	<input type="checkbox"/> Printed
<input type="checkbox"/> Television	<input type="checkbox"/> Modular Learning	<input type="checkbox"/> Digital
<input type="checkbox"/> Radio	<input type="checkbox"/> combination of face to face	<input type="checkbox"/> with other modalities
	<input type="checkbox"/> others: _____	

D7. What are the challenges that may affect your child's learning process through distance education? Choose all that applies.

<input type="checkbox"/> lack of available gadgets/ equipment	<input type="checkbox"/> conflict with other activities (i.e., house chores)
<input type="checkbox"/> insufficient load/ data allowance	<input type="checkbox"/> high electrical consumption
<input type="checkbox"/> unstable mobile/ internet connection	<input type="checkbox"/> distractions (i.e., social media, noise from community/neighbor)
<input type="checkbox"/> existing health condition/s	<input type="checkbox"/> others: _____
<input type="checkbox"/> difficulty in independent learning	

E. LIMITED FACE TO FACE

E1. In case limited face to face classes will be allowed, are you willing to allow your child/ children to participate?

Yes No

E.2 If the answer is no, please select only 1 major consideration or state specific reason

<input type="checkbox"/> Fear of Getting Infected of Corona Virus	<input type="checkbox"/> Limited or no available transportation from home to school and vice versa
<input type="checkbox"/> Existing Illness or health related concerns	<input type="checkbox"/> Helping in household chores
<input type="checkbox"/> Presence of Arm Conflict	<input type="checkbox"/> Helping Family business or working
	<input type="checkbox"/> Others, specify _____

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow the Department of Education to use my child's details to create and/or update his/her learner profile in the Learner Information System. The information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

Signature Over Printed Name of Parent/Guardian

Date Accomplished

For questions/clarifications, kindly contact the school through the following:

Telephone/Mobile Number: _____
Email Address: _____

For use of DepEd Personnel Only. To be filled up by the Class Adviser.

* DATE OF OFFICIAL ENROLLMENT
(Month/Day/Year)

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Grade Level _____

Track (for SHS) _____



PAGPAPATALA NG MAG-AARAL AT SURVEY FORM

HINDI IPINAGBIBILI ANG FORM NA ITO

Mga dapat sundin:

1. Ang enrollment survey na ito ay sasagutan ng magulang/tagapag-alaga ng mag-aaral.
2. Basahing mabuti ang mga tanong at sagutan ang mga angkop na espasyo at isulat nang maayos sa MALALAKING TITIK ang iyong mga sagot. Sa mga aytem na hindi angkop, ilagay ang N/A.
3. Para sa mga katanungan at paglilinaw, humingi ng tulong sa guro/ taong nakatalaga.

A. ANTAS AT IMPORMASYON NG PAARALAN

A1. Taong Panuruan: - A2. I-check lamang ang naaangkop Walang LRN May LRN A3. Returning (Balik-Aral)

A4. Baitang na nais ipatala: A7. Huling paaralang pinasukan: A8. ID ng Paaralan: A11. Paaralan kung saan nais i-enroll ang mag-aaral: A12. ID ng Paaralan:

A5. Huling baitang na natapos: A9. Adres ng Paaralan: A13. Address ng Paaralan:

A6. Huling natapos na taon sa paaralan: A10. Uri ng Paaralan Pampubliko Pribado

PARA LAMANG SA SENIOR HIGH SCHOOL:

A14. Semestro (1st/2nd): A15. Track: A16. Strand (if any):

B. IMPORMASYON NG ESTUDYANTE

B1. - Numero na nakalagay sa Sertipiko ng Kapanganakan (Birth Certificate) mula sa PSA (kung may data nang kopya) B2. Learner Reference Number (LRN)

B3. APELYIDO

B4. PANGALAN

B5. GITNANG PANGALAN

B6. EXTENSION NAME e.g. Jr., III (kung mayroon)

B7. Petsa ng Kapanganakan (Buwan/Araw/Taon) / /

B8. Edad B9. Kasarian Lalaki Babae

B10. Nabibilang sa katutubong grupo/ Komunidad ng Katutubong Kultural Oo Hindi

B11. Kung oo, saang grupo nabibilang:

B12. Kinagisnang wika:

B13. Relihiyon:

B18. Email Address

TIRAHAN

B19. Numero ng bahay at kalye B20. Subdivision/ baryo/ purok/ sitio B21. Barangay

B22. Lungsod/ Munisipalidad B23. Probinsiyal/ Lalawigan B24. Rehiyon

PARA SA MGA MAG-AARAL NA MAY KAPANSANAN

B14. Ang mag-aaral ba ay nangangailangan ng espesyal na tulong sa pag-aaral? (hal.: sa pisikal, mental, kondisyong medical, bukod sa iba pa) Mayroon Wala

B15. Kung MAYROON, isulat kung ano ang natatanging kalagayan ng bata:

B16. May nagagamit bang "assistive technology devices" sa inyong bahay tulad ng screen reader, braille or DAISY? Mayroon Wala

B17. Kung MAYROON, isulat kung ano ito:

C. IMPORMASYON NG MAGULANG/TAGAPAG-ALAGA

AMA	INA	TAGAPAG- ALAGA
C1. Buong pangalan (Apelyido, Pangalan, Gitnang Pangalan)	C4. Buong pagkadalagang pangalan (Apelyido, Pangalan, Gitnang Pangalan)	C7. Buong pangalan (Apelyido, Pangalan, Gitnang Pangalan)
C2. Pinakamataas na antas na natapos sa pag-aaral <input type="checkbox"/> Hindi Nakapag-aral <input type="checkbox"/> Hindi Nakapag-aral pero marunong magbasa at magsulat <input type="checkbox"/> Nakatuntong ng Elementarya <input type="checkbox"/> Nakapagtapos ng Elementarya <input type="checkbox"/> Nakatuntong ng Sekundarya <input type="checkbox"/> Nakapagtapos ng Sekundarya <input type="checkbox"/> Nakapag-aral Pagkatapos ng Sekundarya (Kolehiyo, Masteral/Doktorado) o Nakapag-aral ng Teknikal /Bokasyonal	C5. Pinakamataas na antas ng pag-aaral na natapos <input type="checkbox"/> Hindi Nakapag-aral <input type="checkbox"/> Hindi Nakapag-aral pero marunong magbasa at magsulat <input type="checkbox"/> Nakatuntong ng Elementarya <input type="checkbox"/> Nakapagtapos ng Elementarya <input type="checkbox"/> Nakatuntong ng Sekundarya <input type="checkbox"/> Nakapagtapos ng Sekundarya <input type="checkbox"/> Nakapag-aral Pagkatapos ng Sekundarya (Kolehiyo, Masteral/Doktorado) o Nakapag-aral ng Teknikal /Bokasyonal	C8. Pinakamataas na antas ng pag-aaral na natapos <input type="checkbox"/> Hindi Nakapag-aral <input type="checkbox"/> Hindi Nakapag-aral pero marunong magbasa at magsulat <input type="checkbox"/> Nakatuntong ng Elementarya <input type="checkbox"/> Nakapagtapos ng Elementarya <input type="checkbox"/> Nakatuntong ng Sekundarya <input type="checkbox"/> Nakapagtapos ng Sekundarya <input type="checkbox"/> Nakapag-aral Pagkatapos ng Sekundarya (Kolehiyo, Masteral/Doktorado) o Nakapag-aral ng Teknikal /Bokasyonal
C3. Numero sa telepono (cellphone/ telephone)& email add <input type="text"/>	C6. Numero sa telepono (cellphone/ telephone)& email add <input type="text"/>	C9. Numero sa telepono (cellphone/ telephone)& email add <input type="text"/>
C10. Kabilang ba ang inyong pamilya sa 4Ps ng DSWD? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi		

D. KAPASIDAD AT KAPARAANAN NG TAHANAN PARA SA DISTANCE LEARNING

D1. Ilang miyembro sa inyong tahanan (kabilang na ang i-enrol) ang mag-aaral ngayong taong panuruan 2020-2021? Ilagay kung ilan sa bawat baitang.

Kinder _____	Baitang 4 _____	Baitang 8 _____	Baitang 12 _____
Baitang 1 _____	Baitang 5 _____	Baitang 9 _____	Iba pa: _____ <small>(Hal.: Kokehyo, bokasyonal at iba pa.)</small>
Baitang 2 _____	Baitang 6 _____	Baitang 10 _____	
Baitang 3 _____	Baitang 7 _____	Baitang 11 _____	

D2. Sino-sino sa miyembro ng inyong tahanan ang maaaring tumulong sa *distance learning* na pag-aaral ng bata? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> magulang o tagapag-alaga nakatatandang kapatid	<input type="checkbox"/> iba pa (tutor, katulong)
<input type="checkbox"/> lolo o lola	<input type="checkbox"/> Wala
<input type="checkbox"/> iba pang kamag-anak	<input type="checkbox"/> may kakayahang mag-aral ang bata nang mag-isa

D3. Anong mga kagamitan sa tahanan ang magagamit ng bata para sa pag-aaral?

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> smartphone	<input type="checkbox"/> wala
<input type="checkbox"/> tablet	<input type="checkbox"/> Iba pa: _____

D4. Mayroon bang internet signal sa inyong lugar?

Mayroon
 Wala
Kung WALA, laktawan ang D6.

D5. Paano ka nakaka-*connect* sa *internet*? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> sariling <i>mobile data</i>
<input type="checkbox"/> sariling DSL, WIFI o <i>satellite</i>
<input type="checkbox"/> <i>computer shop</i>
<input type="checkbox"/> Sa iba pang lugar sa labas ng bahay na may <i>connection</i> ng <i>internet</i> tulad ng silid-aklatan, barangay/munisipyo, kapitbahay o kamag-anak
<input type="checkbox"/> Wala

D6. Ano-anong pamamaraan ng "*distance learning*" ang nais mo para sa iyong anak? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> online learning	<input type="checkbox"/> Modyular na impreta
<input type="checkbox"/> telebisyon	<input type="checkbox"/> Modyular digital
<input type="checkbox"/> radyo	<input type="checkbox"/> magkahalong pagtuturo sa silid-aralan at ang apat na nabanggit sa taas
	<input type="checkbox"/> Iba pa: _____

D7. Anong mga hadlang ang maaaring makaapekto sa proseso ng pagkatuto ng iyong anak gamit ang *distance education*? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> kawalan ng <i>gadgets</i> /kagamitan	<input type="checkbox"/> may mga kasabay na ibang gawaing bahay
<input type="checkbox"/> kakulangan sa badyet para sa load/data	<input type="checkbox"/> kawalan ng lugar para sa pag-aaral
<input type="checkbox"/> Hindi maayos na koneksiyon sa <i>cellphone/internet</i>	<input type="checkbox"/> mga sagabal sa pag-aaral(hal.: social media, ingay mula sa komunidad/kapitbahay)
<input type="checkbox"/> may suliraning pangkalusugan	<input type="checkbox"/> nawalan o lumipat ng tirahan dahil sa <i>community quarantine</i>
<input type="checkbox"/> nahihirapang mag-aral nang mag-isa	<input type="checkbox"/> Iba pa: _____

E. LIMITADONG "FACE-TO-FACE" NA PAG AARAL

E1. Kung sakaling pahintulutan ang limitadong "face-to-face" na pag-aaral, pumapayag ka ba na dumalo/pumunta sa ganitong klase o paraan ng pagtuturo ang iyong (mga) anak?

Oo pumapayag ako Hindi ako pumapayag

E.2 Kung ang iyong sagot ay **Hindi Ako Pumapayag**, pakisuyong pumili ng isa lamang pangunahing dahilan na nasa ibaba or isulat ang iyong dahilan ng hindi pagpapahintulot.

<input type="checkbox"/> Takot o pangambang mahawaaan ng virus na Covid-19	<input type="checkbox"/> Limitado o walang masasakyan
<input type="checkbox"/> Kasalukuyang may karamdaman or mahinang kalusugan	<input type="checkbox"/> Tumutulong sa mga Gawain sa Tahanan
<input type="checkbox"/> Delikado dahil sa Armadong Tungalian o Posibleng Engkwentro sa pagitan ng Militar at nasa Kabilang Panig ng Gobyerno	<input type="checkbox"/> Nagtatrabaho o tumutulong sa Negosyo ng pamilya
	<input type="checkbox"/> Iba pang kadahilanan (sabihin ang dahilan)

Aking pinatutunayan na ang nabanggit na impormasyon ay totoo at tama sa abot ng aking kaalaman at pinahihintulutan kong gamitin ng kagawaran ng edukasyon ang mga impormasyon ng aking anak upang makabuo at/o *i-update* ang kanyang *profile* sa *learner information system*. Ang mga impormasyon dito at dapat na ituring na kumpidensiyal at naaayon sa *Data Privacy Act of 2012*.

Lagda sa Ibabaw ng Pangalan ng Magulang/Tagapag-alaga

Petsa

Para lamang sa empleyado ng Paaralan. Sasagutan ng Gurong Tagapayo

*PETA NG OPISYAL NA PAGPAPATALA
(Month/Day/Year)

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Baitang

Track (para sa SHS)

*Ito ay petsa na ang mag-aaral ay kumpirmado na at nagsimula na sa pakikibahagi sa anumang aktibidades o aralin para sa ikatututo pagkalipas ng September 12, 2021



Republic of the Philippines
 Department of Education
ALTERNATIVE LEARNING SYSTEM
MODIFIED ALS ENROLMENT FORM (AF2)
Learner's Basic Profile



Date : _____ LRN (if available) : _____

Personal Information (Part I)

Last Name _____ First Name _____ Middle Name _____ Name Extension _____

• Address: _____
 House No./Street/Sitio _____ Barangay _____ Municipality/City _____ Province _____

• Birthdate (mm/dd/yyyy): ____/____/____ Place of Birth (Municipality/City) _____

• Sex: Male Female • Civil Status: Single Married Widow/er Separated Solo Parent

• Religion: _____ • IP (Specify ethnic group) : _____ • Mother Tongue : _____ PWD: Yes No

• Contact Number/s: _____ 4Ps Yes No

• Name of Father/Legal Guardian

Last Name _____ First Name _____ Middle Name _____ Occupation _____

• Mother's Maiden Name

Last Name _____ First Name _____ Middle Name _____ Occupation _____

Educational information (Part II)

• Last grade level completed

Elementary : K G-1 G-2 G-3 G-4 G-5 G-6

Junior High School : G-7 G-8 G-9 G-10

Senior High School : G-11

• Why did you drop out of school? (For OSY only)

No school in Barangay School too far from home Needed to help family

Unable to pay for miscellaneous and other expenses Others: _____

• Have you attended ALS learning sessions before? YES NO

If Yes:
 Name of the Program: _____ Level of Literacy: Basic Elem. JHS SHS Infd

Year Attended: _____ Have you completed the Program? (Yes/No) _____
 If NO, state the reason: _____

• What learning Modality/ies do you prefer? Choose all that applies. Online Television Radio Modular Learning

Combination of face to face with other modalities Others: _____

Accessibility and Availability (Part III)

• How far is it from your home to your Learning Center? _____ in kms _____ in hours and mins.

• How do you get from your home to your Learning Center? Walking Motorcycle Bicycle Others (Pls. Specify)

• When can you attend your Learning Session?

What specific time can you be at your Learning Center?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

 ALS Teacher/Community ALS Implementor/Learning Facilitator: Signature and Date

 Learner: Signature and Date