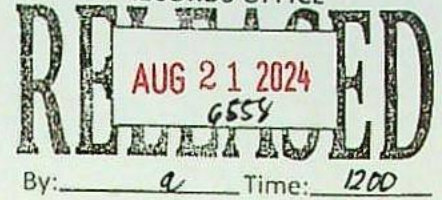




Republic of the Philippines
Department of Education
REGION I

SCHOOLS DIVISION OFFICE OF DAGUPAN CITY

DepEd SDO Dagupan City
RECORDS OFFICE



**Office of the Schools Division
Superintendent**

August 21, 2024

DIVISION MEMORANDUM

No.: 823, s. 2024

**ADMINISTRATION OF THE MULTI-FACTORED ASSESSMENT TOOLS (MFAT) TO
GRADE I LEARNERS**

To: Assistant Schools Division Superintendent
Chiefs of Functional Division- CID & SGOD
Education Program Supervisors
Public Schools District Supervisors
School Heads

1. The Department of Education (DepEd), through the Curriculum Implementation Division announces the administration of Multi-Factored Assessment Tool by Grade 1 teachers among their learners, **who may exhibit developmental advancement or delays or have a manifestations of learning disability.**
2. The administration should be done a month after the opening of classes as provided in DO 29, s.2018 or the *Policy on the Implementation of MFAT* and DO 9, 2.2024 or the *School Calendar of Activities for the SY 2024-2025*.
3. In order to plan for possible interventions, Grade 1 teachers are required to submit the MFAT result using the MFAT Forms A and B. A sample MFAT Form is found in Enclosure No. 1.
4. The District Supervisors shall gather the MFAT Forms A and B of the schools in the district and **consolidate** the result using the MFAT Form C which is found in Enclosure No. 2 to be submitted to the Division SPED Supervisor. The said consolidated report shall be submitted on or before September 9, 2024 to dagupan.city@deped.gov.ph and cc: maria.dimalanta@deped.gov.ph using the attached template.
5. The Division Supervisor shall submit the consolidated MFAT Form D to the Regional SPED Supervisor as a basis for monitoring and extending Technical Assistance.



Address: DepEd SDO, Burgos St., Dagupan City
Telephone No.: (075) 653-4101
Website: depeddagupan.com
Email Address: dagupan.city@deped.gov.ph

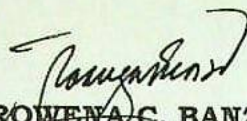


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6. The MFAT Form B or MFAT Tool per child shall be kept in the custody of Grade 1 Teachers. It shall contain the interventions to be implemented by the teachers.
7. For information and guidance.


ROWENA C. BANZON, EdD, CESO V
Schools Division Superintendent

FORM A. SAMPLE INDIVIDUAL MFAT RESULT
(Template shall be used by the Grade 1 Teacher/Assessor)

Name of School: _____ Grade 1 Learner: _____

Direction: Check the column for YES if the learners met the indicator and NO if not.

Communication			Cognitive			Daily Living Skills			Daily Living Skills			Motor Skills		
Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No
1	/		26		/	51	/		76	/		101	/	
2	/		27		/	52	/		77		/	102	/	
3	/		28		/	53	/		78		/	103	/	
4	/		29		/	54		/	79		/	104	/	
5	/		30		/	55		/	80		/	105	/	
6	/		31		/	56		/	81	/		106	/	
7	/		32		/	57		/	82	/		107		/
8		/	33		/	58	/	/	83	/		108		/
9		/	34	/		59		/	84		/	109	/	
10		/	35		/	60		/	85		/	110	/	
11		/	36		/	61	/		86		/	111	/	
12		/	37		/	62	/		87		/	112	/	
13	/		38	/		63	/		88		/	113	/	
14	/		39	/		64		/	89		/	114		/
15	/		40	/		65		/	90	/		115	/	
16		/	41	/		66		/	91	/		116	/	
17		/	42	/		67		/	92	/		117	/	
18	/		43		/	68		/	93	/		118	/	
19	/		44		/	69		/	94	/		119	/	
20	/		45		/	70	/		95	/		120	/	
21	/		46		/	71		/	96	/		121		/
22	/		47		/	72		/	97		/	122		/
23	/		48		/	73		/	98		/	123		/
24	/		49		/	74		/	99		/	124		/
25	/		50		/	75		/	100		/	125		/
TOTAL	18	7		6	19		7	18		14	11		17	8

Prepared by:

NOTED:

Signature over Printed Name
Grade 1 Teacher

Signature over Printed Name
School Head

FORM B. MFAT RESULTS PER LEARNER
 (Template shall be used by the Grade 1 Teacher/Assessor)

Division: _____ School: _____
 Name of Assessor: _____

DOMAIN/S	ITEM CODE	ASSESSMENT ACTIVITY (From)	LEARNER'S RESPONSES/ASSESSOR'S OBSERVATIONS	RECOMMENDATIONS (To)

Instruction: (Use additional sheets)

Domain: refers to the learning domain tested

Code: refers to the code of the learning domain

Assessment Activity: Activity given or done in assessing the child as reflected in the assessment tool

Observations: How did the learner respond? What difficulties/inconveniences did you encounter in doing the activity? What made the activity inappropriate? What should be done/changed?

Recommendations: How should the activity be done? What should be used? Write the suggested Assessment Activity.

Prepared by: _____ NOTED: _____
 Signature over Printed Name School Head
 Gr. 1 Teacher/Assessor

FORM C: Report on the Number of Learners Assessed, Number of Learners with Developmental Delay by Domain
 (Template shall be used by the District SPED Coordinators)

School	# of Learners Assessed	Number of Learners with Developmental Delays by Domain					Remarks
		Cognitive	Communication	Socio-Emotional	Motor	Daily Living Skills	

Prepared by: _____ NOTED: _____

 Signature over Printed Name
 District SPED Coordinator

 Signature over Printed Name
 Public Schools District Supervisor

FORM D: Report on the Number of Learners Assessed, Number of Learners with Developmental Delay by Domain
 (Template shall be used by the Division SPED Coordinators)

Division: _____

School	# of Learners Assessed	Number of Learners with Developmental Delays by Domain					Remarks
		Cognitive	Communication	Socio-Emotional	Motor	Daily Living Skills	

Prepared by: _____

NOTED: _____

 Signature over Printed Name
 Division SPED Supervisor/Coordinator

 Signature over Printed Name
 Schools Division Superintendent