

PROGRAM TERMINAL REPORT (PTR)

Region: _____
 Division: _____
 District: _____
 School: _____

Program Accomplishment

Status of Implementation:

Completed _____ (indicate number of days completed)

Discontinued _____

For continuation _____

Number of Beneficiaries	Target	Actual
Kinder		
Grades 1-6		
TOTAL:		

Financial Status

Amount Allocated	Amount Received fr DO	Amount Disbursed	Amount Liquidated

Nutritional Status

Nutritional Status	Before Feeding	After Feeding				
		SW/SU	W/U	N	Ow	O
Severely Wasted/Underweight (SW/SU)						
Wasted/Underweight (W/U)						
Normal (N)						
Overweight (OW)						
Obese (O)						

C. Percentage Attendance

	Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Average of Months 1-7
% Attendance of Beneficiaries									

D. Issues Encountered & Actions Taken

E. Procurement Process

F. Good Practices or Lessons Learned

G. Personnel Involved

H. Pictorials