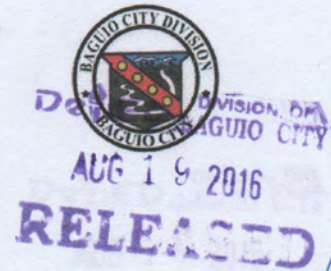




Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
#82 Military Cut-off Road, Baguio City



Division Memorandum 229, s.2016

TO : Public Schools District Supervisors
Public Elementary and Secondary School Heads
Adopt a School Coordinators

ADOPT - A -SCHOOL PROGRAM QUARTERLY REPORT

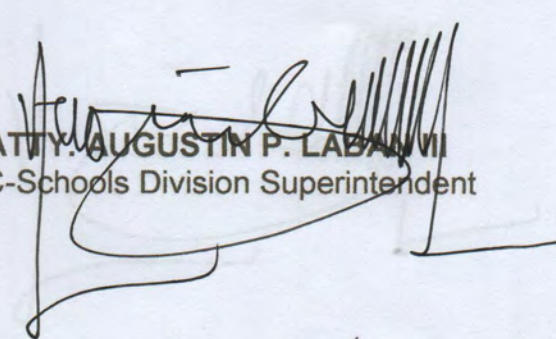
1. In line with the Adopt-A-School Program, kindly fill-out and submit the Adopt-A-School Program Quarterly Reports of your school on the following scheduled dates:

| | |
|----------------|---------------------|
| First Quarter | -March 31, 2016 |
| Second Quarter | -June 30, 2016 |
| Third Quarter | -September 30, 2016 |
| Fourth Quarter | -December 22, 2016 |

2. Since there were no reports submitted in this office for the past two quarters, kindly submit the Adopt-A-School Quarterly Reports for March and June, 2016 on or before August 24, 2016 at the SGOD-Social Mobilization and Networking Section.

3. Attached are the forms for your information and guidance.

4. Immediate dissemination of this memorandum is desired.


ATTY. AUGUSTIN P. LABAN VI
OIC-Schools Division Superintendent

asun/socmob/2016



Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
#82 Military Cut-off, Baguio City



ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____

School ID: _____

Address: _____

Contact Nos.: _____

Email Address: _____

LEARNING ENVIRONMENT

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|-------------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Classroom | | | | | | |
| > New Classroom | | | | | | |
| > Rehabilitation/Repair | | | | | | |
| 2. Furniture | | | | | | |
| 3. Toilet and Wash Facilities | | | | | | |
| 4. Maintenance | | | | | | |
| 5. Real State | | | | | | |
| 6. Others (Pls. Specify) | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:

1. Deed of Donation
2. Deed of Acceptance
3. Pictures/Receipts (Photocopy)

Prepared by:

ASP Coordinator

School Head/Principal

Form 2

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____

School ID: _____

Address: _____

Contact Nos.: _____

Email Address: _____

LEARNING ENVIRONMENT

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|---------------------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Audio Visual Educational Materials | | | | | | |
| 2. School Supplies | | | | | | |
| 3. Educational Films/Libraries | | | | | | |
| 4. Others (Pls. Specify) | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:

1. Deed of Donation
2. Deed of Acceptance
3. Pictures/Receipts (Photocopy)

Prepared by:

ASP Coordinator

School Head/Principal

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____ School ID: _____
 Address: _____ Contact Nos.: _____
 Email Address: _____

TECHNOLOGY SUPPORT

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|--------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Computer | | | | | | |
| 2. Electronic Materials | | | | | | |
| 3. Internet Connectivity | | | | | | |
| 4. Others (Pls. Specify) | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:
 1. Deed of Donation
 2. Deed of Acceptance
 3. Pictures/Receipts (Photocopy)

Prepared by:

 ASP Coordinator

 School Head/Principal

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____
 Address: _____

School ID: _____
 Contact Nos.: _____
 Email Address: _____

HEALTH AND NUTRITION

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|-------------------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Feeding Program | | | | | | |
| 2. Medical/Dental Mission/Check-ups | | | | | | |
| 3. Deworming Intervention | | | | | | |
| 4. Health Supplies | | | | | | |
| 5. Others (Pls. Specify) | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:

1. Deed of Donation
2. Deed of Acceptance
3. Pictures/Receipts (Photocopy)

Prepared by:

 ASP Coordinator

 School Head/Principal

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____
 Address: _____

School ID: _____
 Contact Nos.: _____
 Email Address: _____

READING PROGRAM

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|------------------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Books | | | | | | |
| 2. Supplementary Reading Materials | | | | | | |
| 3. Others (Pls. Specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:
 1. Deed of Donation
 2. Deed of Acceptance
 3. Pictures/Receipts (Photocopy)

Prepared by:

 ASP Coordinator

 School Head/Principal

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____
 Address: _____

School ID: _____
 Contact Nos.: _____
 Email Address: _____

TRAINING AND DEVELOPMENT

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|---|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Teachers /Principal's Training | | | | | | |
| 2. Students/Pupils Training /Field Trip | | | | | | |
| 3. Others (Pls. Specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:
 1. Deed of Donation
 2. Deed of Acceptance
 3. Pictures/Receipts (Photocopy)

Prepared by:

 ASP Coordinator

 School Head/Principal

Form 7

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____

School ID: _____

Address: _____

Contact Nos.: _____

Email Address: _____

DIRECT ASSISTANCE

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|--------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1.Stipend | | | | | | |
| 2. Others (Pls. Specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:

- 1. Deed of Donation
- 2. Deed of Acceptance
- 3. Pictures/Receipts (Photocopy)

Prepared by:

ASP Coordinator

School Head/Principal

ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT

School: _____
 Address: _____

School ID: _____
 Contact Nos.: _____
 Email Address: _____

ASSISTIVE LEARNING DEVICES FOR PUPILS/STUDENT WITH SPECIAL NEEDS

| DONATIONS | PARTICULARS | QTY | AMOUNT | DONOR | | DATE COMPLETED/TURN-OVER |
|--------------------------|-------------|-----|--------|----------------|-----|--------------------------|
| | | | | PRIVATE SECTOR | LGU | |
| 1. Pencil Grips | | | | | | |
| 2.Special Chairs | | | | | | |
| 3.Spelling Check Devices | | | | | | |
| 4. Hearing Aids | | | | | | |
| 5. Talking Computers | | | | | | |
| 6. Specialized Keyboards | | | | | | |
| 7.Braille (Books) | | | | | | |
| 8. Computerized Systems | | | | | | |
| 9. Others (Pls.specify) | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

Please attach the following documents:
 1.Deed of Donation
 2. Deed of Acceptance
 3. Pictures/Receipts (Photocopy)

Prepared by:

 ASP Coordinator

 School Head/Principal

