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|  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.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  | Emaill 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: |  |  |  |  |  |  |  |  |  |  |  |
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|  ASP Coordinator |  |  |  |  School Head/Principal |  |  |  |  |  |  |
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| 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 |   |   |   |   |   |   |
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| 2. Deed of Acceptance |  |  |  |  |  |   |
| 3. Pictures/Receipts (Photocopy) |   |   |   |   |   |   |
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| Form 3 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
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| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |  | 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) |   |   |   |   |   |   |
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| Prepared by: |  |  |  |  |  |  |
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| Form 4 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
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| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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 |   |   |   |   |   |   |
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| 2. Deed of Acceptance |  |  |  |  |  |   |
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|  ASP Coordinator |  |  |  |  School Head/Principal |  |
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| Form 5 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
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| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **READING PROGRAM** |  |  |  |  |  |  |
| **DONATIONS** | **PARTICULARS** | **QTY** | **AMOUNT** | **DONOR** | **DATE COMPLETED/TURN-OVER** |
|  |  |  |  | **PRIVATE SECTOR** | **LGU** |
| 1. Books |   |   |   |   |   |   |
| 2.Supplementary Reading Materials |   |   |   |   |   |   |
| 3. Others (Pls. Specify) |   |   |   |   |   |   |
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| Form 6 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
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| **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) |   |   |   |   |   |   |
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| Form 7 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
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| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |  |  | Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DIRECT ASSISTANCE** |  |  |  |  |  |  |
| **DONATIONS** | **PARTICULARS** | **QTY** | **AMOUNT** | **DONOR** | **DATE COMPLETED/TURN-OVER** |
|  |  |  |  | **PRIVATE SECTOR** | **LGU** |
| 1.Stipend |   |   |   |   |   |   |
| 2. Others (Pls. Specify) |   |   |   |   |   |   |
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| Form 8 |  |  |  |  |  |  |
| **ADOPT- A- SCHOOL PROGRAM QUARTERLY REPORT** |
| School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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) |   |   |   |   |   |   |
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| TOTAL |   |   |   |   |   |   |
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| Prepared by: |  |  |  |  |  |  |
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|  ASP Coordinator |  |  |  |  School Head/Principal |  |
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