Department of Education Region ____

Master List Beneficiaries for School-Based Feeding Program (SBFP)

| ivision ity/ name | ivision/Province:ity/ Municipality/Barangay:ame of School / School District: chool ID Number: | | | | .1 { | | | | | Name of Principal : Name of Feeding F | Name of Principal :Name of Feeding Focal Person : _ | Gerson : | |
|-------------------|---|-----|-------------------|-------------------------------|---|-----------------------------|----------------|----------------|-----------------------------------|--|---|-----------------|---|
| , N | Name | Sex | Grade/S ection | Date of Birth (MM/DD/YYYY) | Date of Weighing / Age in Weight Height Measuring Years / (Kg) (cm) | Age in Years / Months | Weight (Kg) | Height (cm) | BMI for 6 y.o. and above | Nutritional Status (NS) | Participation in 4Ps (yes or no) | Name of Parents | Beneficiary of SBFP in Previous Years (yes or no) |
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| ege | repared by: | | | | | | | | | Noted by: | | | |

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DepEd-HNC

(PRINTED NAME AND SIGNATURE)
SDS/School Head

(PRINTED NAME AND SIGNATURE)
Feeding Focal Person

Department o Education Region X

SCHOOL-BASED FEEDING PROGRAM (SBP) LIST O SCHOOLS

DIVISION : MALAYBALAY CITY PROVINCE: BUKIDNON

| Prepared by: | | | | | | | | | | | NAME OF SCHOOL |
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| | | | | | | | | | | | Name of Barangay |
| | | | | | | | | | Principal/OIC | Supervisors/ | Name of District |
| Noted: | | | | | | | = | | | | Contact Number |
| | | | | | | | | | | Beneficiaries | Total |
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School SBFP Focal Person

School Head

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SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING

| ivision/Province:ity/ Municipality/Barangay :ity/ Municipality/Barangay :ity/ Municipality/Barangay : | | | 1' | | | |
|---|------------------------------|--|------------------------|------------------------------|---|---------|
| ate of Start of Feeding: | | | | | | |
| | Nutritional | Nutritional Status at Start of Feeding | rt of Feeding | | | |
| Number of Undernourished School Children by Grade Level | No. of Severely Wasted | No. of Wasted | Total Beneficiaries | No. of 4 Ps Beneficiaries | No. of Pupils who are beneficiaries in previous years | Remarks |
| Kinder | | | | | | |
| . Grade I | , | 1 | , | | | |
| . Grade II | | | | | | |
| Grade III | , | | | _ | - | |
| . Grade IV | - | | - | | | - |
| . Grade V | | | | | | |
| . Grade VI | | | | | | |
| Total | | | | | | |
| repared by: | | | | | Noted by: | |

Note: This form shall be prepared by the school, to be compiled by the DO, and for final compilation by the RO, for submission to DepEd-HNC

(PRINTED NAME AND SIGNATURE)
SBFP DepEd Focal

(PRINTED NAME AND SIGNATURE)
SDS/School Head

SCHOOL-BASED FEEDING PROGRAM RECORD OF DAILY FEEDING

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| Noted by: | Feeding Teacher / School Nurse | (PRINTED NAME AND SIGNAT | Prepared by: | | | AND COMPANY OF THE COMPANY AND | | AND SOLICIONAN COMMENTAL MANAGEMENT AND | | | | | | | | | | No. | | | | | | | | | | | | | NAME OF PUPIL | | District | Division | Region | |
| | Nurse | | | | | A CONTRACTOR | | | | ADDICE TO APPLICATION OF THE PROPERTY OF THE P | | | | | | | | | | | | | | | | | | | | (yorn) | Beneficiary | * | | | | |
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| W - Wasted | For 6-19 y.o SW - Severely wasted | | | | | The special section of the section o | | | | | | | | | | | | | | | | | | | | | | PETER CONTRACTOR | | Se × | | | | | | FOR THE MONTH OF |
| | For 6-19 y.o Severely was | | | | | A CAPPART A CAPPART | | | AND DESCRIPTION OF THE PARTY OF | | | | | | | | | | | | | | | | | | | | 2 | | | PRE | | | | T O |
| | vasted | Nutrit | | | | | | | | | Mechanical radios | | | | | | | | | | • | | | | A STATE OF THE STA | | | ato an atom to replace | Š | × | trition | PRE FEEDING | | | | ™ |
| N - Underw | For below 6 y.o 8U - Severely underweight | A. Nutritional Status (NS) | | | | THE PROPERTY OF THE PARTY OF TH | | | | | | | | | | | | | | | | | | | | | | | Jaker | Wt Date | ets. | Š | | | | |
| U - Underweight N - Normal | For below 6 y.o | etus (N | | | | The same of | | | | | The second second | | | | | | | | | | | | | rath no manount | CONTRACTOR OF | | | | T | ZS | 5 | | | | | |
| 7 | ow 8 y. | ٥ | | | | Ī | and an arrangement | | | | | | | | | | | | | | | | | | | | | THE LOCK OF THE PARTY OF THE PA | 2 | (२) १ | | | | | | |
| • | ١ | | | TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | akei | (V) or Date | nio O | | | | | |
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| dewor | e. Deworming | | | H | \vdash | \vdash | | - | - | - | - | | - | - | - | | - | - | - | | - | | - | - | | | | | - 0 | +- | | | | | | |
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Ow - Overwieght

SCHOOL-BASED FEEDING PROGRAM

| | District | Division | Region | |
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| | District | Division | Region | |
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| School ID Number: | Grade: Section | School: | | FOR THE MONTH OF, SY |

SCHOOL-BASED FEEDING PROGRAM

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| (VV) - Present, served twice | (A) - Absent, not served | (√) - Present served | D. Actual Feeding |
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| twice | & | | eding |

| FOR THE MONTH OF | SCHOOL-BASED FEEDING PROGRAM | |
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| . sy | IG PROGRAM | |
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| | FOR THE MONTH OF, SY | | |
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| Division | School: | | |
| | iD Number: | | |
| | ACTUAL FEEDING | POST FEEDING | ATTENDANCE |
| NAME OF PUPIL | MANAMANAMA | Nutritional Status | Days Feeding Percentage |
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| AND SIGNATURE AND SIGNATURE | ORIVINO AND SIGNATION | (4) - Present, served | |
| Feeding Focal Person | SDS/School Head | V) - Present, served twice | |
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| SCHOOL-BASED FEEDING PROGRAM | (SBFP) |
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PROGRAM TERMINAL REPORT (PTR)

| Region: _ | ········ | |
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| Division: _ | | - |
| District: _ | | |
| School: | | |
| School En | rolment: | |
| Status Compi Discor | am Accomplis of Implemented intinued intinuation | |

| Grade Level | Number of I | Beneficiaries | No. | of | No | . of | No. of | Pupils |
|-------------|-------------|---------------|----------------|----|---------------------------------|---------------|-------------------------------|-------------------|
| | Target | Actual | Benefi Dewo | | Benefi who a 41 Benefi | re also Ps | who Prev Benefici SB | ious iaries of |
| | | | No. | % | No. | % | No. | % |
| Kinder | | | | • | | | | |
| Grades 1-6 | | | | | | | | |
| TOTAL: | | | | | | | | |

| | Financia | l Status | |
|------------------|-----------------------|------------------|-------------------|
| Amount Allocated | Amount Received fr DO | Amount Disbursed | Amount Liquidated |
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B. Nutritional Status

| Nutritional Status | Before | | A | fter Feeding | | |
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| | Feeding | SW/SU | W/U | N | Ow | 0 |
| Severely | | | | | | |
| Wasted/Underweight (SW/SU) | | Plan volume of the control of the co | | | | |
| Wasted/Underweight (W/U) | | | | | | · |
| Normal (N) | | | | | | |
| Overweight (OW) | | | | | | |
| Obese (O) | | | | | | ***** |
| Total: | | | | | | |

C. Percentage Attendance

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

- D. Monitoring Findings/Issues Encountered & Actions Taken
- E. Procurement Process
- F. Good Practices or Lessons Learned
- G. Personnel Involved
- H. Pictorials

Region: Division: District:

SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - PROGRAM ACCOMPLISHMENT

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| | | | | | No Beneficiaries | 2 ndpg | | | | | | Financial Status | Ctatio | |
|--|--|--|--|------------------|------------------|--|--|--------------------------------------|--|--|--|---|---|--|
| Name of School | School ID | Target | Actual | ₹ . | med | 4Pa Ben | efiaries | Previous Beneficiaries of SBFP | ious aries of FP | Status of implementation (completed, discontinue, for continuation or number of feeding days completed) | Amount Allocated | Amount | Disbursed | Liquidated |
| | | | | No. % | 8 | No. % | 8 | Z | s | | | | | |
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Region: Division: District:

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SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT- % ATTENDANCE SY______SY_______

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| Region: Division: District: | | | 9 | | | | | | |
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SCHOOL-BASED FEEDING CONSOLIDATED PROGRAM TERMINAL REPORT - PERSONNEL INVOLVED SY______

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| Region: Division: District: | | | | |
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| Schools | Name of School Personnel Involved | Name of Parents Involved | Name of Barangay Officials Involved | Other Persons, Organizations involved |
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Department of Education DIVISION OF MALAYBALAY CITY

SCHOOL-BASED FEEDING PROGRAM ACCOMPLISHMENT PHYSICAL and FINANCIAL REPORT As of

MONTH

| | school s BFP Coordinator | repared by: | | Grand Total | - | | SCHOOL | 읶 | NAME |
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