

SBFP Form 3

Department of Education
Region _____

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

Division/Province: _____
City/ Municipality/Barangay : _____
Name of School / School District : _____
School ID Number: _____
Date of Start of Feeding: _____

Number of Undernourished School Children by Grade Level	Nutritional Status at Start of Feeding				No. of Pupils who are beneficiaries in previous years	Remarks
	No. of Severely Wasted	No. of Wasted	Total Beneficiaries	No. of 4 Ps Beneficiaries		
1. Kinder						
2. Grade I						
3. Grade II						
4. Grade III						
5. Grade IV						
6. Grade V						
7. Grade VI						
Total						

Prepared by: _____

Noted by: _____

(PRINTED NAME AND SIGNATURE)
SBFP DepEd Focal _____

(PRINTED NAME AND SIGNATURE)
SDS/School Head _____

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

SCHOOL-BASED FEEDING PROGRAM (SBFP)
SY _____

PROGRAM TERMINAL REPORT (PTR)

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

A. Program Accomplishment

Status of Implementation:

Completed _____ (indicate number of days completed)

Discontinued _____

For continuation _____

Grade Level	Number of Beneficiaries		No. of Beneficiaries Dewormed		No. of Beneficiaries who are also 4Ps Beneficiaries		No. of Pupils who are Previous Beneficiaries of SBFP	
	Target	Actual	No.	%	No.	%	No.	%
Kinder								
Grades 1-6								
TOTAL:								

Financial Status			
Amount Allocated	Amount Received fr DO	Amount Disbursed	Amount Liquidated

B. 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)						
Total:						

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. Monitoring Findings/Issues Encountered & Actions Taken

E. Procurement Process

F. Good Practices or Lessons Learned

G. Personnel Involved

H. Pictorials

Department of Education
 DIVISION OF MALAYBALAY CITY

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

(1) NAME OF SCHOOL	SCHOOL HEAD	(2) BES ID No.	Target Based from WFP (3)			Actual Served (4)			(4.2) No. of Feeding Days	(5) Other Services Provided (Pls. Specify)	FINANCIAL (6)				(7) REMARKS No. of feeding days/ Date started
			NO. OF SBFP BENEFICIARIES (3.1)	4Ps Beneficiaries (3.1.1)	Non 4Ps Beneficiaries (3.1.2)	Total (3.1.3)	NO. OF SBFP BENEFICIARIES (4.1)	4Ps Beneficiaries (4.1.1)			Non 4Ps Beneficiaries (4.1.2)	Total (4.1.3)	Amount Received (6.1.1)	Utilized (6.1.2)	
Grand Total															

Prepared by: School SBFP Coordinator

Noted: School Head