

Form 1 – Classroom Level

**National School Deworming Day**

Region: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_

School ID : \_\_\_\_\_

Name of School: \_\_\_\_\_

Enrolment: \_\_\_\_\_ Grade level and Section: \_\_\_\_\_

Name of Child	4Ps Beneficiaries		Dewormed		Remarks	Actions Taken
	4Ps	Non-4Ps	4Ps	Non-4Ps		
1.						
2.						
3.						
4.						
5.						
6.						

Accomplished by:

Noted by:

\_\_\_\_\_  
Class Adviser

\_\_\_\_\_  
Grade Level Chairman

Date Accomplished: \_\_\_\_\_

Form 2 – School Level

**National School Deworming Day**

Region: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_

School ID : \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Level	Enrolment		No. of Children Dewormed		Remarks
	4Ps	Non 4Ps	4Ps	Non 4Ps	
Kinder					
Grade 1					
Grade 2					
Grade 3					
Grade 4					
Grade 5					
Grade 6					
<b>Total</b>					

Accomplished by:

Noted by:

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
District Supervisor

Date Accomplished: \_\_\_\_\_

Form 3 – District Level

**National School Deworming Day**

Region: \_\_\_\_\_

Division: \_\_\_\_\_

District: \_\_\_\_\_

School ID	School Name	Enrolment		No. of children Dewormed		Remarks
		4Ps	Non 4Ps	4Ps	Non 4Ps	
	<b>Total</b>					

Accomplished and Submitted by:

Approved by:

\_\_\_\_\_

\_\_\_\_\_

**District Point Person**

**District Supervisor**

Date Accomplished: \_\_\_\_\_

Form 4 – Division Level

**National School Deworming Day**

Region: \_\_\_\_\_

Division: \_\_\_\_\_

<b>District</b>	<b>Enrolment</b>	<b>No. of children Dewormed</b>	<b>Remarks</b>
<b>Total</b>			

Accomplished and Submitted by:

Approved by:

\_\_\_\_\_  
**Division Point Person**

\_\_\_\_\_  
**Schools Division Superintendent**

Date Accomplished: \_\_\_\_\_

Form 5 – Regional Level

**National School Deworming Day**

Region \_\_\_\_\_

Division	Enrolment	No. of Students Dewormed	Remarks
<b>Total</b>			

Accomplished and Submitted by:

Approved by:

\_\_\_\_\_  
Regional Point Person

\_\_\_\_\_  
Regional Director

Date Accomplished: \_\_\_\_\_

National School Deworming Day

Region	Partial/unofficial (as of _____)		Final/Official		Percentage (%) based on final report	Remarks
	Enrolment	Dewormed	Enrolment	Dewormed		

Accomplished by:

Approved by:

\_\_\_\_\_  
National Program Manager

\_\_\_\_\_  
Head of Office

Date Accomplished: \_\_\_\_\_

Form7 – Rapid Coverage Assessment (RCA)

**National School Deworming Day**

Region: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ District: \_\_\_\_\_

Location (Municipality, Province): \_\_\_\_\_

No.	Name of School	4Ps Dewormed		Non 4Ps Dewormed		Reasons for Non- Coverage
		YES	NO	YES	NO	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Accomplished by: \_\_\_\_\_