

RELEASED

Date: 10/1/13 Time: 2:20 PM
By: [Signature]



Department of Education
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY
Corner Don Carlos and Guingona Sts. Malaybalay City



DIVISION ADVISORY

To : Education Program Supervisors/Division Coordinators
Public Schools District Supervisors
Elementary and Secondary School Heads
This Division

From : [Signature]
EDILBERTO L. OPLENARIA
Schools Division Superintendent

Subject : **FILLING UP OF INDIGENOUS PEOPLES EDUCATION (IPEd) BASELINE DATA FORM**

Date : October 1, 2013

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1. Pursuant to DepEd ORDER No. 62, s. 2011 entitled National Indigenous Peoples Education Policy Framework which is anchored on Education for All (EFA) 2015 (*Karapatan ng Lahat, Panagutan ng Lahat*) all schools are enjoined to fill-up the baseline data form enclosed.
 2. Two (2) hard copies duly signed by the school head shall be submitted to the Planning Section of the Division Office on October 8, 2013.
 3. For compliance.

DEPARTMENT OF EDUCATION
Indigenous Peoples Education Office

INDIGENOUS PEOPLES EDUCATION (IPed) BASELINE DATA FORM

**BASIC PROFILE: PRIVATE EDUCATION PROGRAMS
SERVING INDIGENOUS PEOPLES (IP) LEARNERS**

The Division IPed Focal Person shall coordinate the effort to map out existing private education programs (i.e., education initiatives of NGOs, foundations, church-based groups, and other groups other than that provided by DepED) in the division that target/cater to IP learners. The inventory shall cover programs, such as schools or learning centers, that offer basic education through formal or nonformal modalities and/or other education services related to IPed.

The attached form shall be filled out by the Division Office for each private education program that have been identified in the mapping exercise. The profile forms shall be accomplished on or before September 30, 2013. The Division IPed Focal Person shall sign the forms certifying the correctness of the data.

Please double check whether all questions/fields have been completely and correctly answered.

Reference Number: _____ **Division:** _____

(Please indicate a reference number for each accomplished form. Start with number 1.)

NAME OF INSTITUTION	
LATEST IP ENROLMENT DATA AVAILABLE	
• Number of IP learners enrolled in the program	
• School Year/Reference Year	
LOCATION	
• Number, Street	
• Sitio	
• Barangay	
• Municipality	
• Province	
CONTACT PERSON <i>Indicate designation in parentheses after name</i>	
CONTACT NUMBER AND EMAIL ADDRESS	
YEAR ESTABLISHED	
EDUCATION SERVICES OFFERED	<i>Indicate [O] if offered and [N] if not offered</i>
• Formal Elementary	
• Formal Secondary	
• Nonformal	
• Others. Please specify.	
COVERAGE OF THE PROGRAM	
• Geographic coverage <i>Specify the sitio/s or barangay/s where learners come from, including the respective municipality/ies</i>	
• Indigenous Cultural Communities (ICCs)/IP Groups <i>Specify the ICCs/IP groups the program/ institution caters to</i>	
IF SECONDARY SCHOOL: Is it covered by the Government Assistance to Students and Teachers in Private Education (GASTPE) Program? <i>Indicate [Y] for Yes and [N] for No; [NA] for Not Applicable</i>	
DepED PERMIT/RECOGNITION	<i>Indicate [Y] for Yes and [N] for No; [NA] for Not Applicable</i>
• With DepED permit to operate?	
• With DepED recognition?	
• Intends to secure DepED permit/recognition?	
• Application for permit/recognition submitted to DepED?	
REMARKS/ADDITIONAL INFORMATION	

Certified True and Correct by:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

**BASIC PROFILE:
PRIVATE EDUCATION
PROGRAMS
IPed Baseline**

DEPARTMENT OF EDUCATION
Indigenous Peoples Education Office

INDIGENOUS PEOPLES EDUCATION (IPEd) BASELINE DATA FORM

BASIC SCHOOL PROFILE: GOVERNMENT ELEMENTARY SCHOOL

This form shall be accomplished by the head of government elementary schools with enrolled Indigenous Peoples (IP) pupils. In the case of schools with annexes, extensions, etc., a separate school profile shall be accomplished by every annex, extension, etc.

The head of the school shall submit the accomplished forms to the respective Division Office (Attention: Division IPEd Focal Person) on or before September 30, 2013.

IMPORTANT

- **Please read carefully the definitions and instructions indicated in each part of the form.**
- **No item should be left blank. Instead, “zero (0)” or “not available (NAV)” shall be written.**
- **Make sure that “yes or no” questions are not left blank – check the appropriate box to indicate your answer.**
- **Double check inputted figures and ensure that they are consistent and tally correctly.**
- **Before submitting the accomplished form (on or before September 30, 2013), check whether all questions and tables (Tables A to L) have been completely and correctly answered.**

Definition of selected terms used in this form:

- **Indigenous Peoples (IPs)** – a collective term used to refer to Filipinos who have been differentiated from the rest of Philippine society based on the persistence until today of their cultural communities and their cultural practices. Today, they are the descendants of cultural communities who, in the previous centuries and decades, fought off or evaded the incursions of colonization and other non-indigenous influences. Other terms used in the past were “native/netibo.” More culturally-sensitive local terms used recently are “katutubo” and “lumad.”
- **Indigenous Cultural Community (ICC)** – a collective term used for the various cultural communities in the Philippines who ascribe themselves and/or are identified as Indigenous Peoples (IPs). Other terms used in the past for these groups were: “cultural minorities,” “tribal communities,” and “tribal Filipinos.” *The term “Indigenous Cultural Community” and “Indigenous Peoples” are considered to be more culturally-sensitive.* Examples of ICCs would be: Kalinga, Agta, Ibaloi, Ati, Subanen, Mandaya, Hanunuo, Batak, T’boli

NOTE: In filling out the portions of the form that require the names of the ICCs, please be as specific as possible and avoid terms used in some areas that actually refer to several ICCs, such as “Mangyan” (in Mindoro) and “Igorot” (in Cordillera).

Example: In the island of Mindoro, “Mangyan” is a common term used to refer to the ICCs in the area, such as Alangan, Hanunuo, Tadyawan, and Iraya. Hence, in filling out the form, what should be indicated is the specific ICC (i.e., Alangan or Hanunuo or whatever specific ICC) and not simply “Mangyan.”

- **IP Pupil** – refers to a pupil who is identified as an IP/belonging to an ICC
- **IP Education** – refers to teaching-learning processes undertaken through formal, non-formal, and informal modalities with emphasis on any of, but not limited to, these key areas: Indigenous Knowledge Systems and Practices (IKSPs) and community history; indigenous languages; Indigenous Learning System (ILS) and community life cycle-based curriculum and assessment; educational goals, aspirations, and competencies specific to the Indigenous Cultural Community (ICC); engagement of elders and other community members in the teaching-learning process, assessment, and management of the initiative; recognition and continuing practice of the community’s ILS; and the rights and responsibilities of ICCs

INDIGENOUS PEOPLES EDUCATION (IPEd) BASELINE DATA FORM

SCHOOL INFORMATION GOVERNMENT ELEMENTARY SCHOOL SY 2013-2014

School ID:

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School Name: _____

Sitio: _____ Barangay: _____

Municipality: _____ Province/City: _____

Region: _____ Division: _____

School District: _____

Annex/Extension School:

(Please check appropriate box if the school is an annex/extension school.)

- ☐ Yes (Please indicate School ID of the Mother School)
Mother School ID: _____
- ☐ No

Is the school located within a community of Indigenous Peoples?

(Please check appropriate box.)

☐ Yes

☐ No

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPEd Baseline

Table A. IP ENROLMENT, BY INDIGENOUS CULTURAL COMMUNITY (ICC), SY 2013-2014

- This table shall indicate the breakdown of IP enrolment by ICC reported in the Enhanced Basic Education Information System (EBEIS) Beginning of School Year (BOSY) data (as of June 7, 2013). Hence, the IP enrolment figures reported in Table A-1 should match the SY 2013-2014 BOSY IP enrolment data.
- If there were additional IP pupils accepted after the BOSY SY 2013-2014 cut-off of June 7, 2013, please input the additional IP enrolment data in a separate table (Table A-2).

Table A-1. IP Enrolment, by ICC, based on EBEIS BOSY SY 2013-2014 (as of June 7, 2013)

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPeD Baseline

Table A-2. Additional IP Enrolment, by ICC, AFTER the EBEIS BOSY SY 2013-2014 Cut-off of June 7, 2013

- This table is to be accomplished ONLY if there were additional IP pupils accepted after June 7, 2013.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPeD Baseline

Table B. ENROLMENT OF IP ALTERNATIVE LEARNING SYSTEM (ALS) LEARNERS IN THE SCHOOL, SY 2013-2014

- This table shall indicate the breakdown by ICC of IP ALS learners who are attending their learning sessions in the public school reported in the Enhanced Basic Education Information System (EBEIS) Beginning of School Year (BOSY) data (as of June 7, 2013). Hence, the figures reported in Table B-1 should match the SY 2013-2014 BOSY IP ALS enrolment data.
- If there were additional IP learners accepted after the BOSY SY 2013-2014 cut-off of June 7, 2013, please input the additional IP ALS enrolment data in a separate table (Table B-2).

Table B-1. Enrolment of IP ALS Learners in the School, by ICC, SY 2013-2014 (as of June 7, 2013)

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPeD Baseline

Table B-2. Additional Enrolment of IP ALS Learners in the School, by ICC, AFTER the EBEIS BOSY SY 2013-2014 Cut-off of June 7, 2013

- This table is to be accomplished ONLY if there were additional IP learners accepted after June 7, 2013.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPeD Baseline

**Table C. IP LEARNERS REACHED BY ALS SERVICES WITHIN THE CATCHMENT/SERVICE AREA OF THE SCHOOL
SY 2013-2014**

- This refers to ALS services/learning sessions conducted OUTSIDE THE SCHOOL BUT WITHIN THE CATCHMENT/SERVICE AREA of the school. These are the ALS services/learning sessions that are usually conducted in the community itself in venues/structures other than that of the formal school (e.g., adult literacy classes in remote sitios).
- The catchment/service area refers to the geographic area – for purposes of this form, the specific sitios – that the school is supposed to serve (even if no pupils from some of these sitios are currently enrolled in the school).

Do ALS services reach the IP communities within the catchment/service area of the school? (Please check appropriate box.)

☐ Yes

☐ No

If yes, please fill out the table below. If more space is needed, you can print an extra copy/ies of Table C for the additional entries. In the upper right portion of the additional form/s, write down “Table C – additional,” followed by the school name and school ID.

Sitio	Barangay	Municipality	Province	Number of IP ALS Learners SY 2013-2014		
				Male	Female	Total

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

TABLE D. IP MOTHER TONGUES/FIRST LANGUAGES, SY 2013-2014

What are the mother languages/first languages (L1) of IP pupils which are NOT YET USED by the school in Mother Tongue-based Multilingual Education (MTB-MLE)? Please list them below.

Are there enough teaching personnel in the school who can sufficiently manage/facilitate MTB-MLE classes using the mother tongue/L1 of IP pupils?
(Please check appropriate box.)

☐ Yes

☐ No

Certified True and Correct by:
School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:
Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

TABLE E. RESIDENCE OF IP PUPILS, SY 2013-2014

- This table shall indicate basic information on the residence of IP pupils enrolled in the school.

Sitio	Barangay	Indigenous Cultural Community/ies (ICC) in the Sitio	Number of IP Pupils from the Sitio		Approximate Distance of Sitio from School (in kilometers)	How pupils reach the school (Please check appropriate box. There can be more than one answer.)						
			Male	Female		Walking	Jeepney	Habal-habal	Tricycle	Boat	Animal Transport	Others (Please specify.)

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

TABLE F. HAZARDS ENCOUNTERED BY IP PUPILS IN GOING TO SCHOOL, SY 2013-2014

Do IP pupils encounter hazards in travelling from their residence to the school and back that can cause injury or death?
(Please check appropriate box.)

☐ Yes

☐ No

If yes, fill out the table below.

Hazard	Please check the appropriate box. There can be more than one answer.
Crossing the river/s	<input type="checkbox"/>
Hiking through steep and/or slippery footpath/s	<input type="checkbox"/>
Crossing unstable and/or dilapidated footbridge/s	<input type="checkbox"/>
Crossing accident prone road/s	<input type="checkbox"/>
Others. (Please specify)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

TABLE G. PROFILE OF SITIOS IN THE SCHOOL'S BARANGAY

- This table shall cover ALL the sitios WITHIN the school's barangay WITH IP presence, whether or not the school-aged IP children of the sitio are enrolled in the school.
- Only sitios with IP presence are to be included below. Sources of data can be barangay records (barangay health workers, etc.) and other sources at the local level.
- If more space is needed, you can print an extra copy/ies of Table G for the additional entries. In the upper right portion of the additional form/s, write down "Table G – additional," followed by the school name and school ID.

Sitio	Indigenous Cultural Community/ies (ICC) Present in the Sitio	Estimated Total Population of IPs in the Sitio (estimated population of all the ICC present in the sitio combined)	Please check appropriate box. There can be more than one answer.			
			Sitio is a location of a public elementary school (of any kind/type, multigrade, monograde, annex/extension, etc.)	Sitio is a location of a public secondary school (of any kind/type, multigrade, monograde, annex/extension, etc.)	Sitio is reached by ALS Services	Sitio is a location of a private education program* (of any level/type, kindergarten, elementary, secondary, nonformal)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Private education program – refers to education initiatives of NGOs, church-based groups, foundations, and other groups other than that provided by DepED

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

Table H. SCHOOL PERSONNEL, SY 2013-2014

Table H-1

Particulars	SY 2013-2014	
	Total Number	Number of IP Teachers*
Teaching Personnel		
Number of LET passers		
Number of non-LET passers		
Number of teachers who are from the school's barangay or adjacent barangays		

* IP teacher – refers to a teacher identified as an IP/belonging to an ICC

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

Table H-2

- In the first column, list the different position classification of ALL teaching, teaching-related, and non-teaching personnel in the school (e.g., Teacher I, Master Teacher II, Principal II).
- In the second column, indicate the total number of personnel for each position classification.
- In the third column, indicate the number of IP personnel (i.e., personnel identified as an IP/belonging to an ICC) for each position classification.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPeD Baseline

Position Title : _____ Date: _____

Position Title : _____ Date: _____

Table I. PREVIOUS ACTIVITIES AND EFFORTS RELATED TO IP EDUCATION

Has the school participated in any previous efforts related to IP Education? (e.g., pilot school for IP Education, indigenization of the curriculum, indigenization of learning materials, etc.)
(Please check appropriate box.)

☐ Yes

☐ No

If yes, please indicate below what these activities/initiatives were.

If more space is needed, you can print an extra copy/ies of Table I for the additional entries. In the upper right portion of the additional form/s, write down “Table I – additional,” followed by the school name and school ID.

Name of Project/Program/Initiative	Specific activities participated in and date (trainings, workshops, etc.)	Name of participants	Outputs of the Activities	Where outputs used in the school? (Please check appropriate box.)	
				Yes	No

Certified True and Correct by:
School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:
Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Table J. PREVIOUS ACTIVITIES UNDERTAKEN TO PROMOTE AWARENESS ABOUT IPs

Has the school undertaken previous efforts to promote awareness about, appreciation of, and cultural sensitivity towards IPs?
(Please check appropriate box.)

☐ Yes

☐ No

If yes, please fill out the table below.

Name or Type of Activity	Date	Specific Objectives/Purpose of the Activity	Outputs of the Activity

Certified True and Correct by:
School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:
Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Table K. KINDS AND SOURCES OF EXTERNAL SUPPORT FOR IP PUPILS

Is there any form of external support for IP pupils in your school? (Please check appropriate box.) ☐ Yes ☐ No

If yes, please fill out the table below.

Form of External Support for IP Pupils	Is this form of assistance present in your school? (Please check appropriate box.)		Provider/s of Support*	Frequency of Support from Provider/s (Please check appropriate box.)		
	Yes	No		One-time	Occasional	Sustained over a certain period
Monetary <i>(This may be in the form of financial subsidy, allowance, and other forms of assistance, such as the CCT/4Ps program.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-kind <i>(This includes school supplies, learning materials, and other non-monetary material forms of support.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer services <i>(This may include tutorial sessions by volunteers, learning sessions by elders, dorm management by parents, and other similar voluntary support.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others Please specify here: <hr/> <hr/> <hr/> <hr/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please specify the name of the government agency, NGO, foundation or organization providing the support. In the case that support is provided by individuals not representing a specific organization or agency, such as concerned members of the community or individuals outside the community, indicate "Individuals" as the provider of support.

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

Table L. KINDS AND SOURCES OF EXTERNAL SUPPORT FOR IP EDUCATION-RELATED INITIATIVES OF THE SCHOOL

Do you have any IP education-related initiatives in your school? (Please check the appropriate box.) ☐ Yes ☐ No

If yes, has there been any form of external support for IP education-related initiatives of the school?

(Please check appropriate box.) ☐ Yes ☐ No

If yes, please fill out the table below.

Types of IP Education-related Activities	Type of support (Please check appropriate box. There can be more than one answer.)			Provider/s of support**
	Monetary	In-kind	Technical Assistance*	
Teaching training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Module making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning materials development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curriculum development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others Please specify here: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

* Technical assistance refers to technical support for activities like the conduct of trainings/workshops or mentoring/coaching sessions provided by an individual/group who serve as resource person/s.

**Please specify the name of the government agency, NGO, foundation or organization providing the support. In the case that support is provided by individuals not representing a specific organization or agency, such as concerned members of the community or individuals outside the community, indicate "Individuals" as the provider of support.

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT ELEMENTARY
SCHOOL PROFILE
IPed Baseline

DEPARTMENT OF EDUCATION
Indigenous Peoples Education Office

INDIGENOUS PEOPLES EDUCATION (IPEd) BASELINE DATA FORM

BASIC SCHOOL PROFILE: GOVERNMENT SECONDARY SCHOOL

This form shall be accomplished by the head of government secondary schools with enrolled Indigenous Peoples (IP) students. In the case of schools with annexes, extensions, etc., a separate school profile shall be accomplished by every annex, extension, etc.

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Example: In the island of Mindoro, “Mangyan” is a common term used to refer to the ICCs in the area, such as Alangan, Hanunuo, Tadyawan, and Iraya. Hence, in filling out the form, what should be indicated is the specific ICC (i.e., Alangan or Hanunuo or whatever specific ICC) and not simply “Mangyan.”

- **IP Student** – refers to a student who is identified as an IP/belonging to an ICC
- **IP Education** – refers to teaching-learning processes undertaken through formal, non-formal, and informal modalities with emphasis on any of, but not limited to, these key areas: Indigenous Knowledge Systems and Practices (IKSPs) and community history; indigenous languages; Indigenous Learning System (ILS) and community life cycle-based curriculum and assessment; educational goals, aspirations, and competencies specific to the Indigenous Cultural Community (ICC); engagement of elders and other community members in the teaching-learning process, assessment, and management of the initiative; recognition and continuing practice of the community’s ILS; and the rights and responsibilities of ICCs

INDIGENOUS PEOPLES EDUCATION (IPEd) BASELINE DATA FORM

SCHOOL INFORMATION GOVERNMENT SECONDARY SCHOOL

School ID:

--	--	--	--	--	--

School Name: _____

Sitio: _____ Barangay: _____

Municipality: _____ Province/City: _____

Region: _____ Division: _____

School District: _____

Annex/Extension School:

(Please check appropriate box if the school is an annex/extension school.)

☐ Yes (Please indicate School ID of the Mother School)
Mother School ID: _____

☐ No

Is the school located within a community of Indigenous Peoples?

(Please check appropriate box.)

☐ Yes

☐ No

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPEd Baseline

Table A. IP ENROLMENT, BY INDIGENOUS CULTURAL COMMUNITY (ICC), SY 2013-2014

- This table shall indicate the breakdown of IP enrolment by ICC reported in the Enhanced Basic Education Information System (EBEIS) Beginning of School Year (BOSY) data (as of June 7, 2013). Hence, the IP enrolment figures reported in this form should match the SY 2013-2014 BOSY IP enrolment data.
- If there were additional IP students accepted after the BOSY SY 2013-2014 cut-off of June 7, 2013, please input the additional IP enrolment data in a separate table (Table A-2).

Table A-1. IP Enrolment, by ICC, based on EBEIS BOSY SY 2013-2014 (as of June 7, 2013)

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

Position Title : _____ Date: _____

Position Title : _____ Date: _____

Table A-2. Additional IP Enrolment, by ICC, AFTER the EBEIS BOSY SY 2013-2014 Cut-off of June 7, 2013

- This table is to be accomplished ONLY if there were additional IP students accepted after June 7, 2013.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

Table B. ENROLMENT OF IP ALTERNATIVE LEARNING SYSTEM (ALS) LEARNERS IN THE SCHOOL, SY 2013-2014

- This table shall indicate the breakdown by ICC of IP ALS learners who are attending their learning sessions in the public school reported in the Enhanced Basic Education Information System (EBEIS) Beginning of School Year (BOSY) data (as of June 7, 2013). Hence, the figures reported in Table B-1 should match the SY 2013-2014 BOSY IP ALS enrolment data.
- If there were additional IP learners accepted after the BOSY SY 2013-2014 cut-off of June 7, 2013, please input the additional IP ALS enrolment data in a separate table (Table B-2).

Table B-1. Enrolment of IP ALS Learners in the School, by ICC, SY 2013-2014 (as of June 7, 2013)

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

Table B-2. Additional Enrolment of IP ALS Learners in the School, by ICC, AFTER the EBEIS BOSY SY 2013-2014 Cut-off of June 7, 2013

- This table is to be accomplished ONLY if there were additional IP learners accepted after June 7, 2013.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

Table C. IP LEARNERS REACHED BY ALS SERVICES WITHIN THE CATCHMENT/SERVICE AREA OF THE SCHOOL
SY 2013-2014

- This refers to ALS services/learning sessions conducted OUTSIDE THE SCHOOL BUT WITHIN THE CATCHMENT/SERVICE AREA of the school. These are the ALS services/learning sessions that are usually conducted in the community itself in venues/structures other than that of the formal school (e.g., adult literacy classes in remote sitios).
- The catchment/service area refers to the geographic area – for purposes of this form, the specific sitios – that the school is supposed to serve (even if no pupils from some of these sitios are currently enrolled in the school).

Do ALS services reach the IP communities within the catchment/service area of the school? (Please check appropriate box.)

☐ Yes☐ No

If yes, please fill out the table below. If more space is needed, you can print an extra copy/ies of Table C for the additional entries. In the upper right portion of the additional form/s, write down “Table C – additional,” followed by the school name and school ID.

[illegible]

Certified True and Correct by:

Verified by the Division Office:

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

School Head: _____
(Signature Over Printed Name)

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Position Title : _____ Date: _____

TABLE D. RESIDENCE OF IP STUDENTS, SY 2013-2014

- This table shall indicate basic information on the residence of IP students enrolled in the school.

Sitio	Barangay	Indigenous Cultural Community/ies (ICC) in the Sitio	Number of IP Students from the Sitio		Approximate Distance of Sitio from School (in kilometers)	How students reach the school (Please check appropriate box. There can be more than one answer.)						
			Male	Female		Walking	Jeepney	Habal-habal	Tricycle	Boat	Animal Transport	Others (Please specify.)

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ *Date:* _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ *Date:* _____

*GOVERNMENT SECONDARY
SCHOOL PROFILE
IPed Baseline*

TABLE E. HAZARDS ENCOUNTERED BY IP STUDENTS IN GOING TO SCHOOL, SY 2013-2014

Do IP students encounter hazards in travelling from their residence to the school and back that can cause injury or death?
(Please check appropriate box.)

☐ Yes

☐ No

If yes, fill out the table below.

Hazard	Please check the appropriate box. There can be more than one answer.
Crossing the river/s	<input type="checkbox"/>
Hiking through steep and/or slippery footpath/s	<input type="checkbox"/>
Crossing unstable and/or dilapidated footbridge/s	<input type="checkbox"/>
Crossing accident prone road/s	<input type="checkbox"/>
Others. (Please specify)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPed Baseline

TABLE F. PROFILE OF SITIOS IN THE SCHOOL'S BARANGAY

- This table shall cover ALL the sitios WITHIN the school's barangay WITH IP presence, whether or not the school-aged IP children of the sitio are enrolled in the school.
- Only sitios with IP presence are to be included below. Sources of data can be barangay records (barangay health workers, etc.) and other sources at the local level.
- If more space is needed, you can print an extra copy/ies of Table F for the additional entries. In the upper right portion of the additional form/s, write down "Table F – additional," followed by the school name and school ID.

Sitio	Indigenous Cultural Community/ies (ICC) Present in the Sitio	Estimated Total Population of IPs in the Sitio (estimated population of all the ICC present in the sitio combined)	Please check appropriate box. There can be more than one answer.			
			Sitio is a location of a public elementary school (of any kind/type, multigrade, monograde, annex/extension, etc.)	Sitio is a location of a public secondary school (of any kind/type, multigrade, monograde, annex/extension, etc.)	Sitio is reached by ALS Services	Sitio is a location of a private education program* (of any level/type, kindergarten, elementary, secondary, nonformal)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Private education program – refers to education initiatives of NGOs, church-based groups, foundations, and other groups other than that provided by DepED

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPed Baseline

Table G. SCHOOL PERSONNEL, SY 2013-2014

Table G-1

Particulars	SY 2013-2014	
Teaching Personnel	Total Number	Number of IP Teachers*
Number of LET passers		
Number of non-LET passers		
Number of teachers who are from the school's barangay or adjacent barangays		

** IP teacher – refers to a teacher identified as an IP/belonging to an ICC*

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ *Date:* _____

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ *Date:* _____

*GOVERNMENT SECONDARY
SCHOOL PROFILE
IPed Baseline*

Table G-2

- In the first column, list the different position classification of ALL teaching, teaching-related, and non-teaching personnel in the school (e.g., Teacher I, Master Teacher II, Principal II).
- In the second column, indicate the total number of personnel for each position classification.
- In the third column, indicate the number of IP personnel (i.e., personnel identified as an IP/belonging to an ICC) for each position classification.

[illegible]

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Verified by the Division Office:

Division IPed Focal Person: _____
(Signature Over Printed Name)

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPeD Baseline

Position Title : _____ Date: _____

Position Title : _____ Date: _____

Table H. PREVIOUS ACTIVITIES AND EFFORTS RELATED TO IP EDUCATION

Has the school participated in any previous efforts related to IP Education? (e.g., pilot school for IP Education, indigenization of the curriculum, indigenization of learning materials, etc.)
(Please check appropriate box.)

☐ Yes

☐ No

If yes, please indicate below what these activities/initiatives were.

If more space is needed, you can print an extra copy/ies of Table I for the additional entries. In the upper right portion of the additional form/s, write down “Table H – additional”, followed by the school name and school ID.

Name of Project/Program/Initiative	Specific activities participated in and date (trainings, workshops, etc.)	Name of participants	Outputs of the Activities	Where outputs used in the school? (Please check appropriate box.)	
				Yes	No

Certified True and Correct by:
School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:
Division IPed Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Table I. PREVIOUS ACTIVITIES UNDERTAKEN TO PROMOTE AWARENESS ABOUT IPs

Has the school undertaken previous efforts to promote awareness about, appreciation of, and cultural sensitivity towards IPs?
(Please check appropriate box.)

☐ Yes

☐ No

If yes, please fill out the table below.

Name or Type of Activity	Date	Specific Objectives/Purpose of the Activity	Outputs of the Activity

Certified True and Correct by:
School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:
Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Table J. KINDS AND SOURCES OF EXTERNAL SUPPORT FOR IP STUDENTS

Is there any form of external support for IP students in your school? (Please check appropriate box.) ☐ Yes ☐ No

If yes, please fill out the table below.

Form of External Support for IP Students	Is this form of assistance present in your school? (Please check appropriate box.)		Provider/s of Support*	Frequency of Support from Provider/s (Please check appropriate box.)		
	Yes	No		One-time	Occasional	Sustained over a certain period
Monetary <i>(This may be in the form of financial subsidy, allowance, and other forms of assistance, such as the CCT/4Ps program.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-kind <i>(This includes school supplies, learning materials, and other non-monetary material forms of support.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer services <i>(This may include tutorial sessions by volunteers, learning sessions by elders, dorm management by parents, and other similar voluntary support.)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others Please specify here: _____ _____ _____ _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please specify the name of the government agency, NGO, foundation or organization providing the support. In the case that support is provided by individuals not representing a specific organization or agency, such as concerned members of the community or individuals outside the community, indicate "Individuals" as the provider of support.

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPEd Baseline

Table K. KINDS AND SOURCES OF EXTERNAL SUPPORT FOR IP EDUCATION-RELATED INITIATIVES OF THE SCHOOL

Do you have any IP education-related initiatives in your school? (Please check the appropriate box.) ☐ Yes ☐ No

If yes, has there been any form of external support for IP education-related initiatives of the school?

(Please check appropriate box.) ☐ Yes ☐ No

If yes, please fill out the table below.

Types of IP Education-related Activities	Type of support (Please check appropriate box. There can be more than one answer.)			Provider/s of support**
	Monetary	In-kind	Technical Assistance*	
Teaching training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Module making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning materials development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curriculum development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others Please specify here: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

* Technical assistance refers to technical support for activities like the conduct of trainings/workshops or mentoring/coaching sessions provided by an individual/group who serve as resource person/s.

**Please specify the name of the government agency, NGO, foundation or organization providing the support. In the case that support is provided by individuals not representing a specific organization or agency, such as concerned members of the community or individuals outside the community, indicate "Individuals" as the provider of support.

Certified True and Correct by:

School Head: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

Verified by the Division Office:

Division IPEd Focal Person: _____
(Signature Over Printed Name)

Position Title : _____ Date: _____

GOVERNMENT SECONDARY
SCHOOL PROFILE
IPEd Baseline