



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region X-Northern Mindanao
DIVISION OF MALAYBALAY CITY

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DepEd MALAYBALAY CITY DIVISION

RELEASED

Date: 3-12-14 Time: 8:12 am
By: JOSEFINA X




March 10, 2014

MEMORANDUM TO:

All District ALS Coordinators (DALSCs)
All ALS Mobile Teachers
All Other ALS Program Implementers
This Division

Thru: Public Schools District Supervisor

From:


EDILBERTO L. OPLENARIA
Schools Division Superintendent

Re:

**Submission of 2014 MIS Data, Summary Report and M&E – 001-
FINANCIAL Reports**

Pursuant to the BALS Advisory received dated March 04, 2014 from Lorna Dig-Dino, Assistant Secretary, Programs and Projects, Officer-In-Charge, Office of the Director, Bureau of Alternative Learning System (BALS), **you are hereby requested to submit to this office your 2014 MIS data, Summary Report and M&E-001 – Financial Report of your respective districts using the template hereby provided on or before March 17, 2014 and send an e-copy in MS Excel format thru jasminadriatico@yahoo.com.**

Attached is a copy of the Advisory and the M&E – 001 – Financial Report template for your reference.

For compliance and guidance.



March 4, 2014

ADVISORY

This has reference to the downloading of 2014 field operations funds for the Transportation and Teaching Aid Allowances of ALS Mobile Teachers and District ALS Coordinators (DepEd Order No. 19, s. 2013). Relative to this, please submit to BALS your 2014 MIS data and summary report of your Region/Division on or before March 31, 2014 and send an e-copy in MS Excel format thru analizasdy@gmail.com.

A template is hereby provided for the summary report, as follows:

Region: _____

| Division | District | Mobile Teachers per District/ Division | | | District ALS Coordinators | | | |
|----------|----------|---|------------------------|----------------------------|---------------------------|------------------------|-------------------------|---------------|
| | | Name | Date of Appointment | 2014 No. of Learners | Name | Date of Appointment | 2014 No. of Learners | |
| | | | | | | | Full- time | Part- time |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Non-submission of report will mean no downloading of allowances.

Thank you.

LORNA DIG-DINO

Assistant Secretary, Programs and Projects
 Officer-in-Charge, Office of the Director
 Bureau of Alternative Learning System

**DEPARTMENT OF EDUCATION
BUREAU OF ALTERNATIVE LEARNING SYSTEM**

M&E-001-FINANCIAL

| | | | | | |
|--|--|---------------------------------|--|------------------------|--|
| Region: _____ | | Division: _____ | | District: _____ | |
| Accomplished by: | | <i>First Name</i> | | <i>Middle Initial</i> | |
| | | | | <i>Last Name</i> | |
| Position: <input type="checkbox"/> SDS <input checked="" type="checkbox"/> ES I <input type="checkbox"/> Accountant <input type="checkbox"/> Others (Specify _____) | | Date Accomplished: _____ | | | |
| Submitted to: | | Printed Name & Signature | | | |
| | | Region: _____ | | Division: _____ | |
| Position: <input type="checkbox"/> SDS <input type="checkbox"/> ES I <input type="checkbox"/> ES II <input type="checkbox"/> Others (Specify _____) | | Date Submitted: _____ | | | |

I. Ano po ba ang lagay ng pananalapi sa inyong distrito/dibisyon?

| Source of Fund | DATE/DURATION OF FUND UTILIZATION | | | | | | | No. of Learners |
|---------------------------------------|-----------------------------------|-------------|-------------|----------------------|-----------------|-------------|-------------|-----------------|
| | Release | | | Disbursed to Project | | Liquidated | | |
| | Amount | Target Date | Actual Date | Target Duration | Actual Duration | Target Date | Actual Date | |
| GAA | | | | | | | | |
| MT Allowance | | | | | | | | |
| DALSC Allowance | | | | | | | | |
| Seed Money | | | | | | | | |
| Unified ALS Contracting Scheme | | | | | | | | |
| LSCS | | | | | | | | |
| LSDS | | | | | | | | |
| BP-OSA | | | | | | | | |
| Others | | | | | | | | |
| Provincial Government | | | | | | | | |
| Municipal Government | | | | | | | | |
| City Government | | | | | | | | |
| CDF | | | | | | | | |
| SEF/LSB | | | | | | | | |
| Barangay | | | | | | | | |
| NGO | | | | | | | | |

II. Mayroon pa po bang iba pang pinagkukuhanan ng pondo?

| Other Sources | Purpose | Amount | Liquidated | |
|---------------|---------|--------|------------|--------|
| | | | Target | Actual |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**DEPARTMENT OF EDUCATION
BUREAU OF ALTERNATIVE LEARNING SYSTEM
M&E-002-MANAGEMENT AND ADMINISTRATION**

| | | | | | |
|---|--|--------------------------|--|---------------------------|------------------|
| Region: | | Division: | | District: | |
| Accomplished by: | | <i>First Name</i> | | <i>Middle Initial</i> | <i>Last Name</i> |
| Position: <input type="checkbox"/> SDS <input type="checkbox"/> ES I <input type="checkbox"/> Accountant <input type="checkbox"/> Others (Specify _____) | | | | Date Accomplished: | |
| Submitted to: | | Printed Name & Signature | | | |
| | | Region: | | Division: | |
| Position: <input type="checkbox"/> SDS <input type="checkbox"/> ES I <input type="checkbox"/> ES II <input type="checkbox"/> Others (Specify _____) | | | | Date Submitted: | |

I. ALS IMPLEMENTERS

A. Ilan ang mga Mobile Teachers sa inyong lugar? (Isulat ang bilang.)

| Level | No. of MT | Location of Deployment | Manhours/Week |
|----------|-----------|------------------------|---------------|
| District | | | |
| Division | | | |

1. Ilan beses minomonitor ang pagtuturo ng MT?

| Level | 4 times a month | Thrice a month | Twice a month | Once a month | Iba pa |
|----------|-----------------|----------------|---------------|--------------|--------|
| School | | | | | |
| District | | | | | |
| Division | | | | | |
| Regional | | | | | |

2. Ilan pang MT ang kailangan sa inyong lugar?

| |
|--|
| |
|--|

B. Ilan ang mga DALSC/IM/Facilitator sa inyong lugar? (Isulat ang bilang.)

| No. of District | No. of DALSC | |
|-----------------|--------------|-----------|
| | Full-Time | Part-Time |
| | | |

| No. of District | No. of IM | |
|-----------------|-----------|-----------|
| | Full-Time | Part-Time |
| | | |

| No. of District | No. of Facilitator | |
|-----------------|--------------------|-----------|
| | Full-Time | Part-Time |
| | | |

1. Ilan pang DALSC/IM/Facilitator ang kailangan sa inyong lugar?

| DALSC | IM | Facilitator |
|-------|----|-------------|
| | | |

C. Ilan sa mga Mobile Teachers, full time at part time District Coordinators ang nabigyan na ng training? (Isulat ang bilang.)

| Level | No. of MT Trained | No. of Full-Time DALSC Trained | No. of Part-Time DALSC Trained |
|----------|-------------------|--------------------------------|--------------------------------|
| District | | | |
| Division | | | |
| Regional | | | |
| National | | | |

1. Kung hindi pa, anu-ano ang mga dahilan ng hindi pagkakaroon ng pagkakataong sumali sa pagsasanay?

Walang oras Walang budget Walang oportunidad

Iba pa (Isulat, _____)

D. Anu-anong kagamitang panturo ang ginagamit ninyo sa Distrito?

| Listahan ng mga kagamitan | Sapat o Di Sapat Lagyan ng tsek (✓) | Ilan pang kagamitan ang kailangan ng Distrito? |
|---------------------------|--|--|
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |
| | <input type="checkbox"/> Sapat <input type="checkbox"/> Di-Sapat | |

II. COMMUNITY LEARNING CENTERS/MOBILE LIBRARY (DIVISION/DISTRICT LEVEL)

A. Ilan sa mga barangay dito ang may "Community Learning Center" at Mobile Libraries? (Isulat ang bilang)

| CLC | | Mobile Libraries | |
|-----------------------|------|-----------------------|------|
| Namamahala | Ilan | Namamahala | Ilan |
| District | | District | |
| Division | | Division | |
| Region | | Region | |
| LGU | | LGU | |
| Service Provider | | Service Provider | |
| Iba pa, isulat _____) | | Iba pa, isulat _____) | |

1. Paano pinangangalagaan ang CLC, mga kagamitan at Mobile Libraries? (Lagyan ng tsek [✓] any lahat ng nagamit)

May security guard May lagayan ng garnit May lock at grills

Iba pa (Isulat, _____)

2. Sinu-sino o anu-anong organisasyon ang gumagamit ng CLC? (Lagyan ng tsek [✓] ang lahat ng nagamit)

- District Office Division Office Barangay
 School-Based Org Community Org. NGO
 Iba pa (Isulat, _____)

3. Anu-ano ang mga kagamitan sa pag-aaral na makikita rito?

| Listahan ng Kagamitan |
|-----------------------|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

4. Anu-anong mga programa / proyekto / gawain ang isinasagawa rito?

- Pagbibigay ng BLP Pagbibigay ng FLT BP-OSA
 A&E Elementary A&E Secondary
 Iba pa (Isulat, _____)

III. BEST PRACTICES/MGA SULIRANIN/REKOMENDASYON (DIVISION/DISTRICT LEVEL)

A. Anu-ano sa palagay ninyo ang mga naging dahilan na maging matagumpay na implementasyon ng ALS?

B. Anu-ano pa ang binabalak ninyong gawin upang higit pang mapabuti ang implementasyon?

C. Anu-ano ang mga naging suliranin sa pagpapatakbo o pamamahala nito? Itala ang mga ito.

| Mga Isyu/Suliranin | Solusyon |
|--------------------|----------|
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