

SBFP Form 1

Department of Education
Region ____

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

Division/Province: _____

Name of Principal : _____

City/ Municipality/Barangay : _____

Name of Feeding Focal Person : _____

Name of School / School District : _____

No.	Name	Sex	Date of Birth (MM/DD/YYYY)	Date of Weighing / Measuring (MM/DD/YYYY)	Age in Years / Months	Weight (Kg)	Height (cm)	BMI for 6 y.o. and above	Nutritional Status (NS)	Ethnicity	Disability	4Ps ID Number	Name of Parents	Beneficiary of SBFP in Previous Years (yes or no)

Prepared by:

Noted :

Feeding Focal Person

School Principal / Officer-in-Charge

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 DSWD-FO, copy furnished DepEd-HNC

SBFP Form 2

Department of Education
Region ____

SCHOOL-BASED FEEDING PROGRAM (SBFP)

Division/Province: _____
City/ Municipality/Barangay : _____
Name of School / School District : _____

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

Prepared by: _____
SBFP DepEd Focal

Noted by: _____
Unit Chief

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