



JUN 0 1 2010

DepEd MEMORANDUM  
No. **239**, s. 2010

**TRACKING PUPILS ENROLLED IN SUMMER PRESCHOOL**

To: Bureau Directors  
Regional Directors  
Schools Division/City Superintendents

1. One of the major goals of the 2015 Education for All (EFA) is the expansion of the coverage and improvement of the quality of Early Childhood Care and Development (ECCD) program in the country. This is also in response to the findings of different studies that the quality of early childhood experiences has lasting effects on their academic performance in the succeeding years.
2. The Department of Education (DepEd) in support of this thrust is implementing the Summer Preschool Programme (SumPS) nationwide. The program aims to increase the coverage from 58% to 70% in 2010 for the 6-year old children who will be Grade I in June 2010 but had no preschool experience.
3. Launched in May 2010, a research shall be undertaken to determine the effectiveness of SumPS in increasing the survival rate and performance of Summer Preschoolers up to Grade III. The research is a joint undertaking between DepEd and ECCD Council.
4. In this connection, all teachers who handled Summer Preschool Programme classes are expected to accomplish the enclosed forms. Specific instructions are included in the forms. Each Division shall be provided with the hard copies of both forms and Manual of Administration for distribution to all schools that implemented the SumPS. Regional/Division Offices through the Preschool Coordinators shall ensure that the forms are disseminated to concerned schools one (1) week from date of receipt. Schools are given one (1) week to accomplish the forms.
5. Forms have to be submitted immediately upon completion. There are two (2) options of submission: a) directly to the Bureau of Elementary Education (BEE); or (2) through the respective Division Offices. The cost of disseminating and retrieval shall be charged against preschool funds downloaded to the divisions.
6. Immediate dissemination of this Memorandum is desired.

**MONA D. VALISNO**  
Secretary



Encls.:  
As stated

Reference:  
None

To be indicated in the Perpetual Index  
under the following subjects:

FORMS  
PRESCHOOL EDUCATION  
PUPILS  
RESEARCH or STUDIES  
SCHOOLS  
TEACHERS

Reformatted by: SMA, DM Tracking Pupils  
May 21, 2010

**PROJECT: Tracking Pupils Enrolled in SumPS, A Research Study**

A Joint Project of the Department of Education and the Early Childhood Care and Development Council

**GUIDELINES FOR PROPERLY ACCOMPLISHING FORM 1 OF THE SUMMER PRE-SCHOOL PROGRAMME (SumPS-Form 1.R.1)**

1. The teacher who handled the Summer Pre-School Programme for the class shall be responsible for accomplishing this form.
2. One (1) form shall be accomplished for each child in the class.
3. All forms representing all children in one (1) class shall be bound together; these must be submitted to the DepEd Central Office within one (1) week from completion of the Programme
4. Fill up all white spaces provided. If the answer is not known or not applicable, leave the space provided unfilled.
5. For single-choice data items (signified with option boxes ) , check ONLY ONE (1) box.
6. For multiple-choice data items (signified with selection ovals ) , check as many ovals as applicable
7. Data Sources Legend:

<input type="radio"/> R Teacher Record	<input type="radio"/> P Consult with the Parents/Guardian	<input type="radio"/> O Teacher's Observation	<input type="radio"/> C Ask the Child
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<b>FORM 1</b>	<b>SUMMER PRE-SCHOOL PROGRAMME</b>	<b>2010</b>	Date	Month (MMM)	Day (DD)	Year (YYYY)	<b>Serial No.</b>
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<input type="radio"/> R School						<input type="radio"/> R Division		
<input type="radio"/> R Teacher						<input type="radio"/> R Class	<input type="checkbox"/> AM	<input type="checkbox"/> PM

**CHILD PROFILE**

<input type="radio"/> R Last Name				<input type="radio"/> R First Name						
<input type="radio"/> R Middle Name				<input type="radio"/> R Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="radio"/> R Birthday	Month (MMM) Day (DD) Year (YYYY) <input type="text"/> <b>Age</b> <input type="text"/> Years+Months		
<input type="radio"/> P Birth Order	<input type="radio"/> P Registered	<input type="radio"/> Local Civil Registry <input type="radio"/> Baptismal <input type="radio"/>			<input type="radio"/> P Birthplace	Municipality/City <input type="text"/>		Province <input type="text"/>		
<input type="radio"/> P Born at	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Health Centre <input type="checkbox"/> Home <input type="checkbox"/> Don't Know			<input type="radio"/> P If at Home, Assisted By	<input type="checkbox"/> Midwife <input type="checkbox"/> Hilot <input type="checkbox"/> None					
<input type="radio"/> P Language	<input type="checkbox"/> Mother Tongue	Ex. Tagalog, Visayan, Ilocano, Kapampangan			<input type="checkbox"/> List Other Languages Spoken	Ex. English and Tagalog, Visayan, Ilocano, Kapampangan				
<input type="radio"/> m Height (cm)	<input type="radio"/> M Weight (kg)				<input type="radio"/> P Does the Child have	<input type="radio"/> ECCD Card <input type="radio"/> Mother & Child Book <input type="radio"/>				
<input type="radio"/> P Vaccination and Other Health Data	<input type="checkbox"/> Deworming Prior 6 Months <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			<input type="radio"/> Missing/Discoloured Teeth		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> BCG	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Hepa B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Oral Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
	<input type="checkbox"/> DPT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Others					
<input type="radio"/> O Grooming and Hygiene	<input type="checkbox"/> Hair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nails	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Toes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Smell	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTENDANCE, PERFORMANCE, AND OTHER CHILD OBSERVATIONS**

For each day of the class under the programme, write "A" if the child is absent, write "T" if the child is tardy, "H" if there are no classes held due to holidays or other intervening circumstances, and leave blank if the child is present and on-time.

R	Week 1					Week 2					Week 3					Week 4					Week 5					Week 6					Week 7					Week 8														
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
<input type="radio"/> R Most Common Reason Why Absent																																																		
<input type="radio"/> R Most Common Reason Why Tardy																																																		

**Physical Attributes**

<input type="radio"/> O Problems w/ Behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Physical Deformities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Hare Lip <input type="radio"/> Cross-Eyed <input type="radio"/> Deaf <input type="radio"/> Mute <input type="radio"/> Blind <input type="radio"/> Deformity in Fingers on Writing Hand <input type="radio"/>							
	<input type="checkbox"/> No	<input type="radio"/> Disabled left leg <input type="radio"/> Disabled right leg <input type="radio"/> Disabled left arm/hand <input type="radio"/> Disabled right arm/hand <input type="radio"/>							
<input type="radio"/> O Left-Handed	<input type="checkbox"/> Yes <input type="checkbox"/> No								

**Gross Motor Skills**

<input type="radio"/> O Walk on a balance board in all directions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Stand on 1 foot for 10 sec w/o support & eyes closed	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> O Skip rope	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Hangs from a horizontal bar for 10 sec	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> O Go up ladders (of playground slides)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Jump from 12 inches (30cm) & land on balls of feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> O Dribble a ball with direction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Hit a ball with a bat or a stick	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> O Use a pencil sharpener	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Can catch a ball with one hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> O Jump and turn on one foot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> Pick up an object from the ground while running	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fine Motor Skills			
<input type="checkbox"/>	Can copy big letters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can cut pictures within ¼ inch (6.25mm) off edge <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Can copy small letters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can copy complex drawings <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Can hit a nail with a hammer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can tear simple shapes from paper <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Can colour within lines 95% of a drawn object	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can fold paper diagonally to make geometric shapes <input type="checkbox"/> Yes <input type="checkbox"/> No

Social Interaction Skills			
<input type="checkbox"/>	Express feelings, e.g. anger, happiness, sadness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow rules of verbal reasoning game <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Play with 4-5 children in a group without supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cheer playmates who are sad/hurt <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Explain rules of a game/activity to others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose/make own friends <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Imitate adult actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Express what he/she wants to do and does it <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Participate in conversations during meals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramatise a story by role-playing or using puppets <input type="checkbox"/> Yes <input type="checkbox"/> No

Self-Help Skills			
<input type="checkbox"/>	Performs chores independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wash hands <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Goes to nearby playground/store independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wash face <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Locate correct toilet in public place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brush teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Go/Use to toilet alone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select own food <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Select appropriate clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use spoon and fork <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Change clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eat without excessive spillage <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Button/zip clothes properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finish food <input type="checkbox"/> Yes <input type="checkbox"/> No

Language Skills			
<input type="checkbox"/>	Identify soft and loud sounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer "why" questions with explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Tell own address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relates 3-5 events/situations in a story sequentially <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Uses concept of "more" and "less"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tell the meaning of a given word <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Distinguish "many", "more", and "most"	<input type="checkbox"/> Yes <input type="checkbox"/> No	Give the opposite of a given word <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Tell and answer riddles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer What-ifs (e.g. what happens if a glass falls?) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Relate experience	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use "yesterday", "today", and "tomorrow" correctly <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Relate location and distance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask meaning of new or unfamiliar words <input type="checkbox"/> Yes <input type="checkbox"/> No

Cognitive Skills			
<input type="checkbox"/>	Can identify person to the left and right of self	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy a diamond shape <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Identify the 10 numerals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete a simple maze <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Arrange numerals 1 - 10 in proper sequence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recite days of the week in order <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Count up to 20 items and tell how many of each	<input type="checkbox"/> Yes <input type="checkbox"/> No	Write own first name <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Count by rote up to 100	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify own birthday's month and day <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Recite the alphabet in order	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adds and subtract combinations up to 3 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Identify capital letters of the alphabet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Understand/predict sequence/outcomes <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Identify small letters of the alphabet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identify if an object is whole or ½ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Matches small letters with capital letters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sight read 10 printed words <input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Early Childhood Learning Experiences								
P	Description	Private Pre-School	Public Pre-School	Private Day Care	Public Day Care	Church-Based	Home-Based	Others
	No. of Sessions							
	Hours Per Session							
	Sessions Per Week							
	Age Taken (Years/Month)							

Other Performance-Related Inputs	
P Studies at Home With	<input type="checkbox"/> Nobody <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Older Sibling <input type="checkbox"/> Relatives <input type="checkbox"/> Maid <input type="checkbox"/> Tutor <input type="checkbox"/> _____
P Opportunity to Play/Interact With Older Siblings/Neighbours	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't Know

P	Opportunity to Play/Interact With Younger Siblings/Neighbours	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't Know
P	Opportunity to Play/Interact With Neighbours of Same Age	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't Know
P	Opportunity to Play <input type="radio"/> Inside the House <input type="radio"/> Outdoors <input type="radio"/> Playground <input type="radio"/> _____	Go to <input type="radio"/> Excursions <input type="radio"/> Vacation <input type="radio"/> _____
P	Will Enrol at <input type="checkbox"/> Same School as SumPS	Name of School _____

C	Has Meal Before Going to School	<input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't Know
C	What Food is Normally Eaten by the Child	<input type="radio"/> Vegetable <input type="radio"/> Pork <input type="radio"/> Chicken <input type="radio"/> Beef <input type="radio"/> Fish <input type="radio"/> Rice <input type="radio"/> Noodles <input type="radio"/> Soup <input type="radio"/> Bread <input type="radio"/> Fruits <input type="radio"/> Cereals <input type="radio"/> Fruit Juice <input type="radio"/> Milk <input type="radio"/> Milk <input type="radio"/> _____
C	Has Baon	<input type="checkbox"/> Money <input type="checkbox"/> Food <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Don't Know
O	Footware	<input type="checkbox"/> Slippers <input type="checkbox"/> Shoes <input type="checkbox"/> None
P	Travel Time from Home to School (minutes)	Mode <input type="checkbox"/> Walking <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Don't Know
P	Public Transport	<input type="checkbox"/> School Bus <input type="checkbox"/> Jeep <input type="checkbox"/> Bus <input type="checkbox"/> Calesa <input type="checkbox"/> Tricycle <input type="checkbox"/> Pedicab <input type="checkbox"/> Habal-Habal <input type="checkbox"/> Banca <input type="checkbox"/> _____ Fare _____
P	Goes to School With	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relatives <input type="checkbox"/> Maid <input type="checkbox"/> Service <input type="checkbox"/> _____
O	Leaves School	<input type="checkbox"/> On Time <input type="checkbox"/> Early <input type="checkbox"/> Late

### FAMILY PROFILE

P	Child Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Relatives <input type="checkbox"/> _____
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#### Father's Profile

R	Last Name	R	First Name																																		
R	Middle Name	P	Birthday <small>Month (MMM) Day (DD) Year (YYYY)</small> Age <small>Years</small>																																		
P	Civil Status	P	Ethnicity <small>Ex. Kapampangan, Visayan, Tagalog, Bicolano, Ilocano, etc.</small>																																		
P	Language	List Other Languages Spoken <small>Ex. English and Tagalog, Visayan, Ilocano, Kapampangan</small>																																			
P	Address	<small>Building and Street / Purok Barangay District/Locality Municipality/City Province</small>																																			
P	Contact Nos.	P	Religion <small>Ex. Roman Catholic, Protestant, Buddhist, Islam, Hindu</small>																																		
P	Highest Education	<input type="checkbox"/> None <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Tech/Voc <input type="checkbox"/> College, Associate Course <input type="checkbox"/> College, Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Year Graduated <small>Ex. B.S. Education, Associate in Computer</small>																																			
P	Economic Activity	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> In Business <input type="checkbox"/> Practising Professional <input type="checkbox"/> OFW <input type="checkbox"/> Self-Employed <input type="checkbox"/> Farming <input type="checkbox"/> Fishing <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> _____ Income _____ <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Pakyaw <input type="checkbox"/> Per Transaction																																			
P	Computer Literacy & Access	<table border="0"> <tr> <td><input type="checkbox"/> No</td> <td rowspan="2">Computer</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Home</td> <td><input type="checkbox"/> Work</td> <td><input type="checkbox"/> Relatives</td> <td><input type="checkbox"/> Neighbour</td> <td><input type="checkbox"/> Internet Cafe</td> <td><input type="checkbox"/> Don't Know</td> </tr> <tr> <td><input type="checkbox"/> Proficient</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Home</td> <td><input type="checkbox"/> Work</td> <td><input type="checkbox"/> Relatives</td> <td><input type="checkbox"/> Neighbour</td> <td><input type="checkbox"/> Internet Cafe</td> <td><input type="checkbox"/> Don't Know</td> </tr> <tr> <td><input type="checkbox"/> Fair</td> <td rowspan="2">Internet</td> <td colspan="7"><input type="checkbox"/> Not Applicable (If computer access is None or Don't know)</td> </tr> <tr> <td><input type="checkbox"/> Don't Know</td> <td colspan="7"></td> </tr> </table>		<input type="checkbox"/> No	Computer	<input type="checkbox"/> None	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Relatives	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Internet Cafe	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Proficient	<input type="checkbox"/> None	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Relatives	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Internet Cafe	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Fair	Internet	<input type="checkbox"/> Not Applicable (If computer access is None or Don't know)							<input type="checkbox"/> Don't Know							
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<input type="checkbox"/> Fair	Internet	<input type="checkbox"/> Not Applicable (If computer access is None or Don't know)																																			
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#### Mother's Profile

R	Last Name	R	First Name																																		
R	Middle Name	P	Birthday <small>Month (MMM) Day (DD) Year (YYYY)</small> Age <small>Years</small>																																		
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P	Contact Nos.	P	Religion <small>Ex. Roman Catholic, Protestant, Buddhist, Islam, Hindu</small>																																		
P	Highest Education	<input type="checkbox"/> None <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Tech/Voc <input type="checkbox"/> College, Associate Course <input type="checkbox"/> College, Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Year Graduated <small>Ex. B.S. Education, Associate in Computer</small>																																			
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<input type="checkbox"/> Proficient		<input type="checkbox"/> None	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Relatives	<input type="checkbox"/> Neighbour	<input type="checkbox"/> Internet Cafe	<input type="checkbox"/> Don't Know																													
<input type="checkbox"/> Fair	Internet	<input type="checkbox"/> Not Applicable (If computer access is None or Don't know)																																			
<input type="checkbox"/> Don't Know																																					

Siblings						
P	Age	Gender	Education	Occupation	Civil Status	Same Household
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> None <input type="checkbox"/> Elem <input type="checkbox"/> HS <input type="checkbox"/> Tech/Voc <input type="checkbox"/> Coll. (AS) <input type="checkbox"/> Coll. (BS) <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Is the Child Asked to do			
P	Household Chores	<input type="checkbox"/> Cleaning <input type="checkbox"/> Set Table <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Laundry <input type="checkbox"/> Fetch Water <input type="checkbox"/> _____	Days Per Week
P	Work with Pay	<input type="checkbox"/> Laundry <input type="checkbox"/> Fetch Water <input type="checkbox"/> Car Wash <input type="checkbox"/> Tending Store <input type="checkbox"/> Street Vending <input type="checkbox"/> Scavenging	Hours Per Day
P		<input type="checkbox"/> Bote/Diyario (Junk Shop) <input type="checkbox"/> Stevedoring (in Markets) <input type="checkbox"/> Begging <input type="checkbox"/> _____	Days Per Week

Home Profile	
P	Ownership: <input type="checkbox"/> Owned Lot Only <input type="checkbox"/> Owned House and Lot <input type="checkbox"/> Fully Paid <input type="checkbox"/> Mortgaged/On Loan <input type="checkbox"/> Inherited <input type="checkbox"/> Not Owned <input type="checkbox"/> Renting <input type="checkbox"/> Living w/Parents <input type="checkbox"/> Living w/Relatives <input type="checkbox"/> Living w/Friends <input type="checkbox"/> _____
P	Made of: <input type="checkbox"/> Nipa <input type="checkbox"/> Wood <input type="checkbox"/> Wood and Concrete <input type="checkbox"/> All Concrete <input type="checkbox"/> Makeshift Materials <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> _____
P	Nature: <input type="checkbox"/> 1-Room Affair <input type="checkbox"/> Multiple Rooms <input type="checkbox"/> Sala <input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Bedroom <input type="checkbox"/> Toilet <input type="checkbox"/> Garden <input type="checkbox"/> Open/Play Area
P	Utilities and Appliances: <input type="checkbox"/> Running Water <input type="checkbox"/> Electricity <input type="checkbox"/> Phone <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Electric Fan <input type="checkbox"/> Aircon <input type="checkbox"/> CD/DVD Player <input type="checkbox"/> Karoke/Magic Sing <input type="checkbox"/> Desktop PC <input type="checkbox"/> Laptop <input type="checkbox"/> Family Computer <input type="checkbox"/> Printer <input type="checkbox"/> Internet <input type="checkbox"/> DSL <input type="checkbox"/> Wireless <input type="checkbox"/> Dial-Up <input type="checkbox"/> _____
P	Learning and Recreation: <input type="checkbox"/> Magazines <input type="checkbox"/> Broadsheet Newspaper <input type="checkbox"/> Tabloid Newspaper <input type="checkbox"/> Books <input type="checkbox"/> Komiks <input type="checkbox"/> Religious Books/Comics <input type="checkbox"/> Colouring Books <input type="checkbox"/> Story Books <input type="checkbox"/> Picture Books <input type="checkbox"/> Puzzles <input type="checkbox"/> Aircon <input type="checkbox"/> Sandbox <input type="checkbox"/> Educational Board Games
P	Fun and Games: <input type="checkbox"/> Computer Games <input type="checkbox"/> Computer Educational Tutorials <input type="checkbox"/> Pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Turtle <input type="checkbox"/> Bird <input type="checkbox"/> Chicks <input type="checkbox"/> _____ <input type="checkbox"/> Educational Toys (Blocks, Pegs, Clays, etc.) <input type="checkbox"/> Non-Educational Toys (Dolls, Guns, etc.) <input type="checkbox"/> Indigenous <input type="checkbox"/> Purchased

Number of Persons Staying in the Same Household		
P	Immediate Family (Mother, Father, Siblings)	Relatives (Aunts/Uncles/Cousins/Grandparents, Nephews, Nieces)
		Non-Relatives

COMMUNITY PROFILE			
P	Pop. Density	<input type="checkbox"/> Very Crowded <input type="checkbox"/> Moderately Crowded <input type="checkbox"/> Not Crowded <input type="checkbox"/> Lots of Open/Green Areas	
P	Cleanliness	<input type="checkbox"/> Clean <input type="checkbox"/> Has Uncollected Trash <input type="checkbox"/> Has Fecal Matters <input type="checkbox"/> Has Open Sewers <input type="checkbox"/> _____	
P	Safety	<input type="checkbox"/> Safe	
P	Playground	<input type="checkbox"/> None <input type="checkbox"/> Yes _____ minutes of walk from home	<input type="checkbox"/> Slide <input type="checkbox"/> Swing <input type="checkbox"/> Seesaw <input type="checkbox"/> Sandbox <input type="checkbox"/> Safe <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
P	Health Centre	<input type="checkbox"/> None <input type="checkbox"/> Yes _____ minutes of walk from home	Has Visiting Health Workers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
P	Free Service	Medical Care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Dental Care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		Medicines <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Nutrition Program <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**GUIDELINES FOR PROPERLY ACCOMPLISHING FORM 2 OF THE SUMMER PRE-SCHOOL PROGRAMME (SumPS-Form2.R.0)**

1. All teachers who handled classes under the Summer Pre-School Programme shall accomplish this form.
2. Each teacher shall accomplish only one (1) form, regardless of number of classes handled.
3. Submit this form together with the Form 1s of all children participating in your class. If you handled more than one (1) class, submit all Form 1s from both classes (segregated by class) together with this form
4. Fill up all white spaces provided. If the answer is not known or not applicable, leave the space provided unfilled.
5. For single-choice data items (signified with option boxes ) , check ONLY ONE (1) box.
6. For multiple-choice data items (signified with selection ovals ) , check as many ovals as applicable

FORM 2	SUMMER PRE-SCHOOL PROGRAMME	2010	Date	Month (MMM)	Day (DD)	Year (YYYY)	Serial No.
School						Division	
School Head							
TEACHER PROFILE							
Last Name				First Name			
Middle Name			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday	Month (MMM)	Day (DD)
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Live-In			Ethnicity	Ex. Kapampangan, Visayan, Tagalog, Bicolano, Ilocano, etc.		
Language	Mother Tongue	Ex. Tagalog, Visayan, Ilocano, Kapampangan		List Other Languages Spoken	Ex. English and Tagalog, Visayan, Ilocano, Kapampangan		
Address	Building and Street / Purok		Barangay	District/Locality	Municipality/City	Province	
Contact Nos.	Landline	Mobile	Email	Religion	Ex. Roman Catholic, Protestant, Buddhist, Islam, Hindu		
Educational Profile							
Degree	Ex. B.S. Education, A.S. in Computer Science		School			Year Graduated	
Major				Minor			
Specialisation							
Masters	Ex. Masters in Early Childhood Care		School			Year	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Ph.D/Ed.D.	Ex. Ph.D. in Child Psychology		School			Year	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Training on Pre-School and Early Childhood Learning (Specify "Duration" as Number of Days)							
Description	Area of Training	Level	Conducted By (Service Provider)	Year Taken	Duration		
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
		<input type="checkbox"/> CO <input type="checkbox"/> RO <input type="checkbox"/> DO <input type="checkbox"/> Private					
Teaching Experience (Years/Months)							
Overall		High School		Elementary		Pre-School	
						Early Childhood Learning	Others
Computer Literacy and Access							
Computer-Literate	<input type="checkbox"/> Not Literate <input type="checkbox"/> Poor <input type="checkbox"/> Proficient <input type="checkbox"/> Fair	Computer	<input type="checkbox"/> None <input type="radio"/> Home <input type="radio"/> School <input type="radio"/> Relatives <input type="radio"/> Neighbour <input type="radio"/> Internet Cafe				
		Internet	<input type="checkbox"/> None <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Relatives <input type="radio"/> Neighbour <input type="radio"/> Internet Cafe <input type="radio"/> Not Applicable				
Eligibilities							
Description	Passed	Year Taken	Rate	Title/Profession	Valid Until		
Civil Service, Non-Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take						
Civil Service, Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take						

Licensure for Teachers (LET/PBET)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take				
R.A. 1080	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take				
PRC License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take				
Other Examinations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Take				

Employment Status					
Plantilla	Actual Designation			Grade/Year Level(s) Taught	
Employer	<input type="checkbox"/> DepEd <input type="checkbox"/> LGU <input type="checkbox"/> Private Contractor <input type="checkbox"/> _____	Salary Grade	Year Hired		

Teacher's Home Profile					
P Ownership	<input type="checkbox"/> Owned Lot Only <input type="checkbox"/> Owned House and Lot		<input type="checkbox"/> Fully Paid <input type="checkbox"/> Mortgaged/On Loan <input type="checkbox"/> Inherited		
	<input type="checkbox"/> Not Owned	<input type="checkbox"/> Renting <input type="checkbox"/> Living w/Parents <input type="checkbox"/> Living w/Relatives <input type="checkbox"/> Living w/Friends <input type="checkbox"/> _____			
P Made of	<input type="checkbox"/> Nipa <input type="checkbox"/> Wood <input type="checkbox"/> Wood and Concrete <input type="checkbox"/> All Concrete <input type="checkbox"/> Makeshift Materials <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> _____				
P Nature	<input type="checkbox"/> 1-Room Affair <input type="checkbox"/> Multiple Rooms		<input type="checkbox"/> Sala <input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Bedroom <input type="checkbox"/> Toilet		<input type="checkbox"/> Garden <input type="checkbox"/> Open/Play Area
P Utilities and Appliances	<input type="checkbox"/> Running Water <input type="checkbox"/> Electricity <input type="checkbox"/> Phone <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Electric Fan <input type="checkbox"/> Aircon <input type="checkbox"/> CD/DVD Player <input type="checkbox"/> Karaoke/Magic Sing				
	<input type="checkbox"/> Desktop PC <input type="checkbox"/> Laptop <input type="checkbox"/> Family Computer <input type="checkbox"/> Printer <input type="checkbox"/> Internet			<input type="checkbox"/> DSL <input type="checkbox"/> Wireless <input type="checkbox"/> Dial-Up <input type="checkbox"/> _____	

Number of Persons Staying in the Same Household		
P Immediate Family (Mother, Father, Siblings)	Relatives (Aunts/Uncles/Cousins/Grandparents, Nephews, Nieces)	Non-Relatives

Summer Pre-School Class Profile											
Class 1			Class 2			Class 3			Class 4		
<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM		
Language			Language			Language			Language		
Curriculum <input type="checkbox"/> 8Weeks <input type="checkbox"/> 6Weeks			Curriculum <input type="checkbox"/> 8Weeks <input type="checkbox"/> 6Weeks			Curriculum <input type="checkbox"/> 8Weeks <input type="checkbox"/> 6Weeks			Curriculum <input type="checkbox"/> 8Weeks <input type="checkbox"/> 6Weeks		
Type <input type="checkbox"/> Classroom <input type="checkbox"/> Playgroup			Type <input type="checkbox"/> Classroom <input type="checkbox"/> Playgroup			Type <input type="checkbox"/> Classroom <input type="checkbox"/> Playgroup			Type <input type="checkbox"/> Classroom <input type="checkbox"/> Playgroup		
Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
Below 4			Below 4			Below 4			Below 4		
4			4			4			4		
5			5			5			5		
6			6			6			6		
7			7			7			7		
8			8			8			8		
Above 8			Above 8			Above 8			Above 8		

Available School Facilities and Utilities					
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Feeding Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Puzzles, Dominoes, Playboard, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air-Conditioned Classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Running Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Musical Instruments & Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Well-Lighted Classrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drinking Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	TV & Other Audio-Video Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screened Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment to Measure Growth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No	Washroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer/Printer for Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fences	<input type="checkbox"/> Yes <input type="checkbox"/> No	Play Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Access for Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Guard	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nap Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer/Printer for Faculty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barangay Tanod	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sandbox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet Access for Faculty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child-Friendly Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clays, Blocks, Play Dough, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled-Friendly Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storybooks, Picture Books, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fax Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Area Around School Safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Surroundings Clean	<input type="checkbox"/> Yes <input type="checkbox"/> No	Area Inside School Clean	<input type="checkbox"/> Yes <input type="checkbox"/> No

Feeding Programme During the Summer Pre-School Classes					
Feeding Programme	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> At School <input type="radio"/> Take Home	<input type="checkbox"/> Once Only <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Cost Per Child Per Feeding	
Food Served	<input type="radio"/> Vegetable <input type="radio"/> Pork <input type="radio"/> Chicken <input type="radio"/> Beef <input type="radio"/> Fish <input type="radio"/> Rice <input type="radio"/> Noodles <input type="radio"/> Soup			Who Paid for the Feeding Programme	
	<input type="radio"/> Bread <input type="radio"/> Fruits <input type="radio"/> Cereals <input type="radio"/> Fruit Juice <input type="radio"/> Milk <input type="radio"/> Milk <input type="checkbox"/> _____			<input type="radio"/> DepEd <input type="radio"/> LGU <input type="radio"/> Parents <input type="checkbox"/> _____	

Medical and Health Services Available					
Vitamins	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Specify Other Services</small>
School Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dentist	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Visiting Medical Personnel from Division	<input type="checkbox"/> Yes <input type="checkbox"/> No