Republic of the Philippines DEPARTMENT OF EDUCATION Region XI SCHOOLS DIVISION OF DIGOS CITY Digos City

DIVISION MEMORANDUM NO. 198 s. 2017

TO:

Elementary and Secondary School Heads

FROM: 🏕 **DEE D'SILVA, DPA, CESO VI**

Schools Division Superintendent

SUBJECT: Alternative Delivery Mode (ADM) Program

Yearend Report

Date:

March 21, 2017

You are directed to submit the School Alternative Delivery Mode (ADM) Yearend Report for the Yearend Assessment of the ADM Program Implementation of each school in the division.

You are further requested to direct your School ADM Coordinator to submit the ADM Yearend Narrative Report containing best practices, problems encountered, solutions to problems and suggestions/recommendations regarding the program implementation.. Deadline of the submission will be on April 5, 2017.

For your information and compliance.

DepEd Schools Division or

RE 3178 ED.

Parte: MAR 2 1 2017 Time: 2: 04

Republic of he Philippines
Region XI
Schools Division of Digos City
Digos City
Digos City
CONSOLIDATED YEAR END REPORT
ALTERNATIVE DELIVERY MODE(ADM) PROGRAM
SY 2016-2017

Name of School:	nool:									Schoo	School Address:	ess:				
Grade	Number of	er of		Annual	wal											Remarks
Level	Pupils under	Pupils/Students under the ADM	X is	Enr	Enrolment			Resi	ılt of l	nterv	Result of Interventions Made	Made				
	Program	am						No. of		Z	o. of		No. S	No. Students		
							Students	ents		Stud	Students /		Dropped		accept of Balletine	
			AM-A				/Pup	ils		Pupi	Pupils Not				****	
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to																
6										J. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1						
7																
to																
10																
Total																

School ADM Coordinator Signature Over Printed Name Consolidated by:

Attested:

School Head/ School Principal Signature Over Printed Name

I. Common Reasons:
A. For saving the students/pupils under the ADM Program:
1.
2.
3.
4.
5.

B. For not saving the students/pupils under the ADM Program:
1.
2.
3.
4.
5.
C. For dropping out of students/pupils under the ADM Program:
1.
2.
3.
4.
5.
U. Recommendations/Suggestions:
1.
2.
Consolidated by:
School ADM Coordinator
Signature Over Printed Name

Attested by:

School Head/School Principal
Signature Over Printed Over Name