

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

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DIVISION MEMORANDUM NO. 438 s. 2016

TO: ELEMENTARY AND SECONDARY SCHOOL HEADS

FROM: *for: [Signature]*  
**DEE D. SILVA, DPA, CESO VI**  
Schools Division Superintendent

SUBJECT: SCHOOL ADM MONITORING AND PROGRESS REPORT

DATE: August 15, 2016

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1. Pursuant to Regional Memorandum No 212, s. 2016 dated August 10, 2016, it is requesting for the updates on the data of the Alternative Delivery Mode Modalities Implementation in the Division which is based from the Memorandum dated July 25, 2016 issued by Dr. Leonor Magtolis Briones, Secretary of Education.
2. In line with this, you are directed to submit the School ADM Monitoring and Progress Report on August 30, 2016 to see how the ADM implementation in your respective schools are progressing for the 1st Quarter of SY 2016-2017.
3. Through your reports, the ADM Implementation of the Digos City Division can be assessed and be reported to the Central Office.
4. For your information, guidance and immediate action.

DepEd Schools Division of Digos

**RELEASED**  
7407

Date: AUG 15 2016 Time: 1:30

By: *[Signature]*

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

**School ADM Monitoring and Progress Report**

Name of School: \_\_\_\_\_

School Head: \_\_\_\_\_

Grade Level	Number Of Students Under the ADM Program		Concrete Action Undertaken by the Teacher	What Follow up Action Done By The Teacher	Remarks (Pls.identify the teacher giving the intervention )
	Boys	Girls			
Grade 1					
Grade 2					
Grade 3					
Grade 4					
Grade 5					
Grade 6					

\_\_\_\_\_  
**School ADM Coordinator**  
 (Signature above Printed Name)

\_\_\_\_\_  
**School Principal/School Head**  
 (Signature above Printed Name)

**Note: Pls submit this report on August 30, 2016**

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**School ADM Monitoring and Progress Report**

Name of School: \_\_\_\_\_

School Head: \_\_\_\_\_

Grade Level	Number of Students under the ADM Program		Concrete Action Undertaken by the Teacher	What Follow up Action Done By The Teacher	Remarks (Pls.identify the teacher giving the intervention )
	Boys	Girls			
Grade 7					
Grade 8					
Grade 9					
Grade 10					
<b>Total</b>					

\_\_\_\_\_  
**School ADM Coordinator**  
 (Signature above Printed Name)

\_\_\_\_\_  
**School Principal/School Head**  
 (Signature above Printed Name)

**Note: Pls submit this report on August 30, 2016**