



Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON  
SCHOOLS DIVISION OF BATANGAS

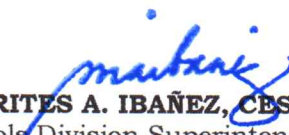
04 September 2024

**DIVISION MEMORANDUM**  
No. 393, s. 2024

**CORRIGENDUM TO DIVISION MEMORANDUM No. 385 s. 2024**  
**ADMINISTRATION OF THE MULTI-FACTORED ASSESSMENT TOOL**  
**(MFAT) TO GRADE 1 LEARNERS**

**TO:** Assistant Schools Division Superintendent  
Chief, Curriculum Implementation Division  
Chief, School Governance and Operations Division  
Education Program Supervisor – Special Education  
Public Schools District Supervisors  
Public Elementary School Heads  
All Others Concerned

1. Relative to Division Memorandum No. 385 s. 2024 re *Administration of the Multi Factored Assessment Tool (MFAT) to Grade 1 Learners*, this office announces the new schedule of the administration of MFAT on **September 2- 12, 2024**. The results shall be submitted on or before **September 13, 2024** thru this link <https://bit.ly/4fVIU2z>
2. The District SPED Coordinators shall gather the MFAT Forms A and B of the schools in the district and consolidate the result using the MFAT Form C which is found in Enclosure No. 3 to be submitted to the Division SPED Supervisor/Coordinator through the link provided above.
3. The Division SPED Supervisor/Coordinator shall submit the consolidated MFAT Form D to the Regional SPED Supervisor as a basis for monitoring and extending Technical Assistance. The said report shall be submitted on or before September 16, 2024, to [SNED SDO Reports 2024](#) using the attached template.
4. The MFAT Form B or MFAT Tool per child shall be kept in the custody of Grade 1 Teachers. It shall contain the interventions to be implemented by the teachers.
5. Immediate compliance and widest dissemination of this Memorandum is desired.

  
**MARITES A. IBANEZ, CESO V**  
Schools Division Superintendent

MRV/CORRIGENDUM TO DM No. 385 s. 2024/R2- 136627/9/4/2024



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Enclosure 1

**FORM A. SAMPLE INDIVIDUAL MFAT RESULT**

(Template shall be used by the Grade 1 Teacher/Assessor)

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

Grade 1 Learner: \_\_\_\_\_

Direction: Check the column for YES if the learners met the indicator and NO if not.

Communication			Cognitive			Daily Living Skills			Daily Living Skills			Motor Skills		
Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No	Item No.	Yes	No
1	/		26		/	51	/		76	/		101	/	
2	/		27		/	52	/		77		/	102	/	
3	/		28		/	53	/		78		/	103	/	
4	/		29		/	54		/	79		/	104	/	
5	/		30		/	55		/	80		/	105	/	
6	/		31		/	56		/	81	/		106	/	
7	/		32		/	57		/	82	/		107		/
8		/	33		/	58	/	/	83	/		108		/
9		/	34	/		59		/	84		/	109	/	
10		/	35		/	60		/	85		/	110	/	
11		/	36		/	61	/		86		/	111	/	
12		/	37		/	62	/		87		/	112	/	
13	/		38	/		63	/		88		/	113	/	
14	/		39	/		64		/	89		/	114		/



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15	/		40	/		65		/	90	/		115	/	
16		/	41	/		66		/	91	/		116	/	
17		/	42	/		67		/	92	/		117	/	
18	/		43		/	68		/	93	/		118	/	
19	/		44		/	69		/	94	/		119	/	
20	/		45		/	70	/		95	/		120	/	
21	/		46		/	71		/	96	/		121		/
22	/		47		/	72		/	97		/	122		/
23	/		48		/	73		/	98		/	123		/
24	/		49		/	74		/	99		/	124		/
25	/		50		/	75		/	100		/	125		/
<b>TOTAL</b>	<b>18</b>	<b>7</b>		<b>6</b>	<b>19</b>		<b>7</b>	<b>18</b>		<b>14</b>	<b>11</b>		<b>17</b>	<b>8</b>

Prepared by:

NOTED:

Signature over Printed Name

Signature over Printed Name

Grade 1 Teacher

School Head



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Enclosure 3

**FORM C: Report on the Number of Learners Assessed, Number of Learners with Developmental Delay by Domain**

(Template shall be used by the District SPED Coordinators)

School	# of Learners Assessed	Number of Learners with Developmental Delays by Domain					Remarks
		Cognitive	Communication	Socio-Emotional	Motor	Daily Living Skills	

Prepared by: \_\_\_\_\_ NOTED: \_\_\_\_\_

Signature over Printed Name  
District SPED Coordinator

Signature over Printed Name  
Public Schools District Supervisor



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Enclosure 2

**FORM B. MFAT RESULTS PER LEARNER**

(Template shall be used by the Grade 1 Teacher/Assessor)

<b>Division:</b> _____		<b>School:</b> _____		
<b>Name of Assessor:</b> _____				
DOMAIN/S	ITEM CODE	ASSESSMENT ACTIVITY (From)	LEARNER'S RESPONSES/ASSESSOR'S OBSERVATIONS	RECOMMENDATIONS (To)

**Instruction:** (Use additional sheets)

Domain: refers to the learning domain tested  
 Code: refers to the code of the learning domain  
 Assessment Activity: Activity given or done in assessing the child as reflected in the assessment tool  
 Observations: How did the learner respond? What difficulties/inconveniences did you encounter in doing the activity? What made the activity inappropriate? What should be done/changed?  
 Recommendations: How should the activity be done? What should be used? Write the suggested Assessment Activity.

Prepared by: \_\_\_\_\_ **NOTED:** \_\_\_\_\_  
 Signature over Printed Name School Head  
 Gr. 1 Teacher/Assessor



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Enclosure 4

**FORM D: Report on the Number of Learners Assessed, Number of Learners with Developmental Delay by Domain**

(Template shall be used by the Division SPED Coordinators)

Division: \_\_\_\_\_

School	# of Learners Assessed	Number of Learners with Developmental Delays by Domain					Remarks
		Cognitive	Communication	Socio-Emotional	Motor	Daily Living Skills	

Prepared by: \_\_\_\_\_ NOTED: \_\_\_\_\_

Signature over Printed Name  
Division SPED Supervisor/Coordinator

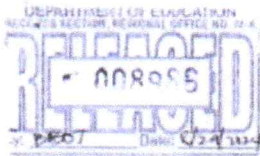
Signature over Printed Name  
Schools Division Superintendent



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LRMD-RM-2024-596


27 August 2024

**Regional Memorandum**  
 No. 596 s. 2024

**ADMINISTRATION OF THE MULTI-FACTORED  
 ASSESSMENT TOOL (MFAT) TO  
 GRADE 1 LEARNERS**

To **Schools Division Superintendents**

1. In reference to DO 9, s. 2024 or the School Calendar and Activities for the SY 2024-2025, the Department of Education Regional Office IV-A through the Curriculum and Learning Management Division (CLMD) announces the administration of Multi-Factored Assessment Tool (MFAT) by Grade 1 teachers among their learners a month after the opening of classes as provided in DO 29, s. 2018 or the Policy on the Implementation of MFAT.
2. In order to plan for possible interventions, trained Grade 1 teachers are required to submit the MFAT result using the MFAT Forms A and B. A sample MFAT Form is found in Enclosure No. 1.
3. The District SPED Coordinators shall gather the MFAT Forms A and B of the schools in the district and consolidate the result using the MFAT Form C which is found in Enclosure No. 2 to be submitted to the Division SPED Supervisor/Coordinator.
4. The Division SPED Supervisor/Coordinator shall submit the consolidated MFAT Form D to the Regional SPED Supervisor as a basis for monitoring and extending Technical Assistance. The said report shall be submitted on or before September 16, 2024, to [SNED SDO Reports 2024](#) using the attached template.
5. The MFAT Form B or MFAT Tool per child shall be kept in the custody of Grade 1 Teachers. It shall contain the interventions to be implemented by the teachers.
6. For clarification and further inquiries, you may contact Philips T. Monterola, SNED Regional Coordinator, and Viernalyn M. Nama, CLMD Chief Education Supervisor, at (02) 8681-2114 local 420.
7. Immediate compliance and widest dissemination of this Memorandum is desired.

  
**ATTY. ALBERTO T. ESCOBARTE, CESO II**  
 Regional Director

02/PTM



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