



Republic of the Philippines
Department of Education
REGION VI - WESTERN VISAYAS
SCHOOLS DIVISION OF SAGAY CITY

APR 08 2025

DIVISION MEMORANDUM

No. 257, s. 2025

**END OF SCHOOL YEAR CHECKING OF ALS FORMS AND DOCUMENTS
FOR SY: 2024-2025**

To: Assistant Schools Division Superintendent
Chief Education Supervisors – CID & SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. The Division of Sagay City, through the Office of Curriculum Implementation Division-ALS Unit, informs the field about the conduct of **END OF SCHOOL YEAR (SY) CHECKING OF ALS FORMS AND DOCUMENTS** on April 10-11, 2025. Enclosed is the tool to be used for checking.
2. Anent this, the Education Program Supervisor of the Alternative Learning System (ALS) and the Education Program Specialists-II for ALS are enjoined to lead the said significant End of SY undertaking.
3. It is understood that in the conduct of this activity, there shall be no discrimination on account of age, school, gender, civil status, disability, religion or other similar factors or personal circumstances that run counter to the principles of equal opportunity.
4. Immediate dissemination of this Memorandum is desired.

DANNIE CLARK M. UGUIL, CESE
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent



Enclosure : as stated
Reference :
Allotment :
No. of Pages :

To be indicated in the **Perpetual Index** under the following subjects:
CHECKING OF ALS FORMS AND DOCUMENTS
FDM/CID/DM: END OF SY CHECKING OF ALS FORMS AND DOCUMENTS for SY: 2024-2025
_____/April 7, 2025



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END OF SCHOOL YEAR CHECKLIST OF ALS FORMS AND DOCUMENTS
SY: 2024-2025

NAME of ALS Teacher: _____

District: _____

NAME OF DOCUMENTS	Please Tick		Remarks
	EVIDENT	NOT EVIDENT	
1. Approved letter for Literacy Mapping/Organization of Classes			
2. Copy of Advocacy Program			
3. Copy of Launching Program			
4. Copy of Schedule of ALS Classes			
5. Number of Organized Community Learning Centers- Note: Pls write the number of organized CLCs under Remarks			
6. Number of CLCs organized within the assigned district- Note: Pls write under Remarks.			
7. ALS Form 1			
8. ALS Form 2 (Note: Per Learner & CLC)			
9. ALS Form 3 (Note: Per CLC)			
10. ALS Form 4 (Note: Per CLC)			
11. ALS Form 5 (Note: Per CLC)			
12. ALS Assessment Form 1 (Note: Per Learner & CLC)			
13. ALS Assessment Form 2 (Note: Per Learner & CLC)			
14. Functional Literacy Test (Pre-Test) (Note: Per Learner & CLC)			
15. Functional Literacy Test (Post-est) (Note: Per Learner & CLC)			
16. Recognition of Prior Learning (RPL) Forms 1-4 (Note: Per Learner & CLC)			
12. Masterlist of ALS A&E PPA/Test Passers (Elem. & Junior HS Levels) per CLC. Note: Have			



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Department of Education
 REGION VI - WESTERN VISAYAS
 SCHOOLS DIVISION OF SAGAY CITY

REMARKS IF SHs & PSDSs were GIVEN a COPY)			
13. Masterlist of ALS A&E PPA/Test Passers (Elem. & Junior HS Levels) per barangay. Note: Have REMARKS IF Barangay Captains were GIVEN a COPY)			
14. Statistical Data on Enrollees, Completers, Registrants/District Qualifiers/Division Qualifiers and Passers per CLC			
15. Inventory of Radio- Note: For applicable ALS Teachers			
16. Inventory of Tablets- Note: For applicable ALS Teachers			
17. Inventory of Original Copy of Life Skills Modules- Note: The Records MUST show from 1-9 modules.			
18. Inventory of Reproduced Life Skills Modules- Note: The Records MUST show from 1-9 modules.			
19. Inventory of Original Copy of ALS Modules- Note: The Records MUST show from LS 1-6.			
20. Inventory of Reproduced ALS Modules- Note: The Records MUST show from LS 1-6.			

NOTE: Date Checked: _____ Date Submitted: _____

Checked and Verified by:

Conformed by:

 Education Program Specialist-II

 ALS Teacher

Noted by:

FELICIANO D. MERCURIO, JR.
 Education Program Supervisor-ALS