



09/25/2025

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Republic of the Philippines  
Department of Education  
REGION XI  
SCHOOLS DIVISION OF PANABO CITY

DIVISION MEMORANDUM  
SGOD-2025- 0491

To: Assistant Schools Division Superintendent  
Chief of the Schools Governance and Operations Division  
Chief of the Curriculum Implementation Division  
Public Secondary School Heads  
School Administrator, Francisco Adlaon Learning Institute  
School Principal, North Davao Colleges  
School Health Section  
Youth Formation Section

Subject: **NEW SCHEDULE OF THE SERIES OF ACTIVITIES RELATIVE TO THE ADOLESCENT REPRODUCTIVE HEALTH (ARH) PROGRAM**

Date: September 3, 2025

Please be informed on the new schedule of the conduct of the **Series of Activities relative to the Adolescent Reproductive Health (ARH) Program** in public and private schools from **September to November, 2025**. This is in partnership with the City Health Office of Panabo and Youth Formation Section.

With the alarming increase of teenage pregnancy cases in Panabo City, this activity aims to deepen the advocacy on Adolescent Health and Development in schools. There will be learner's health assessment, age-appropriate health services and reproductive health education, including the prevention of teenage pregnancy, awareness on mental health and STI/HIV-AIDS. There shall also be monitoring of the services in the school-based teen centers.

Participants are Grade 5-6 learners and Junior High School and Senior High School learners. **Enclosed are the schedule of activity in schools and the program matrix.** Schools are hereby directed to prepare the target participants and the venue, including chairs, tables and presentation equipment.

The Division Personnel who shall facilitate and attend the said activities are the following:

No.	Name	Designation
1	Dr. Arlene L. Choi	Medical Officer III
2	Desiree Loren L. Barabat, MAN, RN	Nurse II/ Division ARH Focal/ Division STI-HIV-AIDS Program Alternate
3	Maria Susete B. Flores, RN	Nurse II/ Division ARH Alternate
4	Maria Ezcelmay S. Cabaylo, RN	Nurse II/ Division STI-HIV-AIDS Program Focal



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5	John Carlo L. Ceniza,MAN, RN	Nurse II/ Division School Mental Health Program Focal
6	Glady C. Noel	PDO I / Division LRP Focal
7	Jezzriel Montefolka	PDO I/ Division LRP Alternate

Further, learners who shall participate in the health assessment and psychosocial risk screening (Rapid HEEADSSS Assessment) are required to secure parental consent before their respective schedules. Attached is the copy of the consent form.

Travel, meals and other incidental expenses of the division personnel related to this activity shall be charged against the local funds subject to the usual accounting and auditing rules and regulations.

For queries, kindly contact the Schools Governance and Operations Division–School Health Section through Desiree Loren L. Barabat, Nurse II/Division ARH Focal at 0985-555-2997 or at [desireeloren.barabat@deped.gov.ph](mailto:desireeloren.barabat@deped.gov.ph).

For your guidance and compliance.

For and in the absence of the Schools Division Superintendent:

**JANWARIE E. YAMOTA**  
Chief Education Supervisor  
Officer-In-Charge  
Office of the Schools Division Superintendent

RELEASED

SEP 05 2025

RECORDS SECTION, 500 BANBARO, MT.

Enclosed as stated  
SGOD/aba/d11b



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*Enclosure to Division Memorandum No. SGOD-2025-0491*

**A. Schedule of Schools**

<b>Date (2025)</b>	<b>Name of School</b>
September 24	AO Floirendo National High School
October 1	Francisco Adlaon Learning Institute (FALI)
October 8	Quezon National High School
October 10	Kauswagan National High School
October 15	Mabunao National High School
October 17	North Davao Colleges
October 22	Sindaton National High School
October 24	Lorenzo T. Concepcion Integrated School
November 5	Malativas National High School
November 7	Kasilak National High School
November 12	Desiderio Dasilay Sr. National High School
November 19	Nanyo National High School
November 26	Manay National High School

**B. Program Matrix**

<b>Time</b>	<b>Activity</b>	<b>Participants</b>
8:00 AM – 11:30 AM	<p>School-Based Advocacy Campaign (Lecture)</p> <p>1 Gym/Function Hall (max of 100 learners)</p> <p><b>Or</b></p> <p>3-4 Classrooms- (Simultaneous) (40-60 per class)</p>	<p>Grade 5-6 learners Grade 7-12 learners</p> <p><i>The school has its discretion on who will be participating the lectures based on the abovementioned levels.</i></p>
1:00 PM – 4:00 PM	<p>1. Health assessment (inside the classroom)</p> <p>2. School-Based Teen Center Monitoring</p> <p>3. Provision of adolescent health services preferably in the teen center or school clinic (if available), such as:</p> <ul style="list-style-type: none"> <li>• Psychosocial risk screening and assessment</li> <li>• Other age-appropriate health services</li> </ul> <p><i>Note: Rapid HEEADSSS Assessment can be conducted prior to scheduled date by trained health service provider (teacher/ advocate/ nurse)</i></p>	<p>Grade 11 only School-Based Teen Center Coordinator</p> <p>Grade 5-6 learners Grade 7-12 learners</p>

## CONSENT FORM FOR LEARNERS' HEALTH ASSESSMENT AND SCREENING

Date: \_\_\_\_\_

### I. Data Privacy Notice

The Department of Education (DepEd) shall engage in the collection of health/medical information for the purposes of tracking, provision of necessary health/medical interventions, and educational purposes. This information shall be processed in accordance with the provisions of the Data Privacy Act and the Data Privacy Policies of the Department.

This information shall be stored and held confidentially in accordance with the provisions of the Basic Education Act and may only be shared with other government agencies or third parties subject to Data sharing agreements and data privacy requirements for legitimate purposes only.

For inquiries, requests and concerns regarding your data privacy rights, please contact the data privacy compliance officer, team of the school, schools division office or regional office concerned.

By affixing my signature at the end of this document, I hereby consent and authorize the Department of Education to use, collect, and process the information for the purposes of the above stated.

### II. Components of Learner Health Assessment and Screening (LHAS)

#### Nutritional Assessment

Determining the height and weight of Kinder to Grade 6 learners to get their nutritional status as basis for inclusion to the School-Based Feeding Program (SBFP).

#### Health history intake and general head-to-toe assessment

Recording of past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, immunization status, and other relevant information.

General head-to-toe assessment is a thorough overall examination performed by health

personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor hygiene practices, and provide health education.

#### Vision screening

A non-diagnostic procedure aimed at early detection and management of vision problems among learners. This may be done by teachers (for Kindergarten learners and non-readers) and non-teaching personnel (for Grades 1 and 7) who have received appropriate training, school health personnel, or local partners.

#### Hearing screening

A non-diagnostic procedure intended to identify learners who may require further evaluation and management by appropriate healthcare professionals.

#### Oral health assessment

Evaluation of the oral cavity, conducted by licensed dentists, including inspection of the teeth, gums, and other oral tissues to identify dental and other oral health concerns.

#### Universal mental health and psychosocial screening and assessment

In compliance with "Republic Act (RA) 11036 or the "Mental Health Act", Universal mental health screening refers to the systematic assessment of learners based on their school performance, behaviors, and social-emotional functioning. Psychosocial screening aims to identify risk factors that may affect a learner's mental health, emotions, or interactions with other people. It is intended to prevent the learner's condition from worsening and to provide immediate intervention if necessary. The purpose of screening is not to provide clinical diagnosis of mental disorders, but to identify at-risk learners and provide early intervention and support, or referral for specialized help if needed.

Psychosocial assessment is a guided, semi-structured interview conducted by the School Counselors and/or other trained personnel on learners who will be identified as "at-risk."

### III. Consent to Health Assessment and Screening

I, \_\_\_\_\_, the parent/ parent - substitute/ legal guardian of \_\_\_\_\_, \_\_\_\_\_ years old, Male/Female, \_\_\_\_\_ learner \_\_\_\_\_ in \_\_\_\_\_ have been

(Full name) (Full name of learner) (Age) (Sex)  
(Grade level) (Name of school)

properly and fully informed about the details of the learners' health assessment and screening. I understand that participation is voluntary and choosing whether to participate or not will have no effect on the grade, treatment, or care of my child/ward. I am aware that non-participation may lead to my child/ward being unable to join certain programs and services that require the information collected in the procedures listed above.

By affixing my signature below, I hereby state that:

*Please mark the space with a (✓) and place your signature at the end of this document.*

	<b>I CONSENT</b> for my child/ward to undergo the following assessments/screening:	<b>I DO NOT CONSENT</b> for my child/ward to undergo the following assessments/screening:
Nutritional Assessment		
Health history intake and general head-to-toe assessment		
Vision screening		
Hearing screening		
Oral health assessment		
Universal mental health and psychosocial screening and assessment		

Signature above Printed Name  
(Parent/parent-substitute/legal  
guardian)

Date

### LEARNER'S ASSENT FORM FOR HEALTH ASSESSMENT AND SCREENING

I have been informed of the details of the Learner Health Assessment and Screening and that my parent/parent-substitute/guardian has given permission for me to participate. My participation is voluntary and I have been told that I may stop my participation at any time. I understand that If I choose to participate or not, will not affect my grade, treatment, or care in any way, except in activities that require the information collected in the procedures listed above.

Signature above Printed Name  
(Learner)

Date



## NOTIFICATION LETTER

DATE: \_\_\_\_\_

**DIVISION:** \_\_\_\_\_  
**SCHOOL:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

Dear Parent/Guardian,

This school as a Public Secondary/ Senior High School will conduct an Adolescent Health Awareness Campaign in coordination with the Panabo City Health Office (CHO).

This notification is being issued to inform you of the activity that will be conducted on the remaining months of SY 2025. The activity prioritizes the informational campaign on the trends affecting the student's age group, this includes topic on Teenage Pregnancy, Suicide and Mental Health, and Sexually Transmitted Infections – HIV. Moreover, a voluntary mental health assessment and HIV testing and counseling will also be provided and will be strictly confidential.

Should you have further questions/ clarifications on this matter, please get in touch with the Principal/ School Head.

Thank you very much.

Very truly yours,

\_\_\_\_\_  
 Name of School Head/ Principal

## ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the intended activity and services.

Yes, I will allow my child to attend the activity and receive necessary services.

No, I will not allow my child to participate.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

\_\_\_\_\_  
 Name and Signature of Parent/ Guardian