



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

**Office of the Schools Division Superintendent**

**DIVISION MEMORANDUM**

SGOD-2025-0614

To : Assistant Schools Division Superintendent  
 Chief of Curriculum Implementation Division  
 Chief of the Schools Governance and Operations Division  
 All Public Schools District Supervisors  
 All Elementary School Heads and Principals  
 All Concerned

Subject: **SUBMISSION OF READING STATUS OF SCHOOL-BASED FEEDING PROGRAM (SBFP) BENEFICIARIES FOR SY 2025-2026 (BASELINE AND ENDLINE)**

Date: October 23, 2025

In line with the implementation of the School-Based Feeding Program (SBFP) under the Department of Education's OK sa DepEd initiatives, this Office underscores the importance of monitoring not only the nutritional progress of learners but also their academic and literacy development. To ensure a holistic approach to learner development, it is essential to assess the reading performance of SBFP beneficiaries before and after the feeding cycle.

Anent this, all SBFP-implementing schools are instructed to submit the Reading Status Report of SBFP beneficiaries for School Year 2025-2026, indicating both the Baseline (at the start of feeding implementation) and Endline (upon completion of feeding) reading levels. These data aim to determine the correlation between improved nutritional status and learners' reading performance. Attached is the template for your guidance.

The consolidated report per school shall be submitted to the Division SBFP Focal Person, Moolien Jane A. Estimada, through the School Health Section, SGOD, on February 20, 2026.

For your information and compliance.

For and in the absence of Schools Division Superintendent

**BASILIO P. MANA-AY JR., CESO VI**  
 Assistant Schools Division Superintendent

Enclosed.: As stated.  
 SGOD/ABA/mje

**RELEASED**

**OCT 24 2025**

RECORDS SECTION SDO PANABO CITY  
 BY



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READING STATUS OF THE SCHOOL-BASED FEEDING PROGRAM BENEFICIARIES

NAME OF SCHOOL: \_\_\_\_\_

NAME OF SCHOOL HEAD: \_\_\_\_\_

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

Grade Level: \_\_\_\_\_

| NO | NAME OF BENEFICIARY | AGE | GENDER | BASELINE<br>(DATE OF MEASUREMENT) |        |        | READING STATUS | ENDLINE<br>(DATE OF MEASUREMENT) |        |        | READING STATUS |
|----|---------------------|-----|--------|-----------------------------------|--------|--------|----------------|----------------------------------|--------|--------|----------------|
|    |                     |     |        | Nutritional Status                | Height | Weight |                | Nutritional Status               | Height | Weight |                |
| 1  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 2  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 3  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 4  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 5  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 6  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 7  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 8  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 9  |                     |     |        |                                   |        |        |                |                                  |        |        |                |
| 10 |                     |     |        |                                   |        |        |                |                                  |        |        |                |

\*May add rows.

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

Reviewed by: \_\_\_\_\_

Noted by: \_\_\_\_\_

Recommending Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

School Coordinator \_\_\_\_\_

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

Nurse II \_\_\_\_\_

Chief ES, SGOD \_\_\_\_\_

Schools Division Superintendent \_\_\_\_\_

**MOOLLEN JANE A. ESTIMADA RN,MAN**

**AILENE B. AÑONUEVO PHD**

**JINKY B. FIRMAN PHD**

Schools Division Superintendent

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