



Republic of the Philippines
Department of Education
REGION XI

SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2023-0076

To: Assistant Schools Division Superintendent
Chief Education Program Supervisor, CID
Chief, Education Program Supervisor, SGOD
Education Program Supervisors, CID
Education Program Supervisor, SGOD
Public Schools District Supervisors
Concerned Public School Heads, Integrated, Elementary and Secondary Schools
Concerned Division Section Heads

Subject: **Internal Needs Assessment for Building Partnership and Linkages Program**

Date: March 13, 2023

In line with the goal to streamline the Division Process for the Building Partnership and Linkages Program, the School Governance and Operations Division through the Social Mobilization and Networking Unit shall be conducting an Internal Needs Assessment to all schools using the attached tool.

In line with this, all the School Heads, together with the School Partnership Focal Persons are advised to accomplish the said tool and submit it on or before March 24, 2023 at the School Governance and Operations Division through Romela T. Pangandoyon, Senior Education Program Specialist.

This office reiterates the strict observance of the IATF health protocols such as social distancing and wearing of face masks and face shield. In adherence to all policies, everyone is encouraged to continuously support and value equality and diversity (Equal Opportunity Principle) within the Department.

Immediate dissemination of and compliance with this memorandum is desired.

ALLAN G. FARNAZO

Director IV

and Concurrent Officer-In-Charge
Office of the Schools Division Superintendent

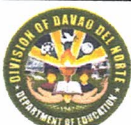
For the Schools Division Superintendent:

REBECCA C. SAGOT, CESO VI

Assistant Schools Division Superintendent



Enclosed: As stated.
SGOD/ncj





Republic of the Philippines
Department of Education
REGION XI

SCHOOLS DIVISION OF DAVAO DEL NORTE

Social Mobilization and Networking Unit

INTERNAL NEEDS ASSESSMENT TOOL

Name of School: _____ Date: _____

School Address: _____

Name of School Head: _____

Name of the School Partnership Focal Person _____

KRA	AREA OF NEED	PRIORITY (Moderate, High, Very High)			REMARKS
		M	H	VH	
ACCESS	<u>A. Support for Economically Disadvantaged Students</u>				
	School Supplies				
	Transportation Expenses				
	Clothing				
	Food				
	<u>B. Facilities for Students with Disabilities</u>				
	A Classroom that addresses the inclusive need of students with special needs				
	Books and Materials specifically designed for students with special needs				
	Assistive Technology / Specialized Equipment				
	Manipulative Toys				
	<u>C. Facilities for School-Based Feeding Program</u>				
	Structure / Building for Feeding Area				
	Utensils				
	<u>D. Facilities for Health and Sanitation</u>				
	(Pls. specify the identified needs)				



KRA	AREA OF NEED	PRIORITY			REMARKS
		M	H	VH	
QUALITY	<u>A. Instructional Materials/Learning Resources for Learning Standards</u>				
	English/Reading				
	Mathematics				
	Science				
	Filipino				
	MAPEH				
	Araling Panlipunan				
	TLE/Techvoc				
	Others (Pls. specify)				
	<u>B. Educational Equipment</u>				
	ICT				
	Science Laboratory				
	TechVoc Laboratory				
	Printer				
	Photocopier				
	Others (Pls. be specific about the identified needs)				
RESILIENCY	<u>A. Counseling Services</u>				
	(Pls. specify the identified needs, e.g Training for ____)				
	<u>B. Safety and Emergency Supplies</u>				
	(Pls. specify the identified needs, e.g Emergency Kit, Battery Powered Radio)				
	<u>C. Early Warning Equipment/Device</u>				

	(Pls. specify the identified needs, e.g Batingaw, Alarm Bell)				
	D. School Health Facilities				
	(Pls. specify the identified needs, e.g WASH/ Handwashing Facilities, Concrete Lavatory)				
EQUITY	A. Facilities for <u>Students with Disabilities</u>				
	Inclusive Learning Resource Centers				
	Books and Materials specifically designed for students with special needs				
	Assistive Technology / Specialized Equipment				
	Manipulative Toys				
	Learner Support Services (Pls. specify the identified needs, e.g Assessment for students with special needs)				
GOVERNANCE	Electrical Wiring/Supplies				
	Water System Rehabilitation				
	Classroom Repair/Repainting				
	Comfort Room Construction or Repair				
	Professional Development to Support Individual Teacher Skills (Pls. be specific about the identified needs)				
	Professional Development to Support Non-Teaching Personnel (Pls. be specific about the identified needs)				
	Professional Development to Support School Head (Pls. be specific about the identified needs)				
OTHERS	(Pls. be specific about the identified needs)				

IDENTIFIED VERY HIGH-PRIORITY NEEDS

Area of Need	Baseline Data (No. of Learners/TP/NTP in Actual Need)	Measurable Goal/Target	Evaluation of Measure
<i>e.g. Structure/ Building for Feeding Area</i>	<i>100 Identified Wasted & Severely Wasted</i>	<i>No of the Learners Rehabilitated</i>	<i>At most 100% of the wasted and severely wasted shall be rehabilitated</i>

Signature Over Printed Name of School Head

Date

