



Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OFFICE OF PANGASINAN II

Office of the Schools Division Superintendent

August 13, 2024

DIVISION MEMORANDUM

No. 400, s. 2024

**TO: Public Schools District Supervisors
Elementary School Heads
District SNEd Coordinators
Grade 1 Teachers**

**FROM: VIVIAN LUZ S. PAGATPATAN, CESO VI
OIC, Office of the Schools Division Superintendent**


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

PARTICULARS

1. Pursuant to DepEd Order No. 29, s. 2018 titled *Policy on the Implementation of Multi-Factored Assessment Tool* and DO No. 009, s. 2024 titled *Implementing Guidelines on the School Calendar and Activities for the School Year 2024-2025*, SDO Pangasinan II through the Curriculum Implementation Division (CID) hereby informs the administration of **Multi-Factored Assessment Tool (MFAT)** to **Grade 1 learners** starting August 30, 2024, a month after the opening of classes.
2. MFAT is a screening tool intended to gather information on learners' strengths, needs, learning styles, and other educational concerns. The results shall be used as a basis for instructional planning and formulating appropriate intervention strategies for learners who exhibit developmental delays, or manifestations of learning disabilities.
3. In order to plan for possible intervention, trained Grade 1 Teachers shall administer the assessment and are required to submit results using the MFAT Consolidation Form. A sample MFAT Form D is found in enclosure No. 1.
4. School SNED Coordinators in partnership with the Grade 1 MFAT trained teachers shall conduct a re-orientation on the administration of the tool through Learning Action Cell (LAC) Sessions.
5. The District SNED Coordinators shall gather the MFAT Form D of the schools in the district and consolidate the results using the MFAT Form E (Enclosure No. 2) to be submitted to the Division SNED Focal Person, Dr. Jupiter L. Petilla on or before September 20, 2024.
6. It is hereby reminded that the result of the MFAT will not in any way, affect the performance of a learner, teacher, the school or the district. If the intervention made in the school will not make improvement and/ or in academic functioning of the learner, the school may refer the learner to allied medical specialist for further assessment.

7. MFAT Form C or MFAT Tool per child (Appendix I-DO 29, s. 2018) shall be kept in the custody of Grade I Teachers. It shall contain the interventions to be implemented by the teachers. This intervention report shall be turned-over to the next grade levels for progress tracking purposes.
8. For complete information including the detailed assessment procedure and MFAT materials/ templates, please refer to DO 29, s. 2018.
9. Immediate dissemination of this memorandum is highly enjoined.


VIVIAN LUZ S. PAGATPATAN, CESO VI
OIC, Office of the Schools Division Superintendent

APPROVED FOR TRANSMISSION:

ARVIN R. PURISIMA
ADMINISTRATIVE OFFICER V

FORM D. SAMPLE INDIVIDUAL MFAT RESULT

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		/
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		/
Total	18	7		6	19		7	18		14	11		17	8

Prepared by:

NOTED:

Signature over Printed Name
Grade 1 Teacher

Signature over Printed Name
School Head



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SCHOOLS DIVISION OFFICE OF PANGASINAN II

MFAT CONSOLIDATION FORM

Division: _____
Name of Assessor: _____

School: _____

DOMAIN /S	ITEM CODE	ASSESEMENT ACTIVITY (FORM)	LEARNER'S REPOSSES/ 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/ inconvenience 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: _____
Signature over Printed Name
Gr. 1 Teacher/Assessor

NOTED: _____
School Head

