



Republic of the Philippines
Department of Education
 REGION I



REGIONAL MEMORANDUM


No. 970, s. 2024

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

To: Schools Division Superintendents

1. The Department of Education through the Curriculum and Learning Management Division announces the administration of Multi-Factored Assessment Tool (MFAT) by Grade 1 teachers among their learners a month after the opening of classes as provided in DO 29, s. 2018 or the *Policy on the Implementation of MFAT* and DO 9, s. 2024 or the School Calendar and Activities for the SY 2024-2025.
2. In order to plan for possible interventions, trained Grade 1 teachers are required to submit the MFAT result using the MFAT Forms A and B. A sample MFAT Form is found in Enclosure No. 1.
3. The District SPED Coordinators shall gather the MFAT Forms A and B of the schools in the district and consolidate the result using the MFAT Form C which is found in Enclosure No. 2 to be submitted to the Division SPED Supervisor/Coordinator.
4. The Division SPED Supervisor/Coordinator shall submit the consolidated MFAT Form D to the Regional SPED Supervisor as a basis for monitoring and extending Technical Assistance. The said report shall be submitted on or before September 16, 2024, to clmd.region1@deped.gov.ph and cc: maryanngrace.dulay@deped.gov.ph using the attached template.
5. The MFAT Form B or MFAT Tool per child shall be kept in the custody of Grade 1 Teachers. It shall contain the interventions to be implemented by the teachers.
6. For more information or queries, contact the CLMD through telephone number (072) 682-2324.
7. For information and guidance.

For the Regional Director:


ARNOLD I. VINO
 Chief Administrative Officer
 Finance Division

Encl.: None
 Reference: None
 To be included in the Perpetual Index
 Under the following subject

MFAT
 CLMD/magd/RM_MFAT
 August 19, 2024



FORM A. SAMPLE INDIVIDUAL MFAT RESULT
 (Template shall be used by the Grade 1 Teacher/Assessor)

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

FORM B. MFAT RESULTS PER LEARNER
 (Template shall be used by the Grade 1 Teacher/Assessor)

Division: _____		School: _____		
Name of Assessor: _____				
DOMAIN/S	ITEM CODE	ASSESSMENT ACTIVITY (From)	LEARNER'S RESPONSES/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/inconveniences 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: _____ **NOTED:** _____

Signature over Printed Name
Gr. 1 Teacher/Assessor

School Head

FORM C: Report on the Number of Learners Assessed, Number of Learners with Developmental Delay by Domain
 (Template shall be used by the District SPED Coordinators)

School	# of Learners Assessed	Number of Learners with Developmental Delays by Domain					Remarks
		Cognitive	Communication	Socio-Emotional	Motor	Daily Living Skills	

Prepared by: _____ NOTED: _____

 Signature over Printed Name
 District SPED Coordinator

 Signature over Printed Name
 Public Schools District Supervisor

