10 - 321

Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO

DEPARTMENT OF EDUCATION
RELEASED
OCT 17 2025
DATE
DIVISION OF SIARGAO

DIVISION MEMORANDUM
No. 10 - 321 s., 2025

To: Assistant Schools Division Superintendent
Chiefs of CID and SGOD
Public Schools District Supervisor
Elementary and Secondary School Heads
Division Sports Coordinator
Event Coaches
School Guidance Designate
All Others Concerned

ESTABLISHMENT OF LEARNER RIGHT AND PROTECTION DESK DURING THE CONDUCT OF DIVISION ATHLETIC MEET 2025

1. In accordance with Division Memorandum No. 10-307, s. 2025, and in support of the Department of Education's commitment to safeguarding learners through effective child protection mechanisms, all schools designated as billeting quarters for the 2025 Division Athletic Meet are hereby instructed to establish Learner Rights and Protection Desks.

2. These desks shall function as the primary venue for receiving and responding to learner-related concerns, particularly those involving bullying and other violations of child protection policies.

3. Event coaches are expected to consistently uphold and advocate for rights-based education to ensure comprehensive awareness among all stakeholders.

4. All incidents must be duly recorded by the designated school guidance personnel utilizing the official Learner Rights and Protection Office (LRPO) forms and procedures.

5. All reports must be securely maintained and, when necessary, referred to the Dapa Municipal Social Welfare and Development Office, and the Municipal Police Station – Dapa in accordance with applicable protocols.

6. The handling and sharing of such reports must strictly adhere to the provision of the Data Privacy Act of 2012, ensuring the protection of sensitive personal information and the rights of data subjects.

DepED DEPARTMENT OF EDUCATION
BAGONG PILIPINAS
DIVISION OF SIARGAO 1967
Address: Brgy. Osmeña, Dapa, Surigao del Norte, 8417
Contact No.: 09190040217
Website: sdosiargao.com
siargao@deped.gov.ph
DepEd Siargao

7. Enclosed are the Report Templates of Enclosure to DM No. 59, s. 2015.

8. For your information and guidance, and strict compliance.

MANUEL O. CABERTE
Schools Division Superintendent

Ref: As stated
Incls: As stated
To be indicated in the perpetual index under the following subjects:
ATHLETICS LEARNERS

LRPO/grd
10/15/2025

D. Enclosure #12 Intake Sheet

CONFIDENTIAL

Republic of the Philippines
Department of Education

In compliance with the Data Privacy Act of 2012, the Learner Rights and Protection Office (LRPO), all personal data obtained from this form is entered and stored within DepEd's authorized information and communications system and will only be accessed by authorized personnel. Moreover, Section 18 of the DepEd Child Protection Policy ensures that the identity or other information pertaining to the learner/s or individuals involved shall be withheld from the public to protect their privacy.

INTAKE SHEET

I. INFORMATION

A. VICTIM:

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Gr./Yr. And Section: _____ Adviser _____

Parents:

Mother: _____ Age: _____

Occupation: _____

Address: _____

Father: _____ Age: _____

Occupation: _____

Address: _____

B. COMPLAINANT:

Name: _____

Relationship to the Victim: _____

Address and Contact Number: _____

C. RESPONDENT:

C-1. If respondent is a School Personnel

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address and Contact Number: _____

Position/Designation: _____

III. Actions taken, *if any*

_____

_____

_____

_____

IV. Disposition:
Referred and/or Released to:

☐ LSWDO Name: _____ Contact No. _____

☐ PNP Name: _____ Contact No. _____

☐ NGO/ FBO Name of Organization _____

Contact No. _____

Released to:

☐ Parents

☐ Guardian

☐ Relative/s Name: _____ Contact No. _____

_____

Name and Signature of Receiving Party

Address: _____

Prepared by:

_____ _____

Name and Signature Designation

Noted by:

_____ _____

Name and Signature Designation

Appendix B

CONFIDENTIAL

DepED Enclosure #14 CICL Intake Form

DepED DEPARTMENT OF EDUCATION

Children in Conflict with the Law (CICL) Intake Form

Division: _____ Region: _____

Name of School: _____

Address: _____

Case No.: _____

Date: _____

I. Identifying Information

Name: _____

Nickname: _____

Age: _____ Sex: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Grade/ Year Level & Section: _____

Class Adviser: _____

Parents/Guardian Information

Parents/ Guardian: _____

Address: _____

Contact Nos: _____

II. Problem Presented (Information on the Reported Offense)

Alleged offense committed by the student (describe incident as reported):

_____

_____

_____

_____

Place and Date of Alleged Commission of Offense: _____

Name of the referring party/ relation to the child: _____

Name of victim/s (if any): _____ Grade/Level: _____

Previous Offense reported in school, *if any* (please indicate date:)

_____

Prepared by:

_____
Signature over Printed Name

_____
Designation

_____
Date

Noted by:

_____
Signature over Printed Name

_____
Designation

_____
Date

CONFIDENTIAL

C-2. If respondent is a Student

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Gr./Yr. and Section: _____

Parents/Guardian:

Mother: _____ Age: _____

Occupation: _____

Address and Contact Number: _____

Father: _____ Age: _____

Occupation: _____

Address and Contact Number: _____

II. DETAILS OF THE CASE:

III. ACTION TAKEN:

1

2

3

IV. RECOMMENDATIONS:

1

2

3

D. Enclosure #13 Profiling & Initial Risk Assessement Tool

Appendix A

CONFIDENTIAL

Profiling and Initial Risk Assessment Tools for Children-at-Risk

PART I:

This form will hepthe guidance teacher or guidance counselor quickly note down risk factors that make the child vulnerable to coming intoconflict with the law. A check mark on those items in red/bold font require immediate referral of the child to the LSWDO, DSWD or licensed child-caring agencies and NGOs for futher assessment and treatment or intervention planning.

A mark on the other items or factors, othern than those in red, require further investigation or data gathering on the part of the school CPC before referral is made to the LSWDO or DSWD

Initial assessment made using this form will not substitute for the professioal assessment and judgment of a licensed counselor, licensed child psychologist and licensed social worker.

I. Child's Identifying Information

Name: _____

Age: _____ Date of Birth: _____

Sex: _____

Address: _____

In school? _____ Yes; Grade/ Year Level: _____

_____ No; Highest Grade/ Year Level Finished: _____

Caregivers: _____ Father only _____ Mother only _____ Father & Mother

_____ Others (indicate relationship to the child): _____

Caregiver's source of income/employment and monthly income: _____

No. of siblings: _____ No. of siblings below 18 years old: _____

Ordinal position: _____

I. Individual factors

_____ History of substance/alcohol abuse

_____ Involvement in gangs

_____ Involvement in any positive youth development activity, identify: _____

_____ Reported incidents of sudden outbursts of anger/irritability exhibited in school

_____ Report or allegations of traumatic experiences of the child

_____ Reported recent suicide attempts or suicidal ideation

_____ Child observed in class to be depressed, anxious and out of focus most of the time

_____ Constant somatic complaints

_____ Reported/Noted thought disturbances

Types of offenses committed (Mark with X and indicate how many times reported for every type of offense committed)

_____ Theft
_____ Robbery
_____ Physical injuries
_____ Sexual harassment
_____ Rape
_____ Homicide
_____ Murder
_____ Drug-related offense
_____ Other offenses punished under penal laws (please indicate) _____

Family/community factors:

_____ Child is a victim of abuse, identify _____ (sexual, physical, emotional, verbal)
_____ Child is a victim of neglect
_____ Child has no parents or no adult guardian in the household
_____ History of parental criminal behavior
_____ History of sibling's criminal behavior
_____ Witness to family/ domestic violence
_____ Parent substance abuse
_____ Homeless
_____ Abandoned
_____ Witness to community violence
_____ Presence of support system (family, community, church, school)

School Behavior

_____ Child is behaving well in school
_____ Child is a victim of bullying in school
_____ Child has been observed to have moderate behavior problems in school
_____ Child had severe problems with behavior in school. Child has been reported for bullying in school.

Juvenile Justice (JJ)*

History of criminal behavior

_____ Current criminal behavior is the first known occurrence
_____ Youth has engaged in multiple delinquent acts in the past year

Seriousness

_____ Youth has engaged only in status violatoins or violations of local ordinances
_____ Youth has engaged in criminal behavior
_____ Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm

Peer influences

_____ Youth's primary peer social network does not engage in delinquent behavior
_____ Youth predominantly has peers who engage in delinquent behavior
_____ Youth's primary peer social network are known to ngage in criminal behavior

* Indicators were based on the Juvenile Justice Module of the Child and Adolescent Needs and Strengths Manual. Preda Foundation (1999)

PART II:

The table below further provides a non-exhaustive list of examples of evidence which would suggest that a student has met the threshold for an immediate referral to the proper authorities (LSWDO, Licensed SW of accredited and duly-licensed child caring agency, or to the DSWD CIU) or whether there is still a need for further investigation or data gathering on the allegations before referrals are made.

Initial assessment made using this form will not substitute for the professional assessment and judgment of a licensed counselor, licensed child psychologist and licensed social worker.

Referral to LSWDO for immediate intervention within 8hours

Initiak Assessment:For further investigation before referral to LSWDO or DSWD within 24 hours

☐ Any allegation of abuse or neglect or any suspicious injury in a non-mobile child	☐ Allegation of physical assault with no visible injury (child is mobile and verbal)
☐ Two or more minor injuries in non-verbal young children (including disabled children)	
☐ Allegations or suspicious about a serious injury	☐ Any incident/ injury triggering concern e.g. a series of apparently accidental injuries or a minor non-accidental injury
☐ Allegations or suspicious about a sexual abuse perpetrated against a child	
☐ Repeated allegations of reasonable suspicious of non-accidental injury or injuries	☐ Repeated expressed minor concerns from one or more sources on suspicious of non-accidental injury
☐ The child has been traumatised, injured or neglected as a result of domestic violence	☐ Allegation concerning verbal threats
☐ Repeated allegations involving serious verbal threats and/or emotional abuse	☐ Allegations of emotional abuse including that caused by minor domestic violence
☐ Allegations/ reasonable suspicions of serious neglect	☐ Allegations of periodic neglect including insuffiecient supervision; poor hygiene; clothing or nutrition; failure to seek/attend treatments or appointments; young carers undertaking intimate personal care

☐ Direct allegation of sexual abuse made by child or abuser's confession to such abuse

☐ Suspicions of sexual abuse (e.g. medical concerns, sexualized behavior, or referral by concerned relative, neighboor and caregiver)

☐ Any allegation sggesting connections between sexually abused children in different families or more than one abuser

---

☐ An individual inside the child's home posing a risk to the child (alleged perpetrator living with the child or who has daily access to the child/ adult alleged of threatening child to commit crime, etc.)

☐ Any suspicious injury or allegation involving a childalready subject to a child protection plan or looked after by a local authority

---

☐ No available parent/carer and child is left abandoned child

☐ No available parent, child in need of temporary accommodation and no specific risk if this need is met

---

☐ Suspicion that a child has suffered or is at-risk of significant harm due to fabricated/ induced illness

---

☐ A child reported to be at-risk of sexual exploitation or trafficiking

---

☐ Pregnancy in a child

☐ A child at-risk of forced marriage

Initial assessment made by:

Name and Signature _____ Designation _____

Noted by:

Name and Signature _____ Designation _____

Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO
LEARNER RIGHTS AND PROTECTION OFFICE

CONFIDENTIAL

REFERRAL FORM

Case No.:_____ Referral Date: _____

To:_____
Address:_____
Contact Person:_____
Name of Client:_____
Age:_____ Sex:_____ Address:_____
Name of Family/Guardian:_____Contact No.:_____
Address:_____
Reason/s for Referral:_____
Specific Service/s Requested:_____

Please refer to attached report/ intake form/case summary for more information.

Feedback requested and send to Referring Party/Agency:
_____
_____.

Address:_____
Cell Phone No.:_____ Landline No.:_____
Email Address:_____ Fax No.:_____
Contact Person:_____
Referred by:

_____ _____
Signature over Printed Name Designation