



Republic of the Philippines  
**Department of Education**  
REGION I  
SCHOOLS DIVISION OF VIGAN CITY

**Office of the Schools Division Superintendent**

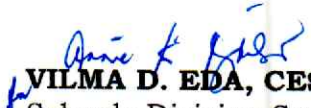
**DIVISION MEMORANDUM**

No. 278, s. 2024

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

To: Assistant Schools Division Superintendent  
Chief Education Supervisors (CID and SGOD)  
Public Elementary School Heads

1. In reference to Regional Memorandum No. 970 s, 2024 or the Administration of Multi-Factored Assessment Tool (MFAT) to Grade 1 Learners, this division informs all elementary schools to administer the said assessment to Grade 1 learners who may exhibit developmental advancement or delays or with manifestation of learning difficulties and disabilities.
2. The Grade 1 teachers are required to properly accomplish and submit the MFAT results to this Office using Forms A & B found in Enclosure No. 1 of the attached Regional Memorandum on or before September 12, 2024 for consolidation and submission to the Regional Office.
3. Immediate dissemination of this memorandum is desired.

  
**VILMA D. EDA, CESO V**  
Schools Division Superintendent



Encl.: RM No. 970, s. 2024  
Reference: RM No. 970, s. 2024  
To be included in the Perpetual Index  
Under the following subject

MFAT



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Your Feedback is important to us. Visit this link [bit.ly/SDOViganCityCSM](https://bit.ly/SDOViganCityCSM)





Republic of the Philippines  
**Department of Education**  
 REGION I

2408-1507  
 DEPARTMENT OF EDUCATION  
 RECORDS SECTION REGION I  
**RELEASE**  
 617398  
 By: \_\_\_\_\_ Date: AUG 20 2024

**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](mailto:clmd.region1@deped.gov.ph) and cc: [marvanngrace.dulay@deped.gov.ph](mailto:marvanngrace.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



Document #  
  
 CLMD 241305



Flores St., Catbangan, City of San Fernando, La Union  
 Telephone Nos.: (072) 607-8137/682-2324  
 DepEd Region I | [region1@deped.gov.ph](mailto:region1@deped.gov.ph) | [www.depedr01.com](http://www.depedr01.com)



**FORM A. SAMPLE INDIVIDUAL MFAT RESULT**  
 (Template will be used by the Grade I Teacher/ Assessor)

Name of School: \_\_\_\_\_ Grade I 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 |     |    |
|---------------|-----|----|-----------|-----|----|---------------------|-----|----|---------------------|-----|----|
| Item No.      | Yes | No | Item No.  | Yes | No | Item No.            | Yes | No | Item No.            | Yes | No |
| 1             |     |    | 1         |     |    | 1                   |     |    | 1                   |     |    |
| 2             |     |    | 2         |     |    | 2                   |     |    | 2                   |     |    |
| 3             |     |    | 3         |     |    | 3                   |     |    | 3                   |     |    |
| 4             |     |    | 4         |     |    | 4                   |     |    | 4                   |     |    |
| 5             |     |    | 5         |     |    | 5                   |     |    | 5                   |     |    |
| 6             |     |    | 6         |     |    | 6                   |     |    | 6                   |     |    |
| 7             |     |    | 7         |     |    | 7                   |     |    | 7                   |     |    |
| 8             |     |    | 8         |     |    | 8                   |     |    | 8                   |     |    |
| 9             |     |    | 9         |     |    | 9                   |     |    | 9                   |     |    |
| 10            |     |    | 10        |     |    | 10                  |     |    | 10                  |     |    |
| 11            |     |    | 11        |     |    | 11                  |     |    | 11                  |     |    |
| 12            |     |    | 12        |     |    | 12                  |     |    | 12                  |     |    |
| 13            |     |    | 13        |     |    | 13                  |     |    | 13                  |     |    |
| 14            |     |    | 14        |     |    | 14                  |     |    | 14                  |     |    |
| 15            |     |    | 15        |     |    | 15                  |     |    | 15                  |     |    |
| 16            |     |    | 16        |     |    | 16                  |     |    | 16                  |     |    |
| 17            |     |    | 17        |     |    | 17                  |     |    | 17                  |     |    |
| 18            |     |    | 18        |     |    | 18                  |     |    | 18                  |     |    |
| 19            |     |    | 19        |     |    | 19                  |     |    | 19                  |     |    |
| 20            |     |    | 20        |     |    | 20                  |     |    | 20                  |     |    |
| 21            |     |    | 21        |     |    | 21                  |     |    | 21                  |     |    |
| 22            |     |    | 22        |     |    | 22                  |     |    | 22                  |     |    |
| 23            |     |    | 23        |     |    | 23                  |     |    | 23                  |     |    |
| 24            |     |    | 24        |     |    | 24                  |     |    | 24                  |     |    |
| 25            |     |    | 25        |     |    | 25                  |     |    | 25                  |     |    |
| <b>TOTAL</b>  |     |    |           |     |    |                     |     |    |                     |     |    |

Prepared by: \_\_\_\_\_  
 Signature over Printed Name  
 Grade I Teacher

Noted \_\_\_\_\_  
 Signature over Printed Name  
 School Head

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

| <b>Division:</b> _____         |           | <b>School:</b> _____          |                                                   |                         |
|--------------------------------|-----------|-------------------------------|---------------------------------------------------|-------------------------|
| <b>Name of Assessor:</b> _____ |           |                               |                                                   |                         |
| DOMAIN/S                       | ITEM CODE | ASSESSMENT ACTIVITY<br>(From) | LEARNER'S<br>RESPONSES/ASSESSOR'S<br>OBSERVATIONS | RECOMMENDATIONS<br>(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