

School Plan to Address Needs

Name of Elementary School: _____
 Division: _____ Region: _____
 Date Accomplished: _____

Please indicate additional inputs needed.

Grade Level	Tentative Enrolment	A. Additional Inputs Needed (Please indicate number)			
		Classroom	Teachers	Textbooks	Seats
1. Kindergarten					
2. Grade 1					
3. Grade 2					
4. Grade 3					
5. Grade 4					
6. Grade 5					
7. Grade 6					
TOTAL					

Learners under the ADMs/ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 9			
Age 10			
Age 11			
Age 12 and above			
TOTAL			

Categories of Disability	Tentative Enrolment	C. Additional Inputs Needed
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Children with -		(Please indicate number)			
		Classroom	Teachers	Textbooks	Seats
Visual Impairment					
Hearing Impairment					
Intellectual Disability					
Speech/Language Impairment					
Serious Emotional Disturbance					
Autism					
Orthopedic Impairment					
Special Health Problems					
Multiple Disabilities					
TOTAL					

D. Proposed Differentiated Program Intervention	E. Assistance Needed
1. Formal Delivery System:	
2. ADMs/ALS:	
3. Special Education in Inclusive Setting:	

Submitted by:

Name and Signature of School Head

Designation

Cell Phone Number: _____

E-mail address: _____