

School Plan to Address Needs

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

Please indicate additional inputs needed.

Year Level	Tentative Enrollment	A. Additional Inputs Needed (Please indicate number)			
		Classroom	Teachers	Textbooks	Seats
1. First Year					
2. Second Year					
3. Third Year					
4. Fourth Year					
TOTAL					

Learners under the ADMS/ ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher – Facilitator	Modules
Age 12			
Age 13			
Age 14			
Age 15 and above			
TOTAL			

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

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

Submitted by:

Name and Signature of School Head

Designation

Cell Phone Number: _____

E-mail address: _____