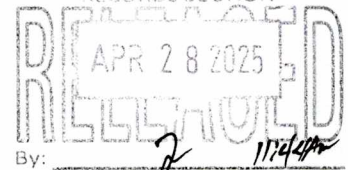




Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF BIÑAN CITY

DEPARTMENT OF EDUCATION
Schools Division of Biñan City
RECORDS SECTION



25 Apr 2025

DIVISION MEMORANDUM

No. 146, s. 2025

SUBMISSION OF OKD PROGRAM YEAR-END REPORTS

To: Assistant Schools Division Superintendent
Chief, School Governance and Operations Division
Chief, Curriculum Implementation Division
All Schoolheads

1. Pursuant to DO 28, s. 2018 "Oplan Kalusugan sa DepEd (OKD)", all schools are directed to submit year-end reports of the OKD programs as enumerated below on or before May 2, 2025.
2. For School Mental Health and Adolescent Reproductive Health programs, furnish required data using the link below:
 - a. Mental Health Data: bit.ly/3SbOEJD
 - b. Teenage Pregnancy: bit.ly/3EJQWg0
 - c. Psychosocial Referral: bit.ly/3Eq0nkR
 - d. HEEADSSS Assessment: bit.ly/3S7mwr6
3. For Health Services and Gulayan sa Paaralan, you may download the forms through this link: <https://bit.ly/3GC6SS4> and submit accomplished reports to SDO Records Section. See attached templates as reference.
 - a. OKD Accomplishment Report
 - b. SDHCP Form 3 & SHD Form 5A
 - c. GPP Terminal Report & Accomplishment Report (Annex 3)
 - d. ISNM Accomplishment Report (Lighthouse Schools only)
4. For queries, please contact Ms. Henrietta M. Nacario, RN – School Health Section through (049) 511-4191 loc. 129 or email at henrietta.nacario@deped.gov.ph
5. Immediate and widest dissemination of this Memorandum is desired.

MANUELA S. TOLENTINO, CESO V
Schools Division Superintendent

Encl: As stated
Reference:

SGOD/SH / HMN / HMN / DM – Submission of OKD Program Year-End Reports
/ 04/25/2025



Address: 102 P. Burgos St., Brgy. Sto. Domingo, Biñan City, Laguna
Contact Nos.: (049) 547-0105 | (049) 530-1592 | (049) 254-0565
Email Address: deped.binacity@deped.gov.ph
Website: www.depedbinacity.ph





Republic of the Philippines
Department of Education
 REGION IV-A CALABARZON
 CITY SCHOOLS DIVISION OF BIÑAN CITY

GULAYAN SA PAARALAN (GPP) TERMINAL REPORT

School Year _____ - _____

(NAME OF SCHOOL)

I. SCHOOL GARDEN

Name of Crops	Type of Garden (Urban/ Rural)	Total No. Harvested (In kilos)	Total No. Sold (In kilos)	Total No. Used for Feeding (In kilos)	Monetary Equivalent
TOTAL:					

II. SCHOOL NURSERY

Type of Seedings	Number of Seedings Propagated	Number of Seedings utilized	Number of Seedings Distributed to other schools

III. SCHOOL CROP MUSEUM *(write NA if not applicable)*

Type of Seedings	Number of Seedings Propagated	Number of Seedings Distributed	Name of School recipients
TOTAL:			

IV. FUND UTILIZATION

Fund source (CO, MOOE, Sold Crops, Cash Donations)	Fund Amount	Name of Items Procured	No. of Items Procured	Amount Utilized
TOTAL:				

V. STAKEHOLDERS/PARTNERS/BENEFACTORS

Name of Institution/Company/ Individual/Others	Type of Donations (cash/goods/ others)	Number/Name of Items Donated (cash/goods)	Amount (cash or monetary value)
TOTAL:			

V. Personnel/Individual Involved

VI. Photo Documentation

Prepared by:

SIGNATURE OVER PRINTED NAME

School GPP Coordinator

Reviewed by:

SIGNATURE OVER PRINTED NAME

School Nutrition Coordinator

Approved by:

SIGNATURE OVER PRINTED NAME

Schoolhead

Gulayan sa Paaralan Program (GPP) Accomplishment Report for the Utilization on the 2024 Downloaded Funds

Division/School:	BINAN CITY/	Period Covered:
Office Address:		
Office Telephone Number:		

A. ACCOMPLISHMENTS

1. Number of Schools received the downloaded funds	N/A
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2. School Garden

Name of School	Type of Garden	Total Number of Vegetable Harvested (in Kilos)	Total Number of Vegetable Sold (in Kilos)	Total Number of Vegetable Used in Feeding Program
Total				

3. School Nursery

Name of School	Type of Seedlings	Number of Seedlings Propagated	Number of Seedlings Distributed
Total			

4. Activities conducted for GPP

Activity Conducted Checklist	/ or X
Conducted Capacity-Building/ Training on GPP	
Conducted Advocacy Campaign on GPP	
Conducted Progress Monitoring on GPP	
Conducted the Program Implementation Review on GPP	
Vermiculture	
Urban Gardening	
Hydroponics	
Vertical Gardening	

5. Fund Utilization

Name of School	Item Procured	Amount

6. Impact to the Community

Number of Home or Community Gardens		Partner assisted in establishing Home or Community Gardens
Number of Home Gardens established		
Number of Community Gardens established		

7. Donation/Resources Generated

(Add Additional Sheets, if needed)

Partner & Type of Donations/Services Provided	Quantity (if applicable)	Estimated Cost (if applicable)

F. PHOTOS (Before, During and After)

Prepared by:

Noted by:

_____ GPP School Coordinator

_____ School Head

Date: _____

**Integrated School Nutrition Model (ISNM) Accomplishment Report
for the Utilization of the 2024 Downloaded Funds**

Division/School			
Name of Lighthouse School			
Amount Downloaded			
Advocacy activities conducted on the integration of bio-intensive gardens, school feeding, and nutrition education			
Activity		Date/Time/Venue	

Did you reproduce or reprint any nutrition education materials? (/)
 Yes ____ No ____
 If Yes, what kind of nutrition education materials?
 (e.g. pamphlet, booklet, posters etc.)

 If No, state Why

Did you procure garden tools for the improvement/maintenance of vegetable gardens? (/)
 Yes ____ No ____
 If yes, state garden tools procured:

 If No, state Why

Have you planted indigenous vegetables? Yes ____ No ____
 If Yes, what are those indigenous vegetables, please state:

 If No, state Why

Problems/issues encountered	Recommendations Made
1.	
2.	
3.	

Best practices
 1. _____
 2. _____

Prepared by: _____ School GPP Coordinator Date: _____	Noted by: _____ School Head
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(Please attach pictures and provide a caption and date)	
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SDHCP Form 3: Nursing Services Accomplishment Report

Division City:

School:

School Year:

Grade Level	Health talks	Services Rendered	Referral	Sub-total
Kindergarten				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
T/NT				
Grand total				

Number of Schools Visited:		NA
SDHCP Clinic Hubs		
Non SDHCP Clinic Hubs		

Partnership / Linkages Established

Online Seminars/Trainings Attended with Inclusive Dates	
Date	Topic/Course Title

Other Relevant Accomplishment

Submitted By:

Health/Nutrition Coordinator

Approved:

School Head

Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region 4A-CALABARZON
 Division of City Division of Biñan City

MONTHLY / ANNUAL HEALTH SERVICES ACCOMPLISHMENT REPORT

SY: _____

Name of School: _____

School ID No.: _____

Total No. of Elem. Schools Visited _____

Total No. of Sec. Schools Visited _____

Number

Number

I. General Information

A. School Enrolment

a. Male

b. Female

B. No. of School Personnel

1. Teaching

a. Male

b. Female

2. Non-Teaching

a. Male

b. Female

II. Health Services

A. Health Appraisal

1. No. of Assessed:

a. Learners

b. Teachers

c. NTP

2. No. with Health Problems

a. Learners

b. Teachers

c. NTP

3. No. of Vision Screening (Learners)

B. Treatment Done

a. Learners

b. Teachers

c. NTP

C. No. of Pupils Dewormed

a. 1st Round

b. 2nd Round

D. No. of Pupils Given Iron Supplement

E. No. of Pupils Immunized (Specify)

MR -, TD -

MMR -

COVID-19 -

Flu Vaccine -

Pneumovac -

F. No. of consultation attended

a. Learners

b. Teachers

G. Referral (No. Referred to)

a. Physician

b. Dentist

d. Other facilities

e. RHU/ District/
Provincial Hospital

		Number
III. Health Education		
A. No. of Classes given health lectures:		
B. No. of orientation training conducted to:		
	a. Learners	
	b. Teachers	
C. No. of conferences/meeting with:		
	a. Teachers/ Administrators	
	b. Health officials	
	c. Learners	
	d. Parents	
	e. LGU/Barangay	
	f. NGO's/Stakeholders	
D. Involvement as Resource Person/ Consultant/ Adviser/ Judge		
	a. Health Activities/ programs/ contests	
	b. Class Discussion	
	c. Health Clubs/ Organization	
IV. School Community Activities for Health and Nutrition		
A. PTA/ Homeroom Organization Meetings		
B. Parent Education Seminar/ Workshop/Training		
C. Home Visits Conducted		
D. Hospital Visits made		
V. Common Signs & Symptoms		
A. Nutritional Status		
	a. Normal Weight	
	b. Wasted / Underweight	
	c. Underweight / Severely Wasted	
	d. Overweight	
	e. Obese	
	f. Normal Height	
	g. Stunted	
	h. Severely stunted	
	i. Tall	
B. Vision / Auditory		
Vision	Auditory	
a. Passed <u>7380</u> b. Failed <u>25</u> a. Passed <u>7380</u> b. Failed <u>0</u>		
C. Skin and Scalp		
	a. Presence of Lice (Pediculosis)	
	b. Redness of Skin	
	c. White Spots	
	d. Flaky Skin	
	e. Impetigo/Boil	
	f. Hematoma	
	g. Bruises/Injuries	
	h. Itchiness	
	i. Skin lesions	
	j. Acne / Pimple	
	h. Capillary refill greater than 3 seconds	
i. Others, specify		

		Number
D. Eye and Ears		
	a. Inflamed fluid	
	b. Eye Redness	
	c. Ocular Misalignment	
	d. Pale Conjunctiva	
	e. Matted Eyelashes	
	f. Eye Discharge	
	g. Ear Discharge	
	h. Impacted Cerumen	
	i. Mucus Discharge	
	j. Nosebleeding (Epistaxis)	
	k. Other, specify	
E. Mouth / Neck / Throat		
	a. Presence of Lesions	
	b. Inflamed Pharynx	
	c. Enlarged tonsils	
	d. Enlarged lymphnodes	
F. Health and Lungs		
	a. Rales	
	b. Wheeze	
	c. Murmur	
	d. Irregular hear rate	
	e. Colds	
	f. Cough	
	g. Others, specify	
G. Deformities		
	a. Acquired (Specify)	
	b. Congenital (Specify)	
H. Abdomen		
	a. Distended	
	b. Abdominal Pain	
	c. Tenderness	
	d. Dysmenorrhea	
	e. Others, specity	
I. Dental Service		
	1. Gingivitis	
	2. Periodontal Disease	
	3. Malocclusion	
	4. Supernumerary Teeth	
	5. Retained decidous Teeth	
	6. Decubital Ulcer	
	7. Calculus	
	8. Cleff Lip/ Palate	
	9. Flourosis	
	10. Others / Specify	
	11. Total # of DMFT	
	12. Total # of dmft	

SHD Form 5A

	Number
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I. Other Signs & Symptoms Noted:

1. tumor on the neck
2. asymmetrical shoulder
3. Asthma
4. Swelling of the parotid area

VI. Remarks:

Prepared by:

Noted by:

Health Services Program Coordinator

School Head

Date

B. ACCOMPLISHMENTS

Use School Health Division Form 2 as basis for accomplishing this table.

1. Common Signs and Symptoms (as reported by Nurses) –

2. Common Diseases (as diagnosed by Medical Doctors) –

3. Common Dental Problems (as diagnosed by Dentists) –

4. Nutritional Status

Body Mass Index-for-Age/ Weight-for-Age	Number of Learners	Height-for-Age	Number of Learners
Severely Wasted/ Severely Underweight		Severely Stunted	
Wasted/ Underweight		Stunted	
Normal		Normal	
Overweight		Tall	
Obese			
TOTAL:			

E. SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, WINS, AND OTHER HEALTH AND NUTRITION PROGRAMS / EXPERIENCES / GOOD PRACTICES

(Use separate sheets, if needed)

What happened?	Who were involved?	When?	Outcome: What is/are its important contribution to the Ok sa DepEd Program of the school?

F. LESSONS LEARNED

G. SUGGESTIONS TO STRENGTHEN OK sa DepEd Program (include support needed from Central, Region, and Division Office that can increase the impact of OK sa DepEd Program in your school.)

C. SUMMARY OF VOLUNTEER SERVICES

Use OK sa DepEd Form C as basis for accomplishing this table.

Name of Organization/ Affiliation/ Institution	Number of Volunteers													No. of Learners and School Personnel		Estimated Value of Interventions Given	Other Services Rendered (if any)	
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	Examined	Given Intervention			

D. DONATIONS / RESOURCES GENERATED (Add additional sheets, if needed.)

Type of Donations	Quantity	Estimated Cost	Donor

H. PROPOSED PLAN OF ACTION FOR NEXT OK sa DepEd health services	
I. PHOTOS (before, during and after)	
Prepared by:	Date:
Name and Designation	
Submit completed form to the SDO by 1 st week of March.	