

Republic of the Philippines

Department of Education

REGION VIII SCHOOLS DIVISION OF CALBAYOG CITY

August 29, 2024

DIVISION MEMORANDUM

No. 437, s. 2024

ADMINISTRATION OF THE 2024 SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)

TO

Assistant Schools Division Superintendent

Chief Education Supervisor (CID & SGOD)

Education Program Supervisors Public Schools District Supervisors

Public & Private Elementary and Secondary School Heads

All Others Concerned

- 1. As per confirmation received on August 27, 2024 from the Education Assessment Division of the Bureau of Education Assessment (BEA) on the inclusion of the Schools Division of Calbayog City, on the administration of the 2024 Special Philippine Educational Placement Test (PEPT), this Office announces its conduct on September 2024 at Calbayog City National High School. Exact date will be announced through a separate Division Memorandum.
- 2. The said national assessment is in consonance to DepED Memorandum No. 034, s. 2024, titled Administration of the 2024 Special Philippine Educational Placement Test (PEPT). This is for learners in special circumstance. The result will allow them to access or resume schooling and/or obtain certification of completion by grade level in the DepED formal system.
- 3. The target registrants of the said assessment are the following:
 - 3.1 Learners from schools without a government permit;
 - 3.2 Learners from nonformal and informal education programs;
 - 3.3 Learners who have incomplete or no record of formal schooling;
 - 3.4 Learners with back subjects;
 - 3.5 Learners who need grade-level standards assessment; and
 - 3.6 Learners who are overage for their grade levels.







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- 4. No test registration fees shall be collected from the test registrants.
- 5. Pursuant to Section 6 (Grade Level Placement Assessment) of DepED Order No. 55, s. 2016 titled Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program, the placement of the Special PEPT qualifiers shall take effect in the current school year when the test is administered.
- 6. The Special PEPT Registration Form can be downloaded from http://bit.ly/SpecialPEPTREg. Please see attachment for the sample Special PEPT registration form. Registrants shall submit the documentary requirements to Mr. Oscar D. Billate Jr., Division Testing Coordinator (DTC) or Ms. Asther E. Bachar, Division Co-Testing Coordinator.
- 7. Below are the requirements for the specific types of test registrants:

7.1 For New Test-Takers

- a. Original and one photocopy of the birth certificate duly authenticated and issued by the Philippine Statistics Authority (formerly National Statistics Office) or by the Local Civil Registrar;
- b. Certified True Copy and one photocopy of the **permanent** school record (e.g., SF1O/Form 137) signed by the school principal/ registrar/school administrator);
- Certificate of attendance in intervention programs, or any proof of schooling (if applicable);
- d. Two identical and recently taken 1x1 colored ID pictures with name tags; and
- e. One copy of the accomplished Special PEPT Registration Form.

7.2 For Test Retakers

- a. Original and one photocopy of the PEPT Certificate of Rating (for applicants who need to retake a PEPT subtest);
- b. Two identical and recently taken 1xl colored ID pictures with name tags; and
- c. One copy of the accomplished Special PEPT Registration Form.
- 8. The test registration shall be starting from the date this Memorandum is published until September 6, 2024 (not later than 5 o'clock in the afternoon). All given requirements in Item No. 7 (7.1 and 7.2), shall be submitted through the personnel mentioned in Item No. 6. It is advised that submission of requirements shall be coursed through and stamped received by the Division Records Section.







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Department of Education Region VIII-Eastern Visayas Schools Division of Calbayog City

9. BEA have allotted 80 slots to our division as per request from our office based on the confirmation from the schools during the online survey conducted. Below are the list of schools that confirmed their inclusion in the said Special PEPT and their allotted registrants:

No.	School	Total No. of Registrants	
1	La Paz Elem. School	3	
2	San Policarpo Nat'l High School	15	
3	Calbayog City Nat'l High School	20	
4	Carmen Elem. School	6	
5	Calbayog City Night High School	3	
6	Peña I National High School	10	
7	Mag-ubay National High School	3	
8	Trinidad National High School	5	
9	Christ the King College of Calbayog City, Inc.	2	
10	Calbayog Christian Faith Academy, Inc.	1	
11	Adventist Elementary School Samar-Calbayog, Inc.	2	
12	La Milagros Academy, Inc.	1	
	TOTAL	71	
	Total Number of Available Slots (80 – 71)	9	

- 10. The remaining available nine (9) slots will be a "first come, first serve" basis for those who are interested to take the exam but not identified by the above-mentioned schools or from other schools in our division.
- 11. Below is the list of testing personnel who shall serve during the aforesaid examination. An orientation for all testing personnel shall be conducted on September 13, 2024 at exactly 2 o'clock in the afternoon at the SGOD Office, 2nd Floor, New Division Building.

Chief Examiner: Milaner R. Oyo-a

Room Examiners: 1. Asther E. Bachar

Rosalia M. Rivera
 Rodolfo Saldaña
 Niann L. Atis

Support Staff:

1. Rina M. Aboganda

2. Marian C. Advincula

3. Joanna Lou V. Portura

12. For more information, please contact Mr. Oscar D. Billate Jr., SEPS-SMM&E/Division Testing Coordinator through oscar.billate@deped.gov.ph or at contact number 09173154612.







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Department of Education Region VIII-Eastern Visayas Schools Division of Calbayog City

13. Immediate dissemination of and strict compliance with this Memorandum are earnestly desired.

MARGARITO A. CADAYONA JR. PhD, CESO VI OIC-Schools Division Superintendent

For the Schools Division Superintendents

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OSCAR D. BILLATE, JR. SEPS-SMM&E Office In-Charge (SO No. 108, s. 2024)

Enclosure: Sample Special PEPT Registration Form

To be indicated in the Perpetual Index Under the following subjects:

SGOD PEPT







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Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT

SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

		REGI	STRATIO	N FORM					I M.I.
Name of Registrant/	Last Name First I			st Name					
Mailing Address						Disability (PWD			
Date of Birth (Month/Date/Year) Contact Number				Da	Date of Examination (Month/Date/Year)				
Name and Address of School Last Attended			10010	ide Level Completed Grade Level/s to Take out by the Division Testing Coordinator To be filled out by the Division Te					
Place and Date of	Registration			Examination C	Center			100	
1" x 1" Picture	legible and correct.			To be filled out by the Division Testing Coordinator CHECK DOCUMENTS SUBMITTED For NEW PEPT REGISTRANTS Birth Certificate (NSO/PSA or Local Civil Registrar) School Records (SFID/F137 signed by the School Principal/Registrar/Administrator) Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.) For retakers and PEPT passers only					
I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name below, I am certifying that all documents attached to this application are a faithful reproduction of the original, and that all statements and information provided therein are complete, accurate, and correct to the best of my knowledge. I am assuming full responsibility and accountability for the correctness of the details provided and for the document's authenticity.				Certificate of Rating (COR) Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.) Additional requirements for PEPT Validation purposes only Endorsement Letters School Division Office Regional Office					
2023	Signature over Pri	nted Name of Registrant/Examinee			7-1-1		15.5		

TO THE PARTY	-		TRATION FO		IENT TEST		
iame of Registrant/	Last Name	First Name					
Examinee	No., Street, Barrio, Town,	Browlers /City		Age	Sex	Person with Disab	lity (PWD
Mailing Address	No., street, Barrio, Town,	Province/City		786	☐ Male ☐ Female	Yes No	
Date of Birth (Mon	th/Date/Year)	Contact Number		Date of Examina	ation (Month/Date/Ye.	ar)	
Name and Address of School Last Attended				ade Level Completed Grade Level/s to Take and by the Chinana Izasing Countinator To be (Wilson No			Devolvetor
Place and Date of Registration			Examination Center				
1° x 1° Picture	2. Complete all the	n, the Registration Officer will in Information in the Registration f tion day, the examinee must be in	orm.	ng this form and at	least two (2) pieces no	o, 2 pencils.	