																				ANNE	(1B Child Mapping Tool
Before you go	around your com	nmunity to cond	uct your ea	rly registra	ation activitie	es, coordina	te with the District or Div	ision office	and your ba	rangay. If t	there are o	ther schoo	ls in your barangay, coore	dinate with	them as w	ell.				ANNE	C18 Cilia Wapping Tool
Distribute this only need to co	child mapping to over your barang	ool to your team gay unless major	of teacher ity of your	s and volu students o	nteers. They ome from ne	should fill th arby comm	nis up as they move from unities, in which case, you	house to h u need to c	ouse in the b onduct child	arangay. T mapping i	This will he n those ba	lp you get rangays as	important basic informat well. If there are no scho	ion on the	status of 4- angay, the	17 year old children in yo District or Division office	our community which you will initiate the child map	can use in school planning in that area (followi	ng. You ng DO.		
	should be done	at least every 3	years (pref	erably at th	he start of the	e SIP cycle),	assuming that there are	no major c	hanges in the	populatio	on of your	community	. After events causing ma	ijor populat	tion change	es (e.g. disasters), child m	apping should be conduc	ted to account for the chi	ldren in		
After mapping,	consolidate the	data. You can e	ncode it in	the School	I-Community	Data Templ	ate for easy reference. Sh	nare the da	ta with your	District an	d Division	offices, ba	rangay, and with nearby	chools and	communit	ies.					
Barangay: Municipality: _			Division: _ Region: _				-														
	NAME			MOGRAPH	IIC INFORMA	TION	RESID	ENCE		DISA	TOOL FO		G OF 4-17 YR. OLD CHILD (FOR 4YO CHILDREN)	REN		EDUCATIO	ONAL STATUS			FUTURE ENROLL	MENT
Last	First	Middle	Gender	Age	Date of birth	With Birth Certificate?	Present address	Number of years in	Is residence permanent?1	Has a disability? (YES/NO)	If YES, specify type of	Provided with ECCD Services?	If YES, specify ECCD facility	Educational attainment	Currently studying? (YES/NO)	If YES, specify name of school	If NO, state reason for not studying	If studying through ADM, specify type of ADM	Planning to study next school	If YES, specify the name of prospective school	If NO, state reason for not planning to study next
						(YES/NO)		present address	(YES/NO)	(YES/NO)	disability2	(YES/NO)		3	(YES/NO)	school	stodying	specify type of ADM	year? (YES/NO)	prospective school	school year
2TYPES OF DISAB 1- Visual Impairm	ILITIES: (see DepED ent	dent?" (YES/NO) If Order No. 2, s 201 6- Serious emotio	4 for detailed	d description		n moving out															
2- Hearing Impair 3- Intellectual Dis 4- Learning Disab	ability ility	7- Autism 8- Orthopedic im 9- Special health 10- Multiple disa	problems															INTERVIEWER NAME AND S	IGNATURE		
5- Speech/langua 3EDUCATIONAL A CK- Completed Ki	TTAINMENT:	C7- Completed G C8- Completed G		SK- Some K	lindergarten	S7- Some Gr	ade 7														
CK- Completed Ki C1- Completed Gr C2- Completed Gr C3- Completed Gr	ade 3	C9- Completed G C10- Completed 6	rade 9 Grade 10	S1- Some G S2- Some G S3- Some G	irade 2 irade 3	S8- Some Gr S9- Some Gr S10- Some G S11- Some G	ade 9 rade 10											DATE OF INTERVIEW	vs		
C4- Completed Gr C5- Completed Gr C6- Completed Gr	ade 5 ade 6	C11- Completed (C12- Completed (Grade 12	SS- Some G S6- Some G	irade 5 irade 6	S12- Some G	rade 12														
	NAME		DE	MOGRAPH	IIC INFORMA	TION	RESID	ENCE		DISA	BILITY	ECCD	(FOR 4YO CHILDREN)			EDUCATIO	ONAL STATUS			FUTURE ENROLLE	MENT
Last	First	Middle	Gender	Age	Date of birth	With Birth Certificate? (YES/NO)	Present address	Number of years in present address	Is residence permanent?1 (YES/NO)	Has a disability? (YES/NO)	If YES, specify type of disability2	Provided with ECCD Services? (YES/NO)	If YES, specify ECCD facility	Educational attainment 3	Currently studying? (YES/NO)	If YES, specify name of school	If NO, state reason for not studying	If studying through ADM, specify type of ADM	Planning to study next school year? (YES/NO)	If YES, specify the name of prospective school	If NO, state reason for not planning to study next school year
								address			disability2	(TES/NO)							(YES/NO)		
						L								L					L		

									l						
									l						
1ASK: "Is the child a	a permanent res	ident?" (YES/NO) If Y	rES, follow	up "do the re	sidents plan o	n moving out?	•								
2TYPES OF DISABILI	TIES: /con DanE/	Order No. 2 r 2014	for dataile	d description	el										
1- Visual Impairmen		6- Serious emotion			"										
2- Hearing Impairm		7- Autism	nai disturba	ince											
3- Intellectual Disab		8- Orthopedic imp	airment												
4- Learning Disabilit		9- Special health problems													
5- Speech/language		10- Multiple disab													
3EDUCATIONAL ATT	TAINMENT:														
CK- Completed Kind		C7- Completed Gra		SK- Some Ki		57- Some Gr									
C1- Completed Grade 1		C8- Completed Grade 8		S1- Some Grade 1		S8- Some Grade 8									
C2- Completed Grade 2		C9- Completed Grade 9		S2- Some Grade 2		S9- Some Grade 9									
	C3- Completed Grade 3						S10- Some Grade 10								
C4- Completed Grade 4		C11- Completed Grade 11				S11- Some G									
CS- Completed Grade 5		C12- Completed Grade 12					irade 12								
C6- Completed Grade 6		56-		S6- Some G	rade 6										