



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

JUN 02 2026

Advisory No. 056, s. 2026

June 2, 2026

In compliance with DepEd Order No. 8, s. 2013
This advisory is issued not for endorsement per (DO) 20, s. 2001
But only for the information of DepEd officials
personnel/staff, as well the concerned public.
(visit www.depedmuntinlupa.ph)

**MASTERLIST OF PRIORITY PROSPECT BENEFICIARIES FOR THE PROJECT
AGAP DOMAIN MASTERY PROGRAM**

Attached is the letter from Ms. Rhodora V. Mandap, PDAO Acting Head, on the above-mention title, content of which is self-explanatory, the information and guidance of all concerned.

Participation of public and private schools shall be subject to the no-disruption-of-classes policy stipulated in DepEd Order No. s. 2025 entitled "Instituting Measures to Increase Engaged Time-o-Task and Ensuring Compliance Therewith".

Moreover, schools are reminded of the "No Collection and No Selling of Tickets Policy" stipulated in DepEd Order Nos. 19 and 40, s. 2008 and RA Nos. 4206 and 5546.

056

AD-2026-056



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com

AD
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Republic of the Philippines
CITY GOVERNMENT OF MUNTINLUPA
Persons with Disability Affairs Office



PDAO Communications Tracker: PDAO-2026-102

May 20, 2026

**SUBJECT: MASTERLIST OF PRIORITY PROSPECT BENEFICIARIES
 FOR THE PROJECT AGAP DOMAIN MASTERY PROGRAM**

DR. VIOLETA GONZALES
 Head, School Division Office

Dear **Dr. Gonzales**:

Magandang Araw!

In line with our ongoing commitment to provide inclusive disability health services and targeted learning interventions, we are currently preparing for the upcoming implementation of **Project AGAP: Domain Mastery Program** (as discussed in our collaboration meeting last May 12, 2026).

To help us effectively implement this program, we would like to respectfully request assistance from your office in master listing and data collection.

A list of 500 priority SNED students (from ages 6-17) that may benefit from this program. Please submit the list following the format in the attached table document.

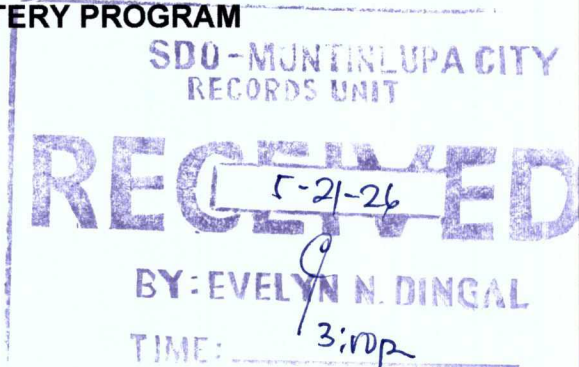
Rest assured that all student data gathered will be handled with the utmost confidentiality in compliance with data privacy laws and standards. We would highly appreciate it if the list will be available on **May 29, 2026 (Friday)** and be sent to pdaomunti@gmail.com in excel format.

Thank you.

Sincerely,


MS. RHODORA V. MANDAP, LPT, MAT
 Acting head, MCPDAO

CC: MAYOR'S OFFICE





Muntinlupa City Persons with Disability Affairs Office
Project AGAP (Agarang Gabay at Alalay na Pambata)
Program Participation, Data Privacy and Consent, Release and
Indemnity, Rapid Child Screening and Referral Form



Child Details

Last Name of Child: _____
Middle Name of Child: _____
First Name of Child: _____
Age: _____
Birthday: _____
Assigned Sex at birth (Male / Female) _____
Previous Medical Developmental / Disability Diagnosis: _____

Mother's Name: _____
Father's Name: _____
Guardian's Name: _____
Contact Number: _____
Contact Email: _____
Street Address: _____
Barangay: _____

School: _____
Name of School Head: _____
Contact Number of School Head: _____
Contact Email of School Head: _____
Name of Teacher-Adviser: _____
Contact Number of Teacher: _____
Contact Email of Teacher: _____

Main Reason for Screening: _____



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Rapid Screening

(to be filled up by parent or guardian / can be assisted by Teacher or PDAO Staff)

Scoring Guide

0 = No problems seen or observed

1 = Mild Concern

2 = Moderate Concern or delay

3 = Severe Concern or Delay

Instruction: Put 1 check (✓) per line

Communication and Language Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Limited Vocabulary for Age				
Cannot follow simple instructions				
Difficulty expressing needs				
Unclear Speech				
TOTAL SCORE				

Cognitive and Learning Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Difficulty Recognizing letters / numbers				
Cannot follow lessons despite repetition				



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Short Attention Span				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Poor Memory Retention				
TOTAL SCORE				

Social and Emotional Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Limited Eye Contact				
Prefers to be alone				
Difficulty interacting with peers				
Poor Emotional Regulation				
TOTAL SCORE				

Behavioral and Self-Regulation Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Aggressive and Disruptive Behavior				
Difficulty following rules				
Impulsivity				
Difficulty with routines and transitions				
TOTAL SCORE				



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Short Attention Span				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Poor Memory Retention				
TOTAL SCORE				

Social and Emotional Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Limited Eye Contact				
Prefers to be alone				
Difficulty interacting with peers				
Poor Emotional Regulation				
TOTAL SCORE				

Behavioral and Self-Regulation Domain				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Aggressive and Disruptive Behavior				
Difficulty following rules				
Impulsivity				
Difficulty with routines and transitions				
TOTAL SCORE				



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Gross Motor				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Difficulty walking or running				
Poor Balance				
Delayed Physical Coordination				
Frequent Falling				
TOTAL SCORE				

Fine Motor				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Poor handling / grip				
Difficulty using small objects				
Trouble with drawing or coloring				
Delayed fine motor skills				
TOTAL SCORE				

Adaptive / Daily Living				
Area of Concern	0 = No problems seen or observed	1 = Mild Concern	2 = Moderate Concern or delay	3 = Severe Concern or Delay
Difficulty feeding / dressing				
Not toilet trained (Age Appropriate)				



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RED FLAGS		
Instruction: Put 1 check (✓) per line		
Yes = 1 point		
No = 0 Point		
Area of Concern	YES	NO
No speech by age 2-3 years old		
Loss or regression of skills		
Do you suspect Autism Spectrum Disorder?		
Do you suspect Cerebral Palsy?		
Did the child had seizures in the past?		
Have you observed hearing / vision problems?		

Summary	
DOMAIN	SCORE
Communication / Language	
Cognitive / Learning	
Social / Emotional	
Behavioral / Self-Regulation	
Gross Motor	
Fine Motor	
Adaptive Daily	
TOTAL SCORE	

Has there been any intervention done at school or at home?

___ YES ___ NO

If YES describe below what interventions were done:



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Next Steps / Course of Action

Score Interpretation:

Total Domain Score	Action
0-3	Urgent Referral to Project AGAP / Muntinlupa PDAO Allied Health Team (Priority within 7 days)
4-9	Regular Referral to Project AGAP / Muntinlupa PDAO Allied Health Team (2 weeks to 1 month)
10 above	School Intervention

***if there is atleast 1 point in ANY RED FLAG INDICATOR = Urgent Referral to Project AGAP / Muntinlupa PDAO Allied Health Team (Priority within 7 days)**

Child Total Domain Score: _____

Red Flag Score: _____

For Project AGAP / PDAO Allied Health Team Referral (Yes or No): _____

Type of Referral (Urgent or Regular): _____

Target Date of Referral to Project AGAP / PDAO Allied Health Team: _____

Reported by:

Name and Signature of Parent and Guardian

Date Signed: _____

Assisted and referred by:

Name and Signature of Teacher / PDAO Staff

Contact Number: _____

Date Signed: _____

Noted and acknowledged by:

Name and Signature of School Head

Contact Number: _____

Date Signed: _____

Referral is Received, Acknowledged and Approved by:

PDAO Head / Deputy (Name and Signature)

Date signed: _____