



Republic of the Philippines
Department of Education
Republic of the Philippines
Department of Education
Region IV-A CALABARZON
CITY SCHOOLS DIVISION OF ANTIPOLO



Memorandum

To : OIC – Assistant Schools Division Superintendent
Chief Education Supervisor - SGOD
OIC Chief Education Supervisor- CID
Education Program Supervisors
Public Schools District Supervisors
All Elementary and Secondary School Heads
All Unit Heads
All Others Concerned

From : DR. ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

Subject : DATA GATHERING ON THE NUMBER OF DEPED EMPLOYEES WITH DISABILITY

Date : October 2, 2018

The Asia Foundation (TAF) through the Coalitions for Change in partnership with the Australian Embassy in the Philippines is currently collaborating with the Bureau of Human Resource and Organizational Development (BHROD) to develop department policies that embraces inclusivity, aligning systems, policies, and practices to its principles in compliance to RA 10524 - An Act Expanding the Positions Reserved for Persons with Disability and RA 7277 - Magna Carta for Persons with Disability.

In view of this, the Department of Education, thru the BHROD is requesting all concerned DepEd personnel to participate in the nationwide data gathering procedure to determine the number of personnel with disability currently employed by the Department, by accurately completing the attached survey forms for Employees with Disability.

The survey forms should be submitted to the Division Office, **Attn: HR Section** on or before **October 10, 2018**. Rest assured that all information submitted shall be treated with utmost confidentiality whereby only authorized DepEd personnel shall have access to all personal information collected which will be stores in a database in accordance with government policies, rules, regulations and guidelines

Immediate dissemination of this Memorandum is desired.

Annex A: Survey for Employees with Disability

This survey is being conducted in aid of policy development. The Department of Education, through the Bureau of Human Resource and Organizational Development (BHROD), in partnership with The Asia Foundation is currently conducting an analysis of current policies, systems, and practices that support or impede performance and growth of employees with disabilities. Your answers to the questions below will help determine the need for policies and systems, and how such should be framed and formulated. Thank you for your participation.

I. Profile of Respondents

Name			
Position			
Status of Employment	<input type="checkbox"/> Regular/Permanent <input type="checkbox"/> On probation <input type="checkbox"/> Job Order/ Contract of Service		
Years in DepEd Service	<input type="checkbox"/> 0 to 5 years <input type="checkbox"/> > 5 to 10 years <input type="checkbox"/> > 10 to 15 years	<input type="checkbox"/> > 15 to 20 years <input type="checkbox"/> > than 20 years	
DepEd Office	<input type="checkbox"/> Central Office Specific Unit: _____		
	<input type="checkbox"/> Regional Office: _____ Specific Unit: _____		
	<input type="checkbox"/> Schools Division: _____ Region: _____ Specific Unit: _____		
	<input type="checkbox"/> School: _____ Region: _____ Schools Division: _____		

II. Type of Disability. These questions ask about difficulties you may have doing certain activities because of a health problem. ¹ Encircle the corresponding letter of your answer.

Questions	Responses			
	No – no difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1. Do you have difficulty seeing, even if wearing glasses?	a	b	c	d
2. Do you have difficulty hearing, even if using hearing aid?	a	b	c	d
3. Do you have difficulty walking or climbing steps?	a	b	c	d
4. Do you have difficulty remembering or concentrating?	a	b	c	d

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9/20/18*

¹ Census questions on disability endorsed by Washington Group, combined with WHO Model Disability Survey

Questions	Responses			
	No – no difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?	a	b	c	d
6. Using your usual (customary) language, do you have difficulty communicating, for example, understanding or being understood?	a	b	c	d
7. Do you have difficulty sleeping because of your health?	a	b	c	d
8. Do you have difficulty doing household tasks because of your health?	a	b	c	d
9. Because of your health, do you have difficulty joining community activities such as festivities, religious and other activities?	a	b	c	d
10. How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	a	b	c	d
11. Do you have difficulty getting along with people close to you including your friends and families because of your health?	a	b	c	d

III. Assistive Device². Do you currently use any of these assistive devices? Encircle as many as appropriate.

1. None	10. Tricycles
2. Canes or Sticks	11. Walking frames or walkers
3. Crutches, axillary or elbow	12. Wheelchair
4. Orthoses, lower limb or upper limb or spinal	13. Spectacles: low vision, short distance, long distance, filters and protection
5. Pressure relief cushions	14. White cane
6. Prostheses, lower limb	15. Hearing Aids
7. Rollators	16. Others _____
8. Standing frames, adjustable	
9. Therapeutic footwear; diabetic, neuropathic, orthopedic	

Thank you for your participation.

² Adopted from WHO Model Disability Survey

Handwritten signature
2/2/11