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 (BHIROD), 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

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

- **Position**:  
  - [ ] Regular/Permanent  
  - [ ] On probation  
  - [ ] Job Order/Contract of Service

- **Status of Employment**:  
  - [ ] 0 to 5 years  
  - [ ] > 5 to 10 years  
  - [ ] > 10 to 15 years  
  - [ ] > 15 to 20 years  
  - [ ] > than 20 years

- **DepEd Office**:  
  - [ ] Central Office  
    - Specific Unit:  
  - [ ] Regional Office:  
    - Specific Unit:  
  - [ ] Schools Division:  
    - Region:  
    - Specific Unit:  
  - [ ] School:  
    - Region:  
    - Schools Division:  

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

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No – no difficulty</td>
</tr>
<tr>
<td>1. Do you have difficulty seeing, even if wearing glasses?</td>
<td>a</td>
</tr>
<tr>
<td>2. Do you have difficulty hearing, even if using hearing aid?</td>
<td>a</td>
</tr>
<tr>
<td>3. Do you have difficulty walking or climbing steps?</td>
<td>a</td>
</tr>
<tr>
<td>4. Do you have difficulty remembering or concentrating?</td>
<td>a</td>
</tr>
</tbody>
</table>

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

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

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

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

Thank you for your participation.

² Adopted from WHO Model Disability Survey