



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

05 OCT 2026

DIVISION MEMORANDUM

No. **476** s. 2026

CONDUCT OF PSYCHOSOCIAL ASSESSMENT TO LEARNERS

To: Assistant Schools Division Superintendent
OIC - Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
RGCs, School Nurses, Guidance Designates, ARH & Mental Health Focals
All Others Concerned

1. Pursuant to **DepEd Memorandum No. 050, s. 2025**, otherwise known as the *Learners' Health Assessment and Screening (LHAS)*, **DepEd Order No. 025, s. 2025** known as the *Policy on the Implementation of Reproductive Health Education (RHE) for Adolescent Learners in Basic Education*, **Republic Act No. 12080**, know as the *Basic Education, Mental Health and Well-being Promotion Act*, and **DepEd Order No. 40, s. 2012**, known as the *DepEd Child Protection Policy*, the School Division of Capiz, through Adolescent Reproductive Health Program shall conduct the **Psychosocial Assessment for all Grade 4 to Grade 12 learners from October 1, 2026 to December 14, 2026**.
2. This activity aims to facilitate the early identification of learner's psychosocial concerns and ensure the timely provision of appropriate psychosocial support, intervention and referral services.
3. Prior to the conduct of the assessment, all schools shall ensure the readiness of their referral agencies, and other relevant support mechanisms to facilitate appropriate intervention and referral for learners who may require additional assistance
4. Assessment shall be administered only by trained and authorized personnel. School Heads, registered Guidance Counselors, Guidance Designates, ARH and Mental Health Focal Persons and Nurses who have undergone the required training shall facilitate the administration of the assessment in their respective schools, as applicable.
5. Learners identified requiring further support shall be appropriately referred on accordance with existing referral protocols. Concerned schools shall ensure proper monitoring and follow-up of referral learners, including reintegration into the school environment, when applicable.
6. Assessment results and other required reports shall be submitted through the Google Drive link provided and disseminated by the designated Focal Nurses in accordance with the prescribed reporting procedures.



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7. The conduct of the assessment shall strictly observe the **No Disruption Classes Policy** pursuant to **DepEd Order No. 9, s. 2005**, titled *Instituting Measures to Increase Engaged Time-on task and Ensuring Compliance Therewith*.
8. All assessment results and related information shall be treated with strict **confidentiality** and handled in accordance with wexisting DepEd policies on child protection, data privacy, and ethical handling of psychosocial assessment information.
9. The form to be use during the assessment are found in Enclosure No. 1
10. Expenses relative to conduct of the assessment shall be charged against Division/ School MOOE or other available local funds, subject to the usual accounting and auditing rules and regulations.
11. Immediate dissemination of and strict compliance with this Memorandum are desired.

ROEL F. BERMEJO
Schools Division Superintendent

Encl: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

ASSESSMENT
HEALTH EDUCATION
LEARNERS

RAPID HEEADSSSS FORM

Sagutin nang tapat ang mga sumusunod na mga katanungan. Ang iyong mga sagot ay
CONFIDENTIAL.

Petsa: _____

Pangalan:		Kapanganakan:	Edad:
Tirahan/Address:			
Sex: Lalake ☐		Babae ☐	
Katayuan:	☐ Estudyante/ Nag-aaral ☐ Hindi estudyante/ Hindi Nag aaral	☐ Nagtatrabaho ☐ Hindi nagtatrao	☐ Walang asawa ☐ May kinakasama o live-in ☐ May asawa ☐ Naninirahan kasama magulang ☐ Iba pang kasama sa bahay bukod sa magulang: ☐ Naninirahan mag isa
Cellphone/Landline		Email Address/ FB account	
1. Ikaw ba ay nakakaranas ng pananakit o pananakot sa inyong bahay, paaralan o trabaho		☐ Oo ☐ ndi	
2. May mga pagkakataon ba na pinag-isipan mong mglayas o umalis ng inyong bahay?		☐ Oo ☐ Hindi	
3. Nakaranas ka ba ng bullying o cyber bullying sa paaralan o sa trabaho		☐ Oo ☐ Hindi	
4. May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?		☐ Oo ☐ Hindi	
5. Naninigarilyo ka ba?		☐ Oo ☐ Hindi	
6. Umiinom ka ba ng alak?		☐ Oo ☐ Hindi	
7. Nakakita ka na ba ng ipinagbabawal na gamot o drugs nang personal?		☐ Oo ☐ Hindi	
8. Ikaw ba ay nakaranas mgka boyfriend/ girlfriend?		☐ Oo ☐ Hindi	
9. Ikaw ba ay nakaranas makipag-sex/ makipagtalik?		☐ Oo ☐ Hindi	
10. Nakaranas ka ba na ikaw ay pinilit makipag-sex?		☐ Oo ☐ Hindi	
11. Ikaw ba ay nakaranas mabuntis o makabuntis		☐ Oo ☐ Hindi	
12. Gusto mo bang mgpa counsel o kumonsulta para matulungan ka?		☐ Oo ☐ Hindi	
Para sa nga impormasyon tungkol sa iyong kalusugan o anumang pangangailangang pagkonsulta, maari tumawag sa _____ mag e-mail sa _____ bumisita sa FB page _____			

PAALAALA: Ibalik sa envelope pagkatapos sagutin at muling I-seal gamit ang tape o stapler