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Department of Education
CORDILLERA ADMINISTRATIVE REGION

DEPARTMENT OF EDUCATION
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REGIONAL MEMORANDUM
No. 540 . 2025

REGIONAL GUIDELINES ON THE UTILIZATION OF CHECKLISTS IN IDENTIFYING LEARNERS WITH DIFFICULTIES AND DEVELOPING INTERVENTION PLANS

To: Assistant Regional Director
Schools Division Superintendents
All Schools Division Offices
All Others Concerned

1. The Department of Education – Cordillera Administrative Region (DepEd-CAR), through the Curriculum and Learning Management Division (CLMD), is issuing the enclosed **Regional Guidelines on the Utilization of Checklists in the Identification of Learners with Difficulty/ies and Development of Intervention Plans**.

2. These guidelines aim to provide clear direction for **Special Needs Education (SNED) Program implementers** in public schools and **School Multidisciplinary Teams**. They will guide the use of checklists for:

- Identifying specific learning difficulties in learners.
- Planning and implementing appropriate intervention activities.

3. Throughout the informal assessment and intervention process, **strict adherence to the Child Protection Policy is paramount.** The well-being and protection of all children must be carefully considered at every stage.

4. For any queries and/or clarifications, kindly contact kindly contact Jennifer P. Ande, Chief-CLMD, through email address at jennifer.ande@deped.gov.ph.

5. Immediate dissemination of this Memorandum is enjoined.

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CLMD/JPA/dot
July 28, 2025

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Enclosure to RM No. 510 . 2025

REGIONAL GUIDELINES ON THE UTILIZATION OF CHECKLISTS IN THE IDENTIFICATION OF LEARNERS WITH DIFFICULTY/IES AND DEVELOPMENT OF INTERVENTION PLAN

I. Rationale

The early and accurate identification of learners who exhibit learning difficulties is essential to ensuring equitable access to quality education and the timely provision of appropriate interventions. Significant issuances such as **Republic Act No. 11650**, also known as the *"Inclusive Education Act"*, and **DepEd Order No. 44, s. 2021**, lay the foundation for inclusive education in the Philippines.

RA 11650 underscores the responsibility of the education system to establish mechanisms for the **identification, referral, and intervention** of learners with disabilities. It also mandates capacity-building for teachers, parents, and school personnel to detect and respond to the diverse needs of learners, as outlined in Section 3(f) and (j). Complementing this, **DepEd Order No. 44, s. 2021** outlines the policy guidelines for the provision of educational programs and services for learners with disabilities and highlights the importance of assessment in determining appropriate educational placement and interventions.

However, despite these mandates, existing assessment tools—such as the **Early Childhood Care and Development (ECCD) Checklist** and **Multi-Factored Assessment (MFA)**—are limited to **Kindergarten** and **Grade 1** learners and primarily serve to screen for developmental delays or advancements as basis for early intervention. These tools do not provide sufficient detail to identify specific learning difficulties among learners and limited knowledge of teachers on the characteristics of each difficulty leaving a critical gap in support for learners who continue to struggle in various domains (Tarnate, 2023). Hence, leading to inappropriate tagging of learners to the learner's information system (LIS) and intervention. These gaps were noted during the monitoring and evaluation, feedback during trainings/seminars, and the like.

To address this need, a set of checklists was developed, validated by specialists, and piloted from **May 13–24, 2024**, followed by a **focus group discussion on July 2, 2024**, with key school stakeholders including school heads, guidance counselors, and Special Needs Education teachers and/or receiving teachers. Feedback from the pilot implementation indicated that the checklist was easy to administer, user-friendly, and effective in identifying learning difficulties through clear and concise indicators. The checklists compliment the MFA especially on the identification of specific difficulty/ies.

In light of this, the current guidelines aim to institutionalize the use of these checklists as a tool for teachers and members of the school multidisciplinary team to identify learners manifesting difficulty/ies in functional domains such as cognition, communication, mobility, vision, and hearing. The checklists will guide the development of targeted intervention plans, inform instructional strategies, and serve as a foundation for monitoring learner progress. Ultimately, the use of these tools will contribute to more responsive, inclusive, and evidence-based support systems for all learners.

II. Scope

These Regional Guidelines provide direction on the use of checklists to Special Needs Education (SNED) Program implementers in public schools and/or School Multidisciplinary Teams in the identification of specific learning difficulty/ies and the planning and implementation of appropriate intervention activities.

III. Definition of Terms

1. **Assessment** – refers to the process of **observing, gathering, recording, and interpreting information** about learners to understand their needs, inform instructional decisions, and determine the extent and nature of support required for them to participate meaningfully in basic education (DepEd Order No. 23, s. 2022).

2. **Anecdotal Record** – a type of informal assessment tool used by educators to document observed behaviors or learning incidents of a learner over time. These records provide qualitative insights into the learner's functioning, social interaction, academic engagement, and behavioral patterns, and help inform the planning of interventions, particularly in special needs education.

3. **Formal Assessment – standardized and systematically administered evaluation process** used to determine the presence, type, and severity of a learner's disability or learning need. These assessments are typically conducted by **licensed professionals** (e.g., developmental pediatricians, psychologists, speech-language pathologists) and use validated tools to establish a **formal diagnosis or classification**. The results of formal assessments are essential in determining eligibility for specialized services, crafting individualized education plans (IEPs), and making **educational placement decisions** for learners with disabilities.

4. **Informal Assessment – flexible, teacher-led process of gathering qualitative information** about a learner's functioning, strengths, challenges, and learning needs **within the natural classroom environment**. This includes tools such as forms, records (including the anecdotal record), interview, checklists, observation notes, and work samples. In the absence of a formal diagnosis, informal assessments are **crucial for identifying learners who manifest difficulties**, guiding initial interventions, and **supporting inclusive practices**. Informal assessments empower teachers and the school multidisciplinary team to make **instructional adjustments and plan responsive interventions** based on observed learner behaviors and classroom performance.

5. **Interpretation** - the process by which a teacher, or multidisciplinary team systematically examines a student's responses, assessment scores, or observed behaviors on the checklist.

6. **Learners with Difficulty** – learners who **manifest persistent challenges** in specific developmental or functional domains—such as cognition, communication, mobility, hearing, or vision—which adversely affect their

participation in daily lessons. These learners have **not undergone formal medical or psychological assessments** by licensed professionals. The difficulties must be significant enough to require **modifications in school practices or the provision of specialized support** to enable optimal learning and development (Education Act of 1982, as cited in DepEd Order No. 42, s. 2017).

7. **Multidisciplinary Team (MDT)** – a group of professionals within or accessible to the school, including but not limited to the school head, SPED or receiving teacher, guidance counselor/designate, general education teacher, and health personnel. The MDT collaboratively performs **educational assessment, referral, and intervention planning** to support learners with disabilities or those manifesting difficulties (DepEd Order No. 23, s. 2022).

IV. Policy Statement

This Regional Guideline supports one of the core principles of **inclusive education**—the recognition and **embrace of learner diversity** in all educational settings. Consistent with the thrust of DepEd to promote equitable, accessible, and quality basic education for all, schools must ensure that learners with difficulties are identified early and supported through appropriate strategies and interventions.

The use of **informal assessment tools**, such as observation checklists and anecdotal records, is vital in promoting a responsive learning environment. Such tools enable teachers and multidisciplinary teams to understand each learner's needs more accurately and **design appropriate learning interventions** that foster progress and self-regulation. When used effectively, informal assessments support the development of each learner's full potential, contributing to their personal fulfillment and productive participation in society.

V. Procedure

v.i Phases

A. Documentation of Initial Concern/Observation

1. **Initial Concern or Observation**
   Teachers are expected to observe and document specific patterns of learning or behavioral difficulties that impact the learner's participation in daily lessons and classroom routines. These observations serve as the **initial evidence** for determining the need for further support.

2. **Use of the Anecdotal Record for Documentation and Communication**
   The **Anecdotal Record** (see **Annex 1**) shall serve as the **primary tool for documenting both the initial concerns and the teacher's observations** of learners manifesting difficulties. It shall include:
   - A detailed description of observed behaviors or difficulties across time and contexts (see template for guidance);
   - Any classroom strategies already employed to support the learner;
   - Communication of the concern to the learner's **parent/guardian/caregiver**, ensuring shared understanding and input;

- Signatures of the **teacher**, **parent/guardian/caregiver**, and the **school head** to formalize the documentation and initiate the next steps in the intervention process.

B. Conduct of Informal Assessment (Checklist)

Following a **sufficient period of consistent observation**—typically spanning **six to eight weeks** of regular class interaction—the teacher shall initiate the conduct of an **informal assessment** to gather more structured information about the learner's difficulty/ies.

1. **Administration of the Checklist**
   - The **developed checklists** (refer to **Annex 2**) shall be accomplished by the **class adviser in collaboration with concerned subject teachers**, through a scheduled meeting where observations and insights are shared and validated. This ensures a more comprehensive view of the learner's behavior and functioning across different learning areas.
   - Use the appropriate section of the checklist based on the observed manifestations of the learner.
   - Tick the appropriate column for each indicator whether the manifestation is evident or not evident.
   - Summarize the result by counting and writing the number of ticked evident and not evident indicators on the space provided per difficulty.
   - Forward the accomplished checklist to the SNED Coordinator or the School Multidisciplinary Team.

C. Interpretation and Risk Level Determination

Upon interpretation:

a. If **50% or more** of the indicators in the checklist are observed as evident in the learner, the learner shall be considered at **high risk**, warranting an **intervention plan before referral for formal assessment**.
b. The result shall be explained to the parents/guardians/caregivers in detail to avoid misunderstanding, plans for intervention, and what is their expected participation, including the learner.
c. Intervention Plan shall be designed to incorporate appropriate accommodations and modifications. See letter E for detailed explanation.
d. If **less than 50%** of the indicators are evident, the learner shall **continue attending regular classes** but will be **monitored and supported** through classroom adaptations given by classroom teachers.

D. Multi-Disciplinary Team

This stage provides the foundation for the development of an **Intervention Plan** designed to incorporate appropriate **accommodations and modifications**

in the curriculum and delivery of instruction for learners manifesting difficulties in learning and/or self-regulation.

1. **Organization of the School Multidisciplinary Team (MDT)**
   The school MDT shall be convened and composed of professionals with relevant knowledge and understanding of learners with disabilities or learning difficulties. The core members of the team include, but are not limited to:
   - School Head
   - Class Adviser / Receiving Teacher
   - Special Needs Education Teacher (SNET) / SNED Coordinator
   - Guidance Counselor or Designate
   - Learner's Parent(s) / Guardian(s)

Other education or medical professionals may be invited, as necessary, to contribute specialized support during the intervention planning process.

2. **Role of the School Multidisciplinary Team (MDT)**
   The accomplished checklist submitted to the School Multidisciplinary Team (MDT) shall be the basis for review, interpretation, and profiling. This process shall be facilitated by the class adviser and/or SNED Coordinator. The Learner Profiling Template (attached as Page 1 of the checklist) shall be completed to include relevant background information such as learning history and observable patterns of difficulty.

   For the Medical History section, the presence and participation of the parent/guardian/caregiver is encouraged to ensure accuracy and completeness of the information. Transfer to Letter D

3. **Preliminaries Prior to Planning**

The **class adviser** shall facilitate the following preparatory steps:

a. Inform all members, particularly the parent(s)/guardian(s)/caregiver(s), about the purpose and scope of the meeting.
b. Provide an orientation on the structure and components of the Intervention Plan.
c. Offer time for parent(s)/guardian(s)/caregiver(s) to raise questions or express concerns.
d. Emphasize the confidentiality of all shared information to safeguard the learner's rights and privacy.

4. **Sharing of Informal Assessment Results**

a. The learner's strengths and areas of needs-based on the informal assessment—shall be presented to the parent(s)/guardian(s)/caregiver(s) with care and clarity.
b. Allow ample time for the family to respond or inquire about the results.
c. Clarify that the purpose of the assessment is not to label the learner, but rather to inform the development of targeted, supportive, and developmentally appropriate interventions.

E. Goal Setting and Intervention Planning

The MDT shall collaboratively establish learner-specific goals that focus on the most pressing needs identified during assessment. This ensures that interventions are intentional, time-bound, and measurable within the specified duration.

To prioritize and formulate goals, the team may:

1. Identify and list the learner's priority learning needs.
2. Rank these needs in terms of urgency and relevance.
3. Select the most critical need(s) to be addressed within the current quarter.
4. Encourage active participation of parent(s)/guardian(s)/caregiver(s) by soliciting ideas and insights related to the learner's background, interests, and potential strategies.

The resulting **learning outcomes** should describe what the learner is expected to achieve over a specified period and serve as the basis for instructional adaptation and progress monitoring.

F. Implementation of the Intervention Plan

Once the intervention plan has been collaboratively developed during the Multidisciplinary Team (MDT) meeting, its effective implementation and close monitoring become essential in determining the appropriate learning support for the learner.

1. Implementation of the Intervention Plan

a. The class adviser or designated teacher shall design and implement specific learning activities aligned with the goals set during the MDT meeting.
b. Intervention Plan/Daily Learning Support Log/Progress Report shall be maintained to monitor and document the learner's:
   - Participation in learning activities,
   - Observable progress or challenges encountered, and
   - Attainment of objectives.

Sample Intervention Plan/Daily Learning Support LP/Progress Report

Name of the Learner (or Code): ABC
Grade: 3
Observation: **Manifesting Difficulties in Remembering and Applying Knowledge**
[with Grade 1 reading ability, hence we must meet her in her current performance level]

Goal: To improve the learner's foundational reading skills by developing decoding skills using CVC patterns and automatic recognition of common sight words for better reading fluency and comprehension.

Objectives:

1. Read and decode CVC words with short vowel sounds.
2. Recognize and read high-frequency sight words (Pre-Primer and Primer level).
3. Apply CVC and sight words in simple sentence reading.

Date	**Activity**	**Remarks**			
		Assistance (Maximum, Minimal, Independent)	**Observable Progress**	**Challenges encountered**	**Attainment of the Objectives/ Activities (Attained, Partially Attained, Not Attained)**
Sept. 3, 2024	Picture-word matching (CVC: cat, dog, hat, sun)	Maximum	Matched 4 out of 5 CVC words with correct pictures	Needed sound-by-sound guidance	Partially Attained
Sept. 10, 2024	Sight word flashcard drill (the, is, go, I, see)	Maximum	Recognized 3 out of 5 sight words automatically	Guesses unfamiliar words	Partially Attained

This documentation may follow a standardized format to ensure consistency and comprehensiveness (see sample format above).

G. Monitoring of the Intervention Plan

a. Continuous monitoring of the learner's response to the interventions shall be conducted by the class adviser and/or support personnel.

b. Monitoring should include:

- Weekly reviews of the Daily Learning Support Log,
- Feedback from the learner and parents/guardians,
- Input from subject teachers or co-teachers (if applicable),
- Anecdotal records of behavior, performance, or significant incidents, and
- Adjustments made to the intervention strategies (if any).

c. **Emerging concerns, positive developments, or significant changes shall be recorded and communicated with the MDT, as needed, even before the formal review date.**

H. End-of-Implementation Review Meeting and Evaluation

At the conclusion of the implementation period, a follow-up Multidisciplinary Evaluation Meeting shall be conducted to:

1. **Review and Evaluate Learner's Progress**

   a. The class adviser will prepare a Learner Support Progress Summary reflecting the learner's growth in relation to the targeted intervention goals.
   b. This summary shall include data from the Daily Learning Support Logs, observational notes/reports from teachers
   c. The MDT will evaluate whether the learner has demonstrated sufficient progress to meet the intervention goals.

2. **Decision-Making and Next Steps**

   Based on the evaluation, the MDT shall determine the next course of action:
   - If goals are met: The intervention may be concluded, and the learner may continue with regular classroom support. Referral for formal assessment will not be necessary.
   - If goals are not met: The learner shall be referred for formal assessment by qualified specialists.

3. **Referral for Formal Assessment**

   If needed, the referral process shall proceed with:
   - Parental/guardian consent;
   - Coordination with professionals from Inclusive Learning Resource Centers (ILRC), Local Government Units (LGUs), health centers, or other accredited institutions (e.g., psychometricians, psychologists, developmental pediatricians).

4. **Sustainability or Adjustment of Interventions**

   The team may decide whether to:
   - Sustain the current support plan with or without modification,
   - Initiate a new round of interventions, or
   - Proceed with integration or further support services, depending on the evaluation results.

v.2 Roles and Responsibilities

a. Regional Office
   i. Disseminates guidelines through a Regional Memorandum.
   ii. Orients SDOs in the utilization of the checklists, accomplishment of the Report templates, and how they shall assist the schools in this undertaking.
   iii. Gathers feedback from SDOs.

iv. Monitors the implementation of the guidelines and provides technical assistance to field implementers.

b. Schools Division Offices
   i. Disseminates the Regional Memorandum to the District Heads and School Heads
   ii. Assists school heads in the orientation of teachers on the significance of this undertaking and accomplishment of the report templates.
   iii. Monitors the implementation of the guidelines in schools.
   iv. Provides technical assistance to school heads and teachers on concerns/issues relative to the guidelines.
   v. Seeks guidance from the Regional Office on matters that need clarification or direction.

c. School
   (1) School Head
      (a) Acts as catalysts of change and information.
      (b) Assigns area or room for the conduct of assessment, meeting of the school MDT and development of intervention plan.
      (c) Provides guidance on the development of an intervention plan.
      (d) Gives technical assistance to teachers.
      (e) Seeks guidance from the Schools Division Office on matters that needs clarification or direction.
      (f) Leads the School MDT on:
         (i) Intervention Planning
         (ii) Conduct of informal Assessment
         (iii) Identification of learner's learning difficulty
         (iv) Use of appropriate instructional materials and application of strategies
         (v) Classroom management
         (vi) Others
      (g) Monitors the utilization of the checklists and accomplishment of report templates.

   (2) Teachers
      (a) Special Needs Education Teachers
         (i) Gives technical assistance to teacher-adviser in the administration of informal assessment, utilization of the checklists, and identification of learners with learning difficulty, development of intervention plan and other tasks relative to handling LWDs.
         (ii) Coordinates and facilitates the conduct of school MDT meetings
         (iii) Collaborates with the school MDT.

(iv) Assists the receiving teacher in the implementation of an intervention plan and accomplishment of reports.
(v) Establishes and maintains good rapport with the school MDT.

(b) Teacher-Adviser
(i) Assists the Special Needs education Teacher in the coordination and in facilitating the conduct of school MDT meetings.
(ii) Administers the informal assessment
(iii) Assists in the development of intervention plan.
(iv) Implements the intervention plan and accomplishes reports.
(v) Seeks assistance from the SNET and/or school MDT on matters that need clarification or direction.
(vi) Prepares instructional materials for the learner/s.

(c) Subject Teachers
(i) Assist the teacher-adviser in the conduct of informal assessment, development and implementation of the intervention plan.
(ii) Prepares instructional materials for the learners.

(d) Other members of the school MDT (Guidance Associates/Designates; parents/guardian/caregivers; Nurse; etc.)
(i) Attends school MDT meeting
(ii) Shares his/her expertise towards attaining the goal for the learner
(iii) Assists in the administration of informal assessment, development of intervention plan, and accomplishment of reports.
(iv) Assist the team in the information dissemination on the conduct of assessment, identification of difficulty, and other SNED related topics.

V.3 FUND SOURCE/REQUIREMENT

The Downloaded Program Support Funds to schools/SDO/RO shall be used to capacitate implementers on the utilization of the checklists and its reproduction.

VI. Monitoring and Evaluation

The monitoring tool attached as **Annex 3** and **4** shall be used to ensure the efficient implementation of these guidelines in the Schools Division Offices and schools.

The Regional Office through the Curriculum and Learning Management Division (CLMD) and Policy, Planning and Research Division (PPRD) shall conduct random monitoring to ensure implementation of these guidelines. Likewise, Schools Division

Offices through the Curriculum Implementation Division (CID) and School Governance and Operating Division (SGOD) shall conduct monitoring and evaluation at the school level.

The checklists are work in progress; hence, it shall be open for modification based on feedback from the implementers.

VII. References

DepEd Order No. 44, s. 2021. Policy Guidelines on the Provision of Educational Programs and Services for Learners with Disabilities in the K to 12 Basic Education Program

DepEd Order No. 42, s. 2021. Guidelines on the Utilization of Program Support Funds for Special Education Program.

DepEd Order No. 23, s. 2022. Child Find Policy for Learners with Disabilities towards Inclusive Education

Handbook for Learners with Special Education Needs (LSENs)

Republic Act 11650. An Act Instituting a Policy of Inclusion and Services for Learners with Disabilities in Support of Inclusive Education, Establishing Inclusive Learning Resource Centers of Learners with Disabilities in all Schools, Districts, Municipalities and Cities, Providing for Standards, Appropriating Funds Therefor and for Other Purposes.

Regional Memorandum No. 381, s. 2021. Regional Guidelines on the Development of Instructional Plan (iPlan) for Grade I Learners with Disabilities or Difficulties after the Conduct of Multi-Factored Assessment.

Regional Memorandum No. 236, s. 2021. Contextualized Mechanisms and Compendium of Resources in the Implementation of Blended/Distance Learning Delivery Modality in DepEd-CAR for School Year 2020-2021.

Tarnate, Denia O. (2023). Competence, Challenges, and Interventions of Teachers Identification of Learners with Difficulties: Checklist Efficiency and Acceptability

VIII. Effectivity

This guideline shall take effect immediately upon publication of the Regional Memorandum in the DepEd-CAR website and shall remain in force and in effect unless sooner, repealed, amended, or rescinded. It shall be implemented starting SY 2025-2026 and shall be sustained in the succeeding school years.

Annex 1: The Anecdotal Record

ANECDOTAL RECORD
School Year 2025-2026

NAME (Code): ABC
School:_____

Grade: Kindergarten

DATE	PLACE	OBSERVATION	INCIDENT	REMARKS (this includes your intervention)	FOLLOW-UP
July 8, 2025	Kindergarten Classroom	When prompted to enter the classroom, the learner cries and refuses to go inside	The learner previously witnessed his classmates fighting inside the classroom.	The learner developed fear as a result of what he saw inside the classroom. Note: The learner is easily frightened **Action/s:** • Talk to the learner and explain what happened. • Encouraged him to enter the classroom and attend his class. • Informed his parents/guardians regarding the situation.	•Track the behavior /reaction of the child at home/school within 3 days or 2 weeks. (Note any progress and/or feedback)

(Adapted and Modified from RM No. 236, s. 2020)

Prepared by:

_____
Class Adviser

Conforme:

_____
Parent/Guardian

Noted: _____
School Head

Annex 2: The Checklists for Identifying Learners with Difficulty/ies

I. Demographic Profile of the learner

Name:_____(indicate the name of the client)

Age:_____ Birthdate: _____

Sex:_____ Grade:_____ Religion:_____

No. of Siblings:_____ Birth Order: _____

Weight: _____ Height:_____ BMI:_____

Status: Normal:_____ Wasted:_____ Obese:_____

Diagnosed Illness/Physical Disabilities/Deformities:_____

_____

Living with Parents: Yes: _____ No:_____

If No, living with guardians? _____

Relationship with guardians:_____

Monthly Family income of Parents/Guardians:_____

Are there member/s of immediate family with disability:

Yes:_____ No:_____

If yes, what is/are the disability/ies:_____

Learner has access to government services and/or programs (like comfort room, PWD programs, subsidy, etc.): Yes: _____ No:_____

If yes, cite the services/programs:_____

II. Brief Medical History of the Client:

III. The Checklists

Guide	Description
Evident	If the manifestation/s was/were observed in a quarter
Not Evident	If the manifestation/s was/were not observed in a quarter
Interpretation	If 50% and above of the listed manifestation are evident, the learner is considered high risk for intervention/referral

Please check **Evident** if the learner manifests the following characteristics or the item indicated is observed. If not, check **Not Evident.**

1. DIFFICULTY IN SEEING

Characteristics	Evident	Not Evident
• They move slowly and carefully due to the fear in bumping into things or objects. Always bumps into things (cannot avoid barriers)		
• They tend to move, feel, and touch objects especially when travelling to ensure that they are in the right path.		
• Oftentimes, they have the tendency to deviate of their normal posture for fear of being hurt. (cower-crouch in fear)		
• They can become independent, assertive, and adventurous like sighted children.		
• Generally, they have exceptional talents and interest in music, arts and sports.		
• Squinting (or Strabismus)		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

2. DIFFICULTY IN HEARING

Characteristics	Evident	Not Evident
• Shows strained expression when listening		
• Watches face especially the mouth and the lips of the speaker		
• Moves closer to speaker when talked to		

• Makes use of natural gestures, signs and movements		
• Delayed or no response to questions		
• Less responsive to noise, voice or music		
• Has limited or no speech		
• Has limited vocabulary		
• Speaks in words rather in sentences		
• Often asks for repetition of words listened to		
• Speaks in a loud a voice		
• Talks with poor rhythm (slow speech)		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

3. DIFFICULTY IN COMMUNICATING

Characteristics	**Evident**	**Not Evident**
A. Difficulty in Communicating (Learner with Attention Deficit Hyperactivity Disorder)		
1. Inattention		
• Easily distracted by huge stimuli like sounds, lights, movement in the environment		
• Does not seem to listen when spoken to, thoughts are elsewhere		
• Difficulty following and remembering directions: forgets daily activities; fails to pay attention to details		
• Difficulty following instructions and fails to finish school works, chores or duties in the workplace; makes many careless mistakes		
• Difficulty initiating or getting started on tasks; reluctant to engage school tasks		
• Difficulty sustaining attention in assigned tasks and play activities; gets bored easily; fails to organize them		
• Difficulty sustaining level of alertness to tasks that are dull; sluggish or may fall asleep easily in class		
• Difficulty completing work; performance is inconsistent		
• Difficulty working independently		

• Poor study skills; weak execution of functions		
• Spacey tune out (Acting silly or out of touch with reality)		
• Most often appears confused		
• Easily overwhelmed		
• No awareness of time		
• Loses things necessary for tasks or activities and/or personal belongings		
• Procrastinates		
2. Hyperactivity		
• Highly energetic; almost nonstop motion; always "on the go"		
• Leaves seat and roams around the classroom; can't sit still		
• High degree of unnecessary movements like pacing, tapping feet, drumming fingers		
• Restlessness; squirms in seat		
• Seems to need something in hands; finds/reaches something to play with and/or pits in mouth		
• Difficulty playing or engaging in leisure activities		
• Intrudes in other people's space, difficulty staying with own boundaries		
• Difficulty "settling down" or calming self		
3. Impulsivity		
• Talks excessively; blurts out answers before questions; making tactless comments; makes inappropriate or odd noises		
• Difficulty with raising hand and wanting to be called; wants things "NOW"		
• Interrupts or intrudes on others; butts in conversation or games; disrupts or bothers others		
• Hits when upset or grabs things away from others		
• Difficulty in waiting turn in activities and games; begins tasks without waiting for directions; hurries through tasks; does not take time to correct and edit work		
• Cannot keep hands and feet to self		

• Difficulty standing in lines; gets easily bored; impatient		
• Knows the rules but repeatedly makes errors or intentionally keeps on making errors		
• Fearless, engage in physically dangerous activities like jumping from heights, riding bikes into streets without looking		
• Accident prone-breaks things		
Others		
• High pain tolerance		
• Lack of regard for quality of outputs/tasks done		
• Delay in social maturation		
• Possible academic underachievement		
• Possible language-communication lags		
• Possible learning disabilities		
• Throws tantrums when request is not granted		
Other Signs and Symptoms:		
• acts without thinking		
• says the wrong thing at the wrong time or says the right at the wrong time		
• inability to keep powerful emotions in check, resulting in angry outburst or temper tantrums		
• guesses rather than taking time to solve problem		
B. Difficulty in Communicating (Learners with Autism)		
Every child is unique. The manifestation and severity of a child with autism varies upon its degree from mild to severe and usually occurs prior to the age of three. Traditionally, here are three areas of development which affects a child with autism: communication, social interaction, and behavior. Some other characteristics depend on other category that affects the lives of Children with Autism. Despite of these difficulties with categorization, the following are the characteristics of autism spectrum disorder (ASD):		
1. Communication:		
The ability of children with ASD to communicate depends on their intellectual and social development. Some children with ASD could not communicate using speech pattern and other may have very limited speaking skills, although others are good in vocabularies and could talk eloquently. This result somehow affects their communication skills:		

• Delay or lack of speech and language development		
• Loss of speech development previously demonstrated		
• Poor or limited expressive or receptive language skills		
• Apparently adequate speech and language but poor or no ability to engage in sustained conversation		
• Repetitive, stereotyped, strange or unusual use of language (jargon)-individuals who use the same word/phrases/topics over and over again		
• Echolalia-the repetition of what someone else has said. Either immediately or after the word is said		
• Monotone or limited variability in vocal inflection (changes in voice in speaking)		
• Poor or limited nonverbal communication (pointing or gesturing)		
• Poor or limited understanding of language beyond its concrete meaning (e.g. difficulty with humor, figurative language and metaphor)		
• No eye contact		
• Total lack of facial expression		
2. Social Interaction		
For Children with Autism Spectrum Disorder, social interaction does not come naturally since it is not their nature to adjust in different situations. They can be intimidated in the presence of so many people around them.		
• Peer social interaction can range from totally absent to inability to maintain desired relationship		
• Limited to no development of pretend or imaginative play		
• Limited development in the typical expansion upon play themes (Having difficulty in developing play ideas compared to others)		
• Limited to no symbolic use of toys		
• Habitual or repetitive, rigid and inflexible in play and games		
• Poor to limited understanding and use of nonverbal behaviors (e.g. eye contact, facial expression, postures, and gesturing) to regulate social interaction		

• Lack of or limited reciprocity (the give and take of a social exchange)		
• Sensory impairments (e.g. auditory, tactile) that interfere with the ability to respond and participate in social exchange and play		
3. Behavior		
Behaviors among Children with ASD are the most challenging and stressful issues faced by teachers and parents in their efforts to provide appropriate educational programs. Problem behavior such as property destruction, physical aggression, self-injury and tantrums are the major barriers to effective social and educational development (Horner et.al., 2000:Riechle, 1990).		
• Preoccupation with certain areas of interest and parts of objects (concentration on a certain part of the object) Ex. Excessive smelling or touching an object		
• Self-stimulating behaviors may be verbal (repeating sounds/phrases) or motoric (rocking, spinning, pacing, hand flapping)		
• Rigid adherence to routines and rituals, often non-functional in nature and strange or unusual		
• Difficulty with play skills including limited to no imagination or symbolic play, rigid, routinized play schemes, routines, and rituals		
• Repetitive motor movements (e.g. hand flapping, twirling, complex body movements)		
• Rigid and repetitive patterns of behavior, interest, and activities		
• Fascination with lights or movements		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

4. Difficulty in Communication (Communication Disorder)

Characteristics	Evident	Not Evident
It is the impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language and/or speech. It may range in severity from mild to profound. It may be development or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability, or it may be secondary to other disabilities.		

Speech Sound Errors		
1. Speech Sound Errors		
• Distortions		
• Substitutions		
• Omissions		
• Additions		
2. Articulation Disorder		
• Child cannot produce a given sound physically		
• Sound is not in his/her repertoire of sounds		
Example: Yeh me yuh a da wido (Let me look out the window)		
De toop is dood (the soup is good)		
3. Phonological Disorder		
• Make multiple sound errors		
• Make errors consistent with a phonological process (e.g. that sound deletion)		
• Fluency Disorder		
• Stuttering		
• Cluttering		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

5. Difficulty in Basic Learning and Applying Knowledge
Description:

Characteristics	Evident	Not Evident
A. Difficulty in Reading		
• Difficulty learning connections between letters and sounds		
• Confusing small words, such as at and to		
• Letter reversals, such as d for b		
• Word reversals, such as tip for pit		
• Frequently adds and/or forgets letters in a word		
• Remembering simple sequences, for example: names of people, telephone numbers		
• Difficulty understanding rhyming words		
• Recognize words that begin with the same sound		
• Difficulty organizing ideas to speak or write		
• Left and right confusion		

• Slow to memorize alphabets and math facts		
• Difficulty keeping place when reading		
• Poor sequencing of numbers like (14 for 41)		
• Avoids reading aloud		
• Appearing restless or easily distracted		
B. Difficulty in Writing		
• Inconsistencies: mixing print/cursive and upper/lower case letters, irregular shapes, sizes or slant of letters		
• Misuse of line and margin		
• Cannot write legibly despite intervention		
• Repetition of verbal instructions		
• Unfinished words or letters		
• Inconsistent position on page		
• Inconsistent spacing between letters and words		
• Cramped fingers or unusual grip on writing tool		
• Odd wrist, body and paper position		
• Excessive erasures		
• Slow or labored copying or writing		
• Inattentiveness about information/data when writing Ex. Skips letters/words/phrase in a sentence (for		
• utters words/phrases while writing		
C. Difficulty in Counting and Calculating		
• Has trouble learning to count and skips over numbers long after learners the same age can remember numbers in right order		
• Struggles to recognize patterns, such as smallest to largest or tallest to shortest		
• Has trouble recognizing number symbols		
• Doesn't seem to understand the meaning of counting (when asked for five blocks, she just hands you an armful, rather than counting them out)		
• Has difficulty learning and recalling basic math facts, such as 2 + 4 =6		
• Struggles to identify +, - and to use them correctly		
• May still use fingers to count instead of using more advanced strategies, like mental math		

• Struggles to understand words related to math, such as greater than and less than		
• Has trouble with visual-spatial representations of numbers, such as number lines		
• Has difficulty understanding place value		
• Has trouble writing numerals clearly or putting them in the correct column		
• Has trouble with fractions		
• Has trouble with measuring things, like ingredients in a simple recipe or liquids in a bottle		
• Struggles to apply with math concepts to money including estimating the total cost, making exact change and figuring out a tip		
• Has a hard time grasping information shown on graphs or charts		
• Has trouble finding different approaches to the same math problem		
D. Difficulty in Spelling		
• Unusual and a disconnect between the letters and the words they make Ex: cat – caht or cuht		
• Poor spelling (reversal of letter, syllables or omission and additions)		
• Grammatical and spelling interruption are severe		
• Timing issues. Slow in speed (i.e. most learners can spell it in seconds, but for learners with difficulty in spelling might take it for five to ten minutes)		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

6. DIFFICULTY IN REMEMBERING/CONCENTRATING

Characteristics	Evident	Not Evident
A. Physical and Motor Characteristics		
• Has stooping posture		
• Tendency to trip or stumble over objects while walking		
• Tendency to drop objects and articles		

• Has difficulty in maintaining balance while jumping, hopping, and skipping		
• Has difficulty in using sharp objects/materials (scissors, knives for slicing, paring, and cutting		
• Incurs/Prone to injury when using sharp objects		
• Has difficulty in using knives for slicing, paring, and cutting		
• Finds difficulty in tying shoelaces, ribbons or sash		
• Is unable to hold pen or pencil correctly		
• Has difficulty in tracing shapes (like circle, square and triangle)		
• Has difficulty in drawing shapes like circle, square, triangle		
• Has difficulty in writing letters of the alphabet		
• Finds difficulty in writing numbers		
• Has the following physical disabilities/deformities:		
✓ Protruding forehead		
✓ Wide face		
✓ Disproportionately short hands and fingers		
✓ Broad hands with fingers having square ends		
✓ Teeth that are peg shaped and chalky		
✓ Swollen eyelids and eyes that are half-shut		
✓ Short thick neck		
✓ Short thick legs		
✓ Large head		
✓ Disproportionately small head		
B. Personal and Social Characteristics		
• Always acts preoccupied		
• Lacks concern and attention to events and people around him		
• Talks and laughs in an unnecessary loud voice		
• Keeps on murmuring		
• Tendency to get angry/irritated/sensitive at a slight provocation and/or easily cries		
• Tendency to overreact to events and people around him		

• Does not care about the feelings of others		
• Does not laugh easily when confronted with funny situations		
C. Learning Characteristics		
• Has short attention span		
• Has poor memory		
• Has difficulty in comprehending situations in communication		
• Is easily distracted around him		
• Has difficulty in finishing work that has been started		
• Repeats unnecessary action (Ex. continuous clapping when answer is correct; non-stop singing until they feel satisfied)		
• Has reversals in written work		
• Has difficulty in relating facts into meaningful ideas or real-life application		
• Has low performances during learning activities		
• Has difficulty in prioritizing important task		
• Tends to ask questions repeatedly even after explanation		
D. Spoken language		
• Refuses to talk		
• Has the tendency to speak in words or phrases instead		
• Tendency to talk in sentences with obvious grammatical errors		
• Has limited and/or improper vocabulary		
• Gropes for words to express himself		
• Tendency to have articulation problems such as:		
Omissions		
Substitutions		
Additions		
Distortions		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

7. DIFFICULTY IN APPLYING ADAPTIVE SKILLS

Characteristics	Evident	Not Evident
Learners with Difficulty in Applying Adaptive Skills may exhibit a wide range of characteristics, depending on the combination and severity of disabilities and the person's age. These are, however, some traits may share including;		
1. Psychological		
• May feel ostracized (may feel excluded)		
• Tendency to withdraw from society		
• Learners with multiple disabilities tend to become fearful, and upset in the face of forced or unexpected changes		
• May think of self-injurious behavior		
2. Behavioral		
• May display an immature behavior inconsistent with chronological age		
• May exhibit an impulsive behavior and low frustration level		
• May encounter difficulty in his/her interpersonal relationships		
• May have limited self-care skills and independent community living skills		
• May execute injurious behavior		
3. Physical/Health		
• A variety of medical problems may accompany severe disabilities. Examples include seizures, sensory loss, hydrocephalus, and scoliosis		
• May be physically clumsy and awkward		
• May be unsuccessful in games involving motor skills		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

8. DIFFICULTY IN DISPLAYING INTERPERSONAL BEHAVIOR

Characteristics	Evident	Not Evident
• Bullies and threatens classmates and others		
• Initiates physical fights		
• Has little empathy for others and a lack of appropriate feelings of guilt		
• Lies to peers or teachers		
• Steals from peers or the school		
• Deliberately annoys others		
• Criticizes self and others		
• Has lack of interest to classroom or school activities		
• Thinks or talks repeatedly of suicide		
• Good at flattering and manipulating other people's emotions		
• Has the tendency to use and abuse prohibited drugs and alcohol		
• Defies and refuses to comply with rules and teacher's request		
• Shows extreme fearfulness and apprehension		
• Has difficulty in mingling/interacting with others		
• Has low self-esteem masked by showing boldness intended to impress or intimidate		
• Afraid of consequences of activities		
• Constantly seeks affirmation from others		
• Worries about things that might happen or have happened		
• Avoids things or places or refuses to do things or go places		
• Expresses feelings of worthlessness, hopelessness		
• Blames self and others for one's mistakes or misbehavior		
• Afraid of failure, rejection, and embarrassment		
• Avoids work activities that involves contact with others		
Total		

Adapted and Modified from the Handbook for Learners with Special Educational Needs

Annex 3: The Monitoring Tool

School Consolidated Report

School:_____
SDO:_____

A. Direction: Kindly fill out each column.

Difficulty	**Total Number of Learners**			**Grade Level**				**Interventions Given**	**Remarks (Tick the appropriate column)**			**Total No. of Learners Referred to Specialists for Formal Assessment**
	M	F	Total	2-3	4-6	7-10	11-12		Successful	Progressing	Not Successful	

B. Feedback on the Utilization of the checklist:

Prepared by:

_____
School SNED Coordinator

Noted

_____
School Head

Annex 4: The Monitoring Tool

SDO &RO Monitoring Tool

SDO:_____

A. Direction: Kindly fill out each column.

Difficulty	**Total Number of Learners**			**Grade Level**				**No. of Learners that fall under each indicator**			**No. of Learners Recommended for Formal Assessment**
	Male	Female	Total	2-3	4-6	7-10	11-12	Successful	Progressing	Not Successful	
Total											

B. List of at least 5 interventions given to the learners.

C. Feedback on the Utilization of the checklists.

Prepared by:

_____

SDO/RO SNED Focal

Noted:

_____

SDS/RD