

Annex 1B Child Mapping Tool

Name of Barangay: _____ Municipality: _____

Division: _____ Region: _____

NAME			DEMOGRAPHIC INFORMATION				RESIDENCE			DISABILITY		ECCD (FOR 4YO CHILDREN)		EDUCATIONAL STATUS					FUTURE ENROLLMENT		
Last	First	Middle	Gender	Age	Date of Birth	With Birth Certificate (Y/N)	Present Address	Number of Years in present address	Is residence permanent? (Y/N)	Has a disability (Y/N)	If yes, specify type of disability	Provided with ECCD services? (Y/N)	If yes, specify ECCD facility	Educational attainment	Currently studying? (Y/N)	If yes, specify name of school	If no, state reason for not studying	If studying through ADM, specify type of ADM	Planning to study next SY? (Y/N)	If yes, specify the name of prospective school	If No, state reason for not planning to study next SY

1. ASK: “Is the child a permanent resident?” (YES/NO) If YES, follow up “do the resident plan on moving out?”
2. TYPES OF DISABILITIES (see DepEd Order No. 2, s. 2014 for detailed descriptions)

- 1- Visual Impairment
- 2- Hearing Impairment
- 3- Intellectual Disability
- 4- Learning Disability
- 5- Speech/language impairment

6. Serious emotional disturbance
7. Autism
8. Orthopedic impairment
9. Special health problems
10. Multiple disabilities

3. EDUCATIONAL ATTAINMENT:

- CK- Completed Kindergarten
- C1- Completed Grade 1
- C2- Completed Grade 2
- C3- Completed Grade 3
- C5- Completed Grade 5
- C6- Completed Grade 6

- C7- Completed Grade 7
- C8- Completed Grade 8
- C9- Completed Grade 9
- C11- Completed Grade 11
- C12- Completed Grade 12

- SK- Some Kindergarten
- SK- Some Grade 1
- SK- Some Grade 2
- SK- Some Grade 3
- SK- Some Grade 4
- SK- Some Grade 5
- SK- Some Grade 6

- S7- Some Grade 7
- S8- Some Grade 8
- S9- Some Grade 9
- S11- Some Grade 11
- S12- Some Grade 12

INTERVIEWER NAME AND SIGNATURE

DATE OF INTERVIEW