



**Republic of the Philippines**  
**Department of Education**

JUN 18 2025

DepEd MEMORANDUM  
No. **050**, s. 2025

**LEARNERS' HEALTH ASSESSMENT AND SCREENING  
FOR SCHOOL YEAR 2025-2026**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher, and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public Elementary and Secondary School Heads  
All Others Concerned

1. In line with the Department of Education's (DepEd) 5-Point Reform Agenda, which prioritizes the protection of learners' physical and mental well-being, DepEd ensures that learners have access to quality medical, dental, nursing, nutrition, and mental health services that will allow them to attain their full educational potential.
2. Learners' Health Assessment and Screening (LHAS) is an integral component of these services, delivered and/or coordinated by School Health and Nutrition (SHN) Personnel as part of the implementation of *Oplan Kalusugan sa DepEd* (OK sa DepEd)<sup>1</sup>.
3. The Department recently released several issuances concerning LHAS, namely:
  - a. **DepEd Order No. 012, s. 2025** or the Multi-Year Implementing Guidelines on the School Calendar and Activities<sup>2</sup>;
  - b. **DepEd Memorandum (DM) No. 033, s. 2025** or the Supplemental Guidelines for the Implementation of the Bawat Bata Makababasa Program<sup>3</sup>; and
  - c. **DM 042, s. 2025** or the 2025 *Brigada Eskwela* Implementing Guidelines<sup>4</sup>.

<sup>1</sup> Launched through DepEd Order No. 028, s. 2018 or the Policy and Guidelines on *Oplan Kalusugan sa Department of Education*

<sup>2</sup> Under Sec. V General Guidelines, Item C.13.d Conduct of Mandatory Learners' Health Assessment, wherein "all learners shall undergo a mandatory health assessment during *Brigada Eskwela* and up to three weeks after the start of classes, to be conducted by the designated health personnel of the school in coordination with class advisers. The assessments include a general physical examination, as well as evaluations of all systems, vision and hearing screening, oral health examination, immunization status, and review of medical and family history. Schools may also perform catch-up activities during [One Health Week] in July, for any missed assessments during this period."

<sup>3</sup> Under Implementing Guidelines, Item 5.e Vision and Ear Care Support for Learners, wherein "the [Bawat Bata Makababasa Program (BBMP)] shall ensure that learners with vision and hearing impairments are identified and receive the necessary support to facilitate their learning."

<sup>4</sup> Item 3.e provides that the *Brigada Eskwela* is "supporting the physical and mental well-being of learners." This year's focus includes "creating a master list of learners along with a schedule for health assessments (e.g., nutritional assessment and vision and hearing screening) and assisting the Philippine Health Insurance Corporation in the enrollment of learners to the National Health Insurance Program."



4. To provide further guidance to SHN personnel and other personnel involved in the conduct of LHAS for school year (SY) 2025–2026, the LHAS-related provisions of the aforementioned issuances shall be operationalized as follows:

- a. LHAS shall cover all learners from kindergarten to Grade 12, including those enrolled in the Alternative Learning System (ALS);
- b. LHAS shall comprise the following components:
  - i. Master listing;
  - ii. Nutritional assessment;
  - iii. Health history intake and general head-to-toe assessment;
  - iv. Vision and hearing screening;
  - v. Oral health assessment; and
  - vi. Universal mental health and psychosocial screening and assessment.

Screening components are non-diagnostic in nature and are intended to identify learners who require further evaluation and/or intervention. The general descriptions of these components are attached as **Enclosure No. 1**, while the specific guidelines for each component are provided in **Enclosure Nos. 2 to 7**.

- c. At the school level, the Technical Working Group (TWG) for OK sa DepEd, created through DO 028, s. 2018 (Policy and Guidelines on *Oplan Kalusugan sa Department of Education*), and as amended by DO 002, s. 2024 (Immediate Removal of Administrative Tasks of Public School Teachers) and DO 005, s. 2024 (Rationalization of Teachers' Workload in Public Schools and Payment of Teaching Overload) shall oversee the conduct of all activities related to LHAS. With the school head as the chairperson, the following members of the OK sa DepEd TWG shall serve as the focal persons for the specific components of LHAS, including the coordination with their counterparts at the schools division office (SDO), through the OK sa DepEd TWG, and local partners:

Table 1. School and SDO Personnel in Charge of LHAS Components

<b>Component(s)</b>	<b>School OK sa DepEd TWG Focal Person</b>	<b>SDO Counterpart (SDO OK sa DepEd TWG)</b>
i. Master listing	<b>Clinic focal<sup>5</sup></b>	Medical Officer III and/or Nurse-in-Charge/Nurse II designated to coordinate medical and nursing services (in the absence of Medical Officer III)
ii. Nutritional assessment		Dentist II and/or Nurse-in-Charge/Nurse II designated to coordinate dental services (in the absence of the Dentist II)
iii. Health history intake, general head-to-toe assessment and vision and hearing		
iv. Oral health screening		
v. Universal mental health and	School's Registered Guidance Counselor	Designated Program Coordinators of the School Mental Health

<sup>5</sup> In compliance with DO 005 and 002, s. 2024, the “clinic teacher” previously identified as a member of the school TWG for OK sa DepEd is replaced in this memorandum by a “clinic focal” which shall pertain to nonteaching personnel who have been designated to coordinate school clinic activities/services.

psychosocial screening and assessment	(RGC) and/or Guidance Advocate	Program and the Adolescent Reproductive Health Program, and Schools Division Counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services
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As focal persons, school-based personnel listed are primarily in charge of coordination activities, including reportorial tasks. The actual assessment shall be administered **only by qualified and/or trained professionals**, as identified in the specific guidelines for each component of LHAS, provided in the Enclosures of this Memorandum.

- d. Tasks assigned to teachers in the conduct of LHAS as stipulated in this memorandum shall be integrated in the teachers' performance of both teaching and ancillary tasks, as applicable. Tasks such as vision screening of Kindergarten learners, administering universal mental health and psychosocial screening of learners in one's advisory class, and spotting behaviors or situations indicative of mental health concerns among learners shall be considered as Teacher Ancillary Tasks under classroom management or class adviser duties, pursuant to DO 005, s. 2024, or other subsequent issuances on Teachers' Workload.
- e. The SDO OK sa DepEd TWG shall facilitate collaboration with the local government units (LGUs), PhilHealth offices, universities offering medical and allied health programs, professional organizations, and other partners to ensure the effective and efficient implementation of the activities necessary for LHAS. This collaboration shall include, but not be limited to the following:
  - i. deployment of qualified and/or trained professionals to administer the assessment;
  - ii. setting up referral mechanisms; and
  - iii. establishing data sharing agreements to facilitate the completion of the necessary learner data.
- f. Below is the prescribed schedule for the conduct of LHAS:

Table 2. Prescribed Schedule for LHAS

Date/Schedule	Activities	Target
<b>June 9, 2025</b> Start of <i>Brigada Eskwela</i> <sup>6</sup>	Start of master listing and LHAS scheduling	All learners
	Start of promoting the registration of learners to the National Health Insurance Program <sup>7</sup>	All learners
	Securing consent from parents/parent-substitutes/legal guardians and information dissemination activities for stakeholders	All learners

<sup>6</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "Start of Mandatory Learners' Health Assessment" is on June 9, 2025, during the *Brigada Eskwela*. This specifically refers only to master listing, scheduling for assessments and services, and PhilHealth registration.

<sup>7</sup> To continue all year round, as practicable

<b>June 16, 2025</b> Beginning of the School Year	Start of <b>baseline nutritional assessment</b> <sup>8</sup>	K to G6
	Start of <b>vision and hearing screening</b> <sup>9</sup>	K, G1, G7
<b>July 4, 2025</b> Three weeks after the start of classes	Completion the <b>baseline nutritional assessment</b>	K to G6
	Completion of <b>LHAS scheduling</b> (as part of master listing) <sup>10</sup>	All learners
	Target end date for <b>vision and hearing screening</b>	K, G1, G7
<b>July 7–11, 2025</b> OK sa DepEd- One Health Week	Start of the <b>health history intake and general head-to-toe assessment, and of oral health screening</b> <sup>11</sup>	All learners
	Catch-up <b>vision and hearing screening</b>	K, G1, G7
<b>August 11, 2025</b> Eight weeks after the start of classes	Start of the annual <b>psychosocial screening</b> (i.e., Rapid HEEADSSS)	G4 to G12
	and <b>universal mental health screening</b> (i.e., CARS) <sup>12</sup>	All learners
<b>December 19, 2025</b> Last school day of 2025	Completion of the annual <b>psychosocial and universal mental health screenings</b>	All learners
<b>March 27, 2026</b> Last school day of SY 2025–2026 before EOSY Rites	Target date of completion of <b>endline nutritional assessment</b>	SBFP beneficiaries

5. The SHN personnel shall strive to ensure that all learners undergo LHAS within the school year. The actual target and timeline per school will depend on the capacity of the school, its partners, and the SDO concerned, determined through multi-stakeholder coordination and planning. Factors in determining the school's capacity include the size of the SDO; the number of health personnel in DepEd, at the LGU, and among partners who can administer the assessment; the geographic features of/distance between schools; the time required for travel and conducting activities; and the availability of funds.

6. To support the conduct of LHAS in schools, SDOs, through their SHN Sections, shall implement the following strategies:

a. **OK sa DepEd TWG's oversight of the conduct of the assessment.**

Consistent with Item No. 4.c of this memorandum, the SDO OK sa DepEd TWG shall be primarily in charge of ensuring that schools under their jurisdiction conduct LHAS as scheduled. The schools division counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services (e.g., a RGC who may be detailed at the SDO), although not an identified member

<sup>8</sup> Nutritional assessment may commence earlier, depending on the capacity of the school, its partners, or the SDO concerned, and as necessary for the school to reach its timelines for the SBFP.

<sup>9</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>10</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "End of Mandatory Learners' Health Assessment" is on July 4, 2025. This specifically refers to the scheduling of learners to ensure enough time for logistical preparations and coordination for the delivery of school-based health services for the learners, and for the nutritional assessment to ensure inclusion of target learner-beneficiaries in the School-Based Feeding Program (SBFP). The conduct of all the other components of LHAS shall proceed during the school year, as scheduled during the *Brigada Eskwela*.

<sup>11</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>12</sup> In qualified schools only; schools, depending on their capacity, shall strategize the targeting of grade levels and scheduling of the screenings so that all target learners complete the annual screenings before the Year End Break.

of the SDO OK sa DepEd TWG per DO 028, s. 2018, shall also be primarily involved in the conduct of universal mental health and psychosocial screening and assessment.

- b. **Collaboration with LGUs and other external partners.** Consistent with **Item No. 4.e** of this Memorandum, schools shall ensure that all LHAS activities are done in collaboration with stakeholders, as facilitated by the SDO.
- c. **Planning and coordination of SDO personnel with schools.** The SDO OK sa DepEd TWG, through the focal persons concerned, shall ensure that schools under their respective jurisdictions are properly oriented and onboarded about LHAS and related activities. As an output, the SDOs shall endeavor to come up with implementation plans based on time and motion analysis, ensuring alignment with targets and timelines along with the assessment of capacities and available resources. School-level preparations relative to the various components of LHAS are outlined in the specific guidelines for each component.
- d. **Monitoring and reporting.** All involved shall ensure the effective monitoring and documentation of all activities utilizing the forms and report templates provided. SDOs are encouraged to document the best practices, observe implementation challenges and gaps, and monitor progress to effectively inform continuous improvement of the initiatives. Submission of reports related to the assessment shall be subject to the omnibus guidelines on reporting of school health data and activities for fiscal year 2025 to be issued separately. The information to be collected as results of LHAS shall be handled with utmost confidentiality and privacy in accordance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, and the data privacy policies of the Department.

7. Expenses for the conduct of LHAS and related activities may be charged to the Program Support Funds (PSF) provided for School Health Programs for FY 2025<sup>13</sup> or to local funds under Maintenance and Other Operating Expenses, as available. All offices and schools are also enjoined to pursue partnerships that may allow for the augmentation of costs and resource requirements of the activities.

8. To support the uniform implementation of LHAS nationwide and ensure the standardized recording and reporting of learners' health-related data, field offices and schools are enjoined to use the templates, forms, and other tools for the components of LHAS which may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

9. The LHAS is part of a more comprehensive menu of school-based health and nutrition services that shall be made accessible to all learners throughout the school year, as stipulated in Item No. 19 of DO 012, s. 2025. These services, which cover the full spectrum of care from prevention to intervention and postvention, shall follow existing guidelines and protocols, pending the issuance of the omnibus guidelines covering all SHN services.

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<sup>13</sup> As provided for in OUOPS Memorandum No. OM-OUOPS-2025-07-02351 or the Implementing Guidelines on the Allocation, Utilization, Documentation, and Reporting of Program Support Funds (PSF) for the Field Implementation of Learner Support Programs for Financial Year (FY) 2025

10. The SHD Forms mentioned in the Enclosures of this Memorandum refer to the existing forms, currently used by the field, with minor revisions for suitability to the purpose of this memorandum. Such may be accessed through <https://bit.ly/SHDForms2025>. The SDOs that have already printed and distributed previous versions of the forms may continue to utilize them until the release of the said omnibus guidelines. Other SDOs are encouraged to adopt updated versions of these forms.

11. The LHAS and related activities, and other health services (e.g., immunization, deworming) shall not be considered **co-curricular activities** that are limited to being conducted only every two weeks, pursuant to Item No. 16 of DO 012, s. 2025.

12. While this Memorandum provides guidelines, templates, and tools specifically for the general learner population, the same can be used as a reference when conducting health assessments for learners in special situations or specific contexts, such as learner-athletes participating in competitions or those applying for or participating in scholarship programs and education-related travels.

13. This Memorandum can also be a reference for private schools and other schools that are not directly under the control and supervision of DepEd, including those under the state universities and colleges/local universities and colleges.

14. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [blss.shd@deped.gov.ph](mailto:blss.shd@deped.gov.ph) or telephone (02) 8632-9935.

15. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:



**ATTY. FATIMA LIPP D. PANONTONGAN**

Undersecretary and Chief of Staff *[Signature]*

Encls.:

As stated

References:

- DepEd Order (Nos. 012, s. 2025; 005 and 002 s. 2024; 28, s. 2018; and 12, s. 2015)  
DepEd Memorandum (Nos. 042 and 033, s. 2025)

To be indicated in the Perpetual Index  
under the following subjects:

BENEFITS  
BUREAUS AND OFFICES  
SERVICE

TEACHERS  
TEACHING LOAD  
WORK HOURS



(Enclosure No. 1 to DepEd Memorandum No. 050, s. 2025)

## OVERVIEW OF THE COMPONENTS OF LHAS

1. **Master listing** refers to the school's preparation of the list of all its learners who are qualified to undergo the various components of LHAS, as prescribed by these guidelines. This shall include the scheduling of learners for the components of the assessment, depending on:

- a. the actual target and timeline for the school according to its capacity; and
- b. the **consent provided by parents/parent-substitutes/legal guardians** for the learners to be administered specific components of the assessment.

The master list shall be used to monitor the progress or the completion of the assessment activities and to serve as basis for reporting the status of the conduct of the assessment among learners.

Promoting **PhilHealth registration** shall also commence during the start of the master listing, as this activity requires the consent of parents/parent-substitutes/legal guardians before it can be completed.

The school shall also conduct **information dissemination activities** for parents/parent-substitutes/legal guardians, learners, and other stakeholders concerned to properly orient them about the activities, address any possible concerns, and secure their active support and participation.

Specific guidelines for *master listing* are attached as **Enclosure No. 2**.

2. **Nutritional assessment** means determining the height and weight of Kinder to Grade 6 learners at the start of the school year to obtain their nutritional status, following the World Health Organization (WHO) standards, as basis for inclusion to the School-Based Feeding Program (SBFP). Feeding progress is tracked by performing baseline and endline assessments. This may be done by the school's non-teaching personnel designated for school health concerns, school health personnel, or local health partners. This may also be conducted as part of classroom activities for Music, Arts, Physical Education, and Health (MAPEH), Science, and other subjects, as practicable. Specific guidelines for *nutritional assessment* are attached as **Enclosure No. 3**.

3. **Health history intake** refers to the recording of past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, immunization status, and other relevant information and may include targeted history taking if deemed appropriate by the interviewer. This may be elicited by health personnel from the learner or the parent/parent-substitute/legal guardian.

**General head-to-toe assessment** refers to a thorough examination done once a year for all learners. It is performed by health personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor the hygiene practices of the learners, and provide health education to learners and parents/parent-substitutes/legal guardians in preventing and managing common ailments. This shall include conducting anthropometric measurements, such as the height and weight of a learner, and calculating their Body Mass Index (BMI) to determine their overall nutritional status and to identify and address potential nutritional concerns.

Specific guidelines for *general health history and physical assessment* are attached as **Enclosure No. 4**.

4. **Vision screening** or visual acuity screening refers to the use of charts, occluders, transparent response key, and other methods aimed at early detection and management of vision problems among learners. This may be done by teachers (for Kindergarten learners and non-readers) and non-teaching personnel (for other grade levels) who have received appropriate training, school health personnel, or local partners.

**Hearing screening** refers to the use of a 512 Hz tuning fork or a retractable pen by health personnel to identify learners who may require comprehensive audiological assessment and further management by appropriate healthcare professionals.

**Vision and hearing screening** shall be administered to all Kindergarten, Grade 1, and Grade 7 learners at the beginning of the School Year. **Vision screening** shall also be administered to all Grades 1 to 3 learner-participants of the BBMP before participating in the program, while ear care support shall be a key component of the program for among learner-participants.<sup>1</sup>

Specific guidelines for *vision and hearing screening* are attached as **Enclosure No. 5**.

5. **Oral health assessment** refers to the structured evaluation of the oral cavity conducted by licensed dentists as part of the School Dental Health Care Program (SDHCP) to determine the dental health condition of learners and school personnel. This process includes inspection of the teeth, gums, and other oral tissues to identify dental caries, periodontal issues, and other oral health concerns. It supports early detection, timely intervention, and referral for necessary treatment, thereby promoting preventive oral care and improving the overall health and learning capacity of students. This initiative is implemented in accordance with DepEd Order No. 41, s. 2020, which provides guidelines for the delivery of basic medical, dental, and nursing services in schools.

Specific guidelines for *oral health screening* are attached as **Enclosure No. 6**.

6. **Universal mental health screening** refers to the systematic assessment of learners on their academic, behavioral, and social-emotional functioning. The purpose of this screening is to identify at-risk learners and provide early intervention and support, or referral for specialized help if needed. Screening is limited to the assessment of risks and is not intended for the clinical diagnosis of mental disorders. This screening will use the Children and Adolescents Risk Screener (CARS), a locally developed tool that assesses various areas of mental health concerns. The tool shall be administered to learners from Kindergarten to Grade 12 in all qualified schools, only by personnel who have received proper training.

**Psychosocial screening** is a psychosocial triage for the early identification of risk factors to prevent unfavorable health outcomes. For this purpose, DepEd has adopted Rapid HEEADSSS<sup>2</sup>, a self-administered questionnaire recommended for adolescents aged 10-19. Rapid HEEADSSS will be administered by homeroom advisers or any personnel with relevant training.

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<sup>1</sup> May 8-15, 2025 (the Start of BBMP and Summer Remedial Classes) is for catch-up vision screening for Grades 1 to 3 learner-participants of the BBMP for Summer 2025 (in pilot schools in region IX only). Learner-participants of the BBMP 2025 (in the pilot schools) shall have already undergone vision and hearing screening prior to participating in the program, as part of a more comprehensive eye and ear care support for learners.

<sup>2</sup> HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety and is a globally recognized psychosocial interview framework for adolescents

Those who will be identified as “at-risk learners,” based on the results of CARS or the Rapid HEEADSSS, shall be referred to the school’s Registered Guidance Counselor (RGC) and/or other personnel trained in Adolescent Job Aid (AJA) and Adolescent Health Education and Practical Training (ADEPT) or any equivalent training for the conduct of the **psychosocial assessment** or the Comprehensive HEEADSSS Interview, a guided, semi-structured interview conducted on adolescents identified with risk indicators.

This component of LHAS shall be administered every year, beginning SY 2025-2026, in schools that will meet the requirements for the administration of the adopted screening and assessment tools. Specific guidelines for *universal mental health and psychosocial screening and assessment*, including the requirements that a school must fulfill before it can begin administering screenings, are in **Enclosure No. 7**.

Schools that do not qualify to administer the tools this school year shall strive to meet such requirements to qualify for the administration of the screening in the next school year, SY 2026-2027. The specific guidelines also provide for a list of behaviors and situations indicative of mental health concerns that all school personnel shall be oriented about as well as the protocols for handling mental health crises or mental health concerns arising from crisis situations.



(Enclosure No. 2 to DepEd Memorandum No. 050 s. 2025)

## MASTER LISTING

**Master listing** refers to the schools' preparation of the list of all its learners that are qualified to undergo the various components of LHAS, as prescribed by these guidelines. The **master list template** may be accessed at <https://bit.ly/DepEdLHASSTY2526Forms>. The clinic focal, in coordination with the SDO school health personnel, shall ensure that the master list is accomplished accurately and updated throughout the school year.

Promoting PhilHealth registration shall also commence during the start of the master listing, as this activity requires the consent of parents/parent-substitutes/legal guardians before it can be completed. Specifically, this means inviting resource persons from PhilHealth to orient the school's stakeholders about the insurance program and how to register as members. This shall be a continuing activity throughout the school year, as practicable.

**Assent and consent of the learners' parents/parent-substitutes/legal guardians** shall be required before the scheduling of health services, and PhilHealth registration can be completed. As such, schools shall also conduct **information dissemination activities for parents/parent-substitutes/legal guardians, learners, and other stakeholders** concerned to properly orient them about the activities, address any possible concerns, and secure their active support and participation. For this, schools may utilize the general assembly with stakeholders (per Item No. 23 of DO 12, s. 2025) scheduled at the beginning of the school year. The Parent-Teacher Conferences scheduled throughout the year (per Item No. 24 of DO 12, s. 2025) may also be utilized for the continued promotion of school health services and activities for learners. The soft copy of the **Consent Form for Learners' Health Assessment and Screening** may be accessed at <https://bit.ly/DepEdLHASSTY2526Forms>. The Bureau of Learner Support Services-School Health Division shall disseminate materials that may be used by field offices and schools in their information dissemination and orientation activities.

The master listing shall also include the **scheduling of target learners for LHAS**, depending on the capacity of the school and the SDO concerned. For each learner, the schedule of screening and assessment and whether the learner is for treatment and/or referral is recorded. If the learner is for referral, the date when the patient was seen by the receiving facility or health personnel as indicated on the SHD Form 3 (Referral Form and Return Slip), shall be recorded. If the learner is for follow-up, the date when follow-up was done shall also be recorded.

Schools are enjoined to utilize the master list summary to validate their monthly school health reports submitted to the SDO's School Governance and Operations Division (SGOD)-SHN Section.



(Enclosure No. 3 to DepEd Memorandum No. 050, s. 2025)

## NUTRITIONAL ASSESSMENT

1. All schools shall conduct nutritional assessment of Kinder to Grade 6 students during the conduct of *Brigada Eskwela* until the first three weeks of the opening of the school year to be encoded in the Learner Information System (LIS). The data shall be the basis for identifying the feeding beneficiaries and assessing the improvement of the nutritional status of the children at the end of the program.
  - a. At the school level, the **clinic focal**, or the personnel designated to coordinate school clinic activities/services, shall be overall in-charge of the conduct nutritional assessment, in coordination with the **Medical Officer III and/or Nurse-in-Charge/Nurse II** designated to coordinate medical and nursing services (in the absence of the Medical Officer III).
  - b. The World Health Organization Child Growth Standards (WHO-CGS) shall be the basis for determining Nutritional Status (NS).
  - c. The **baseline** data shall be taken before the start of feeding and **endline** data shall be taken upon program termination.
  - d. The SDOs, through the Medical and Nursing Services Coordinator, and schools, through their respective Clinic Focals, are encouraged to do the following activities to fast-track nutritional assessment:
    - i. during enrolment, request the parents/parent-substitutes/legal guardians to provide their children's recent record of height (in centimeters) and weight (in kilograms) certified by the Rural Health Unit (RHU) or any private health personnel;
    - ii. Coordinate with their RHU to seek the assistance of Barangay Nutrition Scholars (BNS) or Barangay Health Workers (BHW);
    - iii. Seek partnership from professional groups or student interns of allied health courses (i.e., Nutrition and Dietetics, Nursing, and others); and
    - iv. Height and weight-taking may be conducted as part of classroom activity for Music, Arts, Physical Education, and Health (MAPEH), Science, and others.
  - e. A calibrated weighing scale, preferably beam balance or digital (recommended by DOST-FNRI), shall be used to take the weight, and steel tape/microtoise shall be used to take the height.
  - f. School/health personnel shall calibrate weighing scales regularly using calibration weights to ensure reliability and accuracy.
  - g. To ensure accuracy of BMI computation, all schools are enjoined to make use of the BMI Software provided by BLSS-SHD in determining the NS of learners.
2. Each school is expected to identify and submit to the SDO the names of the SW and W students, including severely stunted and stunted learners as possible secondary beneficiaries, using the relevant SBFP Form duly signed by the School Head. The report shall be submitted in the first three (3) weeks of the opening of the school year.
3. All ROs, SDOs, and participating schools are required to prepare and submit the SBFP forms relative to the implementation of the Program, following the standard templates. These forms are included in the subsequent SBFP institutional guidelines that will be issued separately.



(Enclosure No. 4 to DepEd Memorandum No 050, s. 2025)

## **HEALTH HISTORY INTAKE AND GENERAL HEAD-TO-TOE ASSESSMENT**

### **I. Preliminary Preparation**

Conducting thorough medical, nursing, dental, and nutritional evaluations is crucial for monitoring the overall well-being of learners and identifying potential health concerns or risks at an early stage. As such, all learners shall undergo a comprehensive health assessment, utilizing key events such as Enrollment, Brigada Eskwela and One Health Week to conduct vital components of LHAS.

*Brigada Eskwela* shall mark the commencement of LHAS, beginning with masterlisting of learners and enrollment of learners to the National Health Insurance Program by the Philippine Health Insurance Corporation. The following components of LHAS shall be completed up until the third week of the school year: nutritional assessment, vision screening, and hearing screening. One Health Week (2nd week of July) shall mark the commencement of physical assessment and history taking, oral health screening and surveillance, which may be completed until end of school year.

The SDO shall ensure that learners are properly scheduled for LHAS, that designated personnel are available to conduct such, and that these are conducted as scheduled. Health personnel are responsible for ensuring that consent forms are distributed, collected, and properly recorded before the scheduled activity. Once the schedule is confirmed, the assessment shall be conducted in coordination with class advisers and the clinic focal, to be conducted by school health personnel or in partnership with the local government, Konsulta package providers, or other service providers as designated by the DepEd, subject to their agreements.

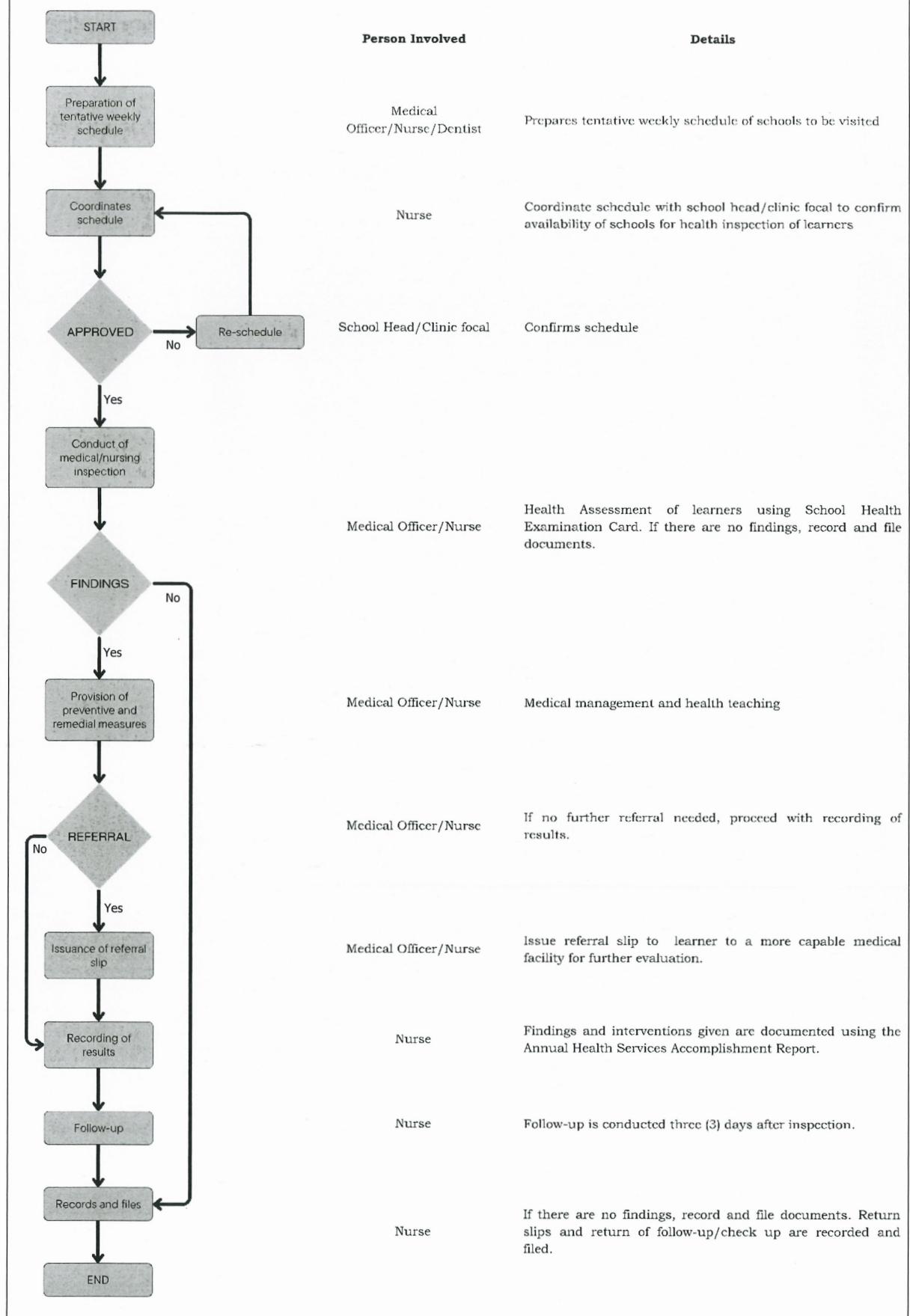
### **II. Assessment Protocol**

The nurse or medical officer obtains a comprehensive health history by interviewing the learner or parent/parent-substitute/legal guardian and records the information in the appropriate forms. The health history is composed of the past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, and immunization status, and may include targeted history taking if deemed appropriate by the interviewer. The health personnel performs the general physical assessment and completes the School Health Examination Card (SHD form 1a and 1b).

Vital signs and anthropometric measurement are fundamental services offered within school clinics, catering to both learners, teaching and non-teaching personnel. This procedure includes blood pressure measurement, which is conducted as necessary or upon the recommendation of the medical officer to assess and monitor cardiovascular health. Other vital signs such as heart rate, respiratory rate, and pulse oximetry are taken and also recorded accordingly. Height- and weight-taking are also conducted routinely as part of the general physical assessment.

Head-to-toe examination is a thorough cephalo-caudal examination done once a year for all learners, prioritizing those in grades 1 and 7. The examination is conducted in a well-lit and ventilated area, with a tray with a towel lining containing assessment tools (i.e. tongue depressors, penlight, oral thermometer, alcohol, stethoscope etc.) at hand. The examination is performed to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor the hygiene practices of the learners, and provide health education to learners and parents/parent-substitutes/legal guardians in preventing and managing common ailments.

**Figure 4.1. Process Flowchart for General Physical Assessment**



If no findings or concerns arise from the assessments, the documents are recorded and filed accordingly. However, if findings are present, the medical officer, nurse, or dentist provides appropriate preventive and remedial measures, such as medical management and health teaching.

If further referral is not needed after providing initial interventions, the results are recorded. However, if a referral is deemed necessary, a referral slip is issued to the learner directing them to a more capable medical facility for further investigation. The nurse documents the findings and interventions provided using the Annual Health Services Accomplishment Report. Additionally, the nurse conducts a follow-up visit three (3) days after the initial inspection.

Finally, if there are no negative findings upon the conduct of the medical and dental assessments, the documents are recorded and filed. Any return slips/referral follow-up check-ups are also recorded and filed by the nurse.

### **III. Documentation and Reporting**

As stipulated in DM No. 62, s.2021 or the Supplemental Guidelines to DepEd Order No. 041, s. 2020 (Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021), health assessments are recorded in the School Health Examination Card (SHD Form 1a and 1b), to be included in the Health Assessment Report (SHD Form 5a) and submitted by the school monthly to the SDO's SGOD-SHN Section. The SDO shall consolidate and submit the reports quarterly to the Regional Office (RO). The RO will submit a consolidated report to the Central Office (CO) quarterly on the 10th day of the succeeding month as follows:

*Table 4.1. Schedule of Quarterly Reporting to the CO*

<b>Reporting Period</b>	<b>Deadline of Submission</b>
1 <sup>st</sup> Quarter	April 10 of the same year
2 <sup>nd</sup> Quarter	July 10 of the same year
3 <sup>rd</sup> Quarter	October 10 of the same year
4 <sup>th</sup> Quarter	January 10 of the succeeding year

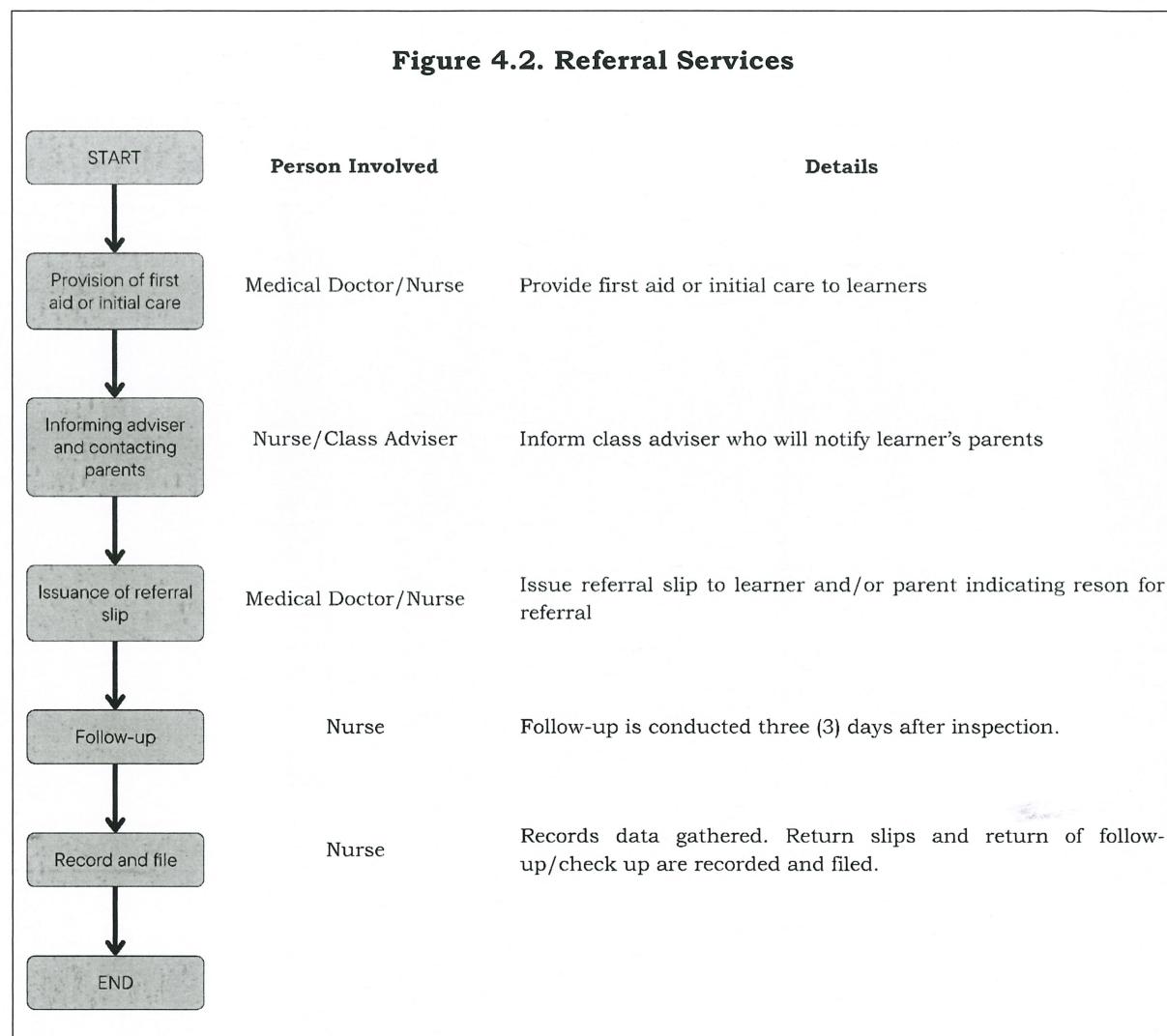
Health assessments conducted during One Health Week (physical assessment and history taking, oral health screening and surveillance, as well as catch-up vision and hearing screening) shall be submitted in the same manner as part of the One Health Week Accomplishment Report.

School Heads must be informed as to the number of learners assessed, including those needing immediate treatment and/or referral. Identified health concerns shall be communicated to parents/parent-substitutes/legal guardians with appropriate recommendations.

### **IV. Post-Assessment Procedures and Referral**

Learners who exhibit signs of illness shall be advised to seek medical attention immediately. Referral services are open to learners year-round as needed. When a patient requires medical attention beyond the scope of the school clinic's resources, the medical officer, nurse, or service provider first accommodates the patient by providing initial care and ensuring their comfort and safety. Proper documentation is then maintained by

filling out the Daily Treatment Logbook and Accident Logbook, meticulously recording the patient's condition, symptoms, and any relevant details surrounding the incident.



The patient's health card and previous health records are prepared and gathered, ensuring that comprehensive medical information is readily available for the receiving healthcare facility. With these records on hand, the medical officer, nurse, or service provider carefully evaluates the patient's condition, assessing the severity and urgency of the situation. Concurrently, the patient's parent/parent-substitute/legal guardian is notified of the circumstances, particularly if the patient is a minor or requires additional consent for treatment or transfer. Clear and timely communication with family members is crucial throughout the referral process.

After thorough evaluation and preparation, a referral note (SHD Form 3) is provided to the patient or their parent/parent-substitute/legal guardian, detailing the reason for referral, the patient's condition, and any necessary information for the receiving healthcare facility. The nurse conducts a follow-up visit three (3) days after the initial inspection, and follow-up appointments or consultations are scheduled to ensure continuity of care and monitoring of the patient's progress.



(Enclosure No. 5 to DepEd Memorandum No. 050, s. 2025)

## **VISION AND HEARING SCREENING**

### **I. Preliminary Preparation**

DepEd recognizes the importance of early detection and intervention for vision and hearing impairments in school-aged children.

Visual acuity screening is a crucial component of the school health services aimed at early detection and management of vision problems among learners. The recommended approach for visual acuity screening based on R.A. 11358 or the National Vision Screening Act in school settings is through the use of charts with symbols or numbers, occluders, and transparent response key. However, the DOH and Philippine Eye Research Institute (PERI) also recommend adopting new screening methods of vision screening based on new trends and developments, such as photoscreeners.

Hearing, on the other hand, is another critical sense for learners, as it plays a vital role in their ability to effectively communicate, learn, and develop. As part of its comprehensive school health services program, DepEd has implemented auditory screening initiatives to identify learners with potential hearing difficulties at an early stage.

Masterlisting of the vision and hearing screening shall commence during Brigada Eskwela and shall be completed up until the third week of the school year, prioritizing learners in kindergarten level for vision screening. Coordination with the School Head and class advisers is essential for master listing and scheduling. Class lists must be prepared, and designated assessment areas identified. School personnel are responsible for ensuring that consent forms are distributed, collected, and properly recorded before the scheduled activity. Learner-participants in the *Bawat Bata Makababasa Program* shall have undergone vision screening within the course of the program.

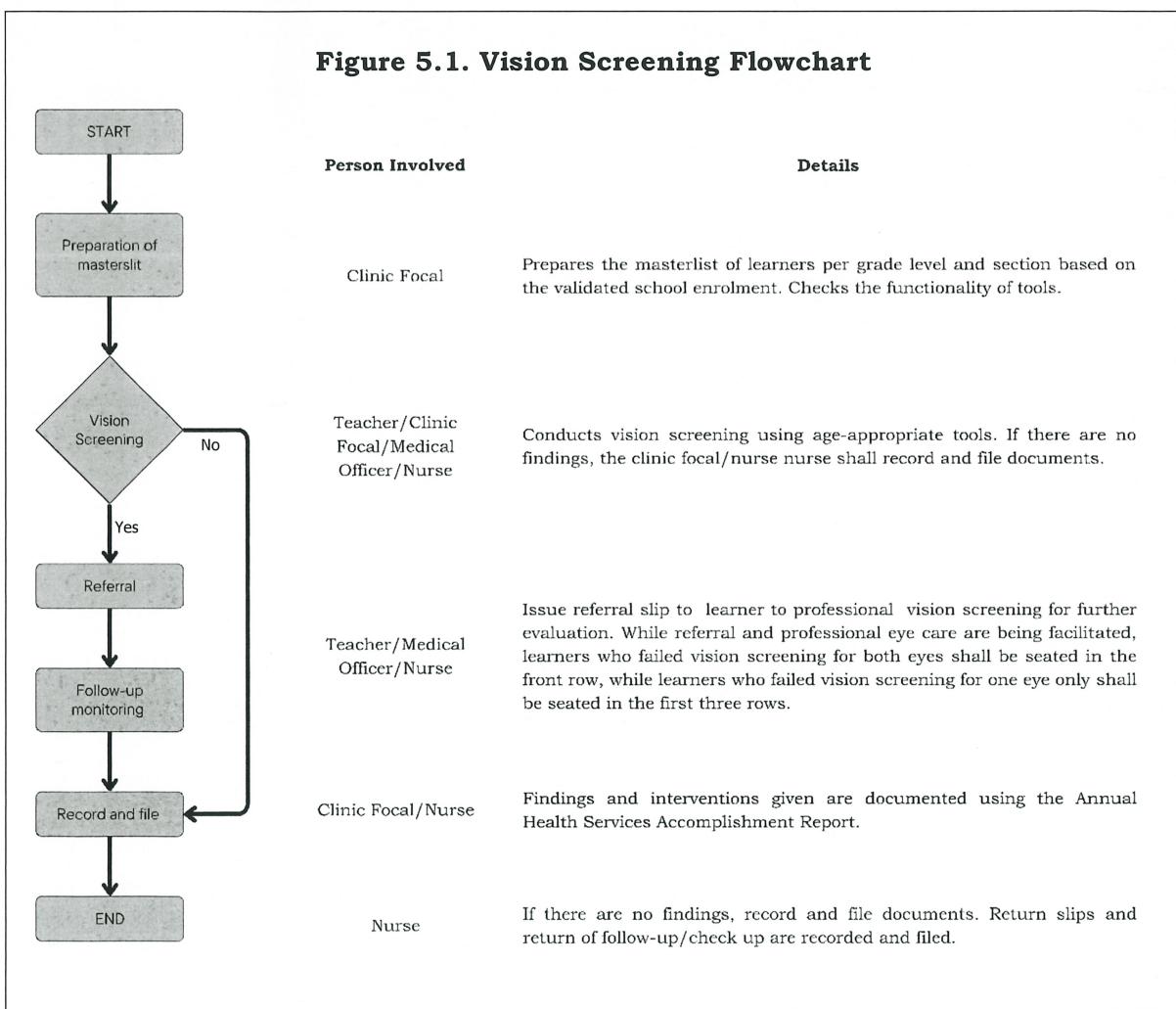
### **II. Protocol for Vision Screening**

The screening process consists of observation of the learner's appearance, behavior, and complaints, followed by visual acuity assessment using age-appropriate tools (Lea Symbols ® Chart for Kinder, grade 1, and non-readers; photoscreener or Snellen chart with pinhole for grades 1 and 7). Vision screening using Lea Symbols ® Chart or photoscreener shall be conducted by teachers (for Kindergarten learners), school health personnel, or any personnel employed or enlisted by DepEd. Vision screening using Snellen chart shall be conducted by health personnel. Learners who fail visual acuity screening with Lea Symbols ® Chart once shall undergo repeat visual acuity assessment within thirty (30) days to confirm that failure is due to poor vision and not because of other factors (e.g., shyness, poor comprehension, anxiety etc). Learners with red or draining eyes should not be screened but referred immediately to an eye care professional.

Learners who fail visual acuity screening (i.e., a score of 2 out of 5 or lower on the Lea Symbols ® Chart for one or both eyes even upon re-screening; or failure on photoscreener) or has a visual acuity of 20/30 or worse on the Snellen chart, shall be referred to professional visual screening and eye care. The following signs and symptoms are significant findings and may also be indications for referral:

- Crossed-eyes or misaligned eyes
- Shaking eyes or eyes in constant motion, i.e., nystagmus
- Drooping eyelid(s)
- Eye redness

- Frequent styes
- Presence of a white pupil
- Eye injuries
- Squinting, frowning, blinking or squeezing the eyes
- Thrusting head forward, or backward while looking at distant objects
- Rubbing the eyes
- Turning the head
- Placing the head close to a book or a desk when reading or writing
- Closing or covering one eye, especially in bright light
- Headaches
- Eye pain
- Nausea and dizziness
- Blurred or double vision
- Unusual sensitivity to light



### III. Protocol for Hearing Screening

All learners from Kindergarten to Grade 12 are to undergo hearing screening. The school health personnel may administer the test using a precisely calibrated 512 Hz tuning fork or a retractable pen, ensuring a quiet environment. With the tuning fork method, the examiner strikes the tuning fork to generate a sound. Alternatively, the retractable pen technique involves pressing down the button of the pen and releasing it to produce a sound. In both instances, the device is held near the patient's ear who is

instructed to raise their hand when a sound is heard. The process is repeated for the other ear without the patient turning their head. Results are recorded in the School Health Examination Card (SHD Form 1b) and referral or further evaluation is arranged if a hearing concern is suspected. While basic, this screening method helps identify learners who may require comprehensive audiological assessment and management by appropriate healthcare professionals.

Relevant information about ear care must also be disseminated to learners, teachers, and parents/parent-substitutes/legal guardians through informational materials, educational sessions, exhibits, or other appropriate activities. Topics may include the following:

- A. Proper Ear Hygiene
  - 1. When cleaning the ears, a warm damp cloth may be used to clean the outer part. It is not advisable to clean the inside of the ear canal or use cotton buds as this may cause injury.
  - 2. Do not put oil or foreign objects inside the ear.
  - 3. Do not swim in dirty water.
  - 4. Do not share earphones or earplugs with others.
- B. Hearing Protection
  - 1. Use ear plugs in noisy places.
  - 2. Avoid listening to loud sounds or music.
- C. Other measures to prevent hearing impairment
  - 1. Vaccination against rubella, measles, mumps, and meningitis.
  - 2. Adequate maternal care during pregnancy as well as newborn care.
- D. Signs and symptoms that may suggest ear problems and must be evaluated by a medical professional:
  - 1. Ear pain (otalgia)
  - 2. Ear discharge (otorrhea)
  - 3. Hearing loss
  - 4. Poor performance in school
  - 5. Communication skills not at par with age

#### **IV. Infection Control and Safety Protocols**

All tools, chairs, and equipment to be used for the screening should be disinfected with alcohol before and after each use.

#### **V. Documentation and Reporting**

Vision screeners are to record their findings and submit them to the school health personnel for recording in the School Health Examination Card (SHD Form 1b), to be included in the Health Assessment Report (SHD Form 5a) which shall be consolidated and submitted by the school to the SDO-SGOD Health Section monthly. This will be consolidated by the SDO and submitted to the RO as part of the quarterly accomplishment report. The RO shall submit a consolidated report to the CO quarterly, as stipulated in DM No. 62, s.2021 or the Supplemental Guidelines to DepEd Order No. 041, s. 2020 (Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021).

Hearing screening findings are to be recorded, consolidated and reported similarly. School Heads must be informed as to the number of learners screened, including those needing immediate treatment and/or referral. Identified health concerns

shall be communicated to parents/parent-substitutes/legal guardians with appropriate recommendations.

#### **VI. Post-Screening Procedures and Referral**

Following the hearing screening, individualized health education should be provided. This includes teaching proper ear care and hygiene and offering advice to prevent hearing impairment.

While referral and professional eye care are being facilitated, learners with poor visual acuity for both eyes shall be seated in the front row, while learners with poor visual acuity for one eye only shall be seated in the first three rows.

For those requiring referral and further evaluation, a referral form (SHD Form 3B) is provided to the patient or their parent/parent-substitute/legal guardian, detailing the reason for referral, the patient's condition, and any necessary information for the receiving healthcare facility. Additionally, follow-up appointments or consultations are scheduled to ensure continuity of care and monitoring of the patient's progress.



## **ORAL HEALTH ASSESSMENT**

### **I. Preliminary Preparation**

Oral health assessments are vital for early detection, prevention, and management of dental conditions among learners, hence, all learners from Kindergarten to Grade 12 are required to undergo an annual oral health assessment. This assessment shall commence during One Health Week, held in the second week of July, and may continue throughout the school year depending on schedule availability and resource allocation. Furthermore, this activity supports the implementation of school health and nutrition programs in accordance with DepEd Order No. 41, s. 2020 or the Revised Guidelines on the Implementation of School Dental Health Care Program.

The oral health assessment is conducted by school dental personnel in collaboration with class advisers, health coordinators, and support staff. The dental chair, lighting, and examination area should be set up accordingly with adequate lighting and must include the following instruments: mouth mirror, explorer, cotton pliers, and spoon excavator.

### **II. Assessment Protocol**

The assessment team consists of a dentist, who leads the conduct of oral assessments, diagnoses dental conditions, and recommends treatment; a dental aide or school clinic aide, who assists in setting up equipment, preparing health records, maintaining infection control protocols, and supporting documentation; and the school's clinic focal, who facilitates communication with parents/parent-substitutes/legal guardians, manages consent forms, and assists in scheduling.

The assessment begins with an initial interview and health history-taking, where the learner and/or accompanying adult is asked about the learner's dental and medical background. Any contraindications for oral examination must be identified at this stage. This is followed by a visual and tactile examination, during which the dental personnel inspects the oral cavity for dental caries, plaque and calculus, gingival condition, malocclusion, and any soft tissue abnormalities.

### **III. Infection Control and Safety Protocols**

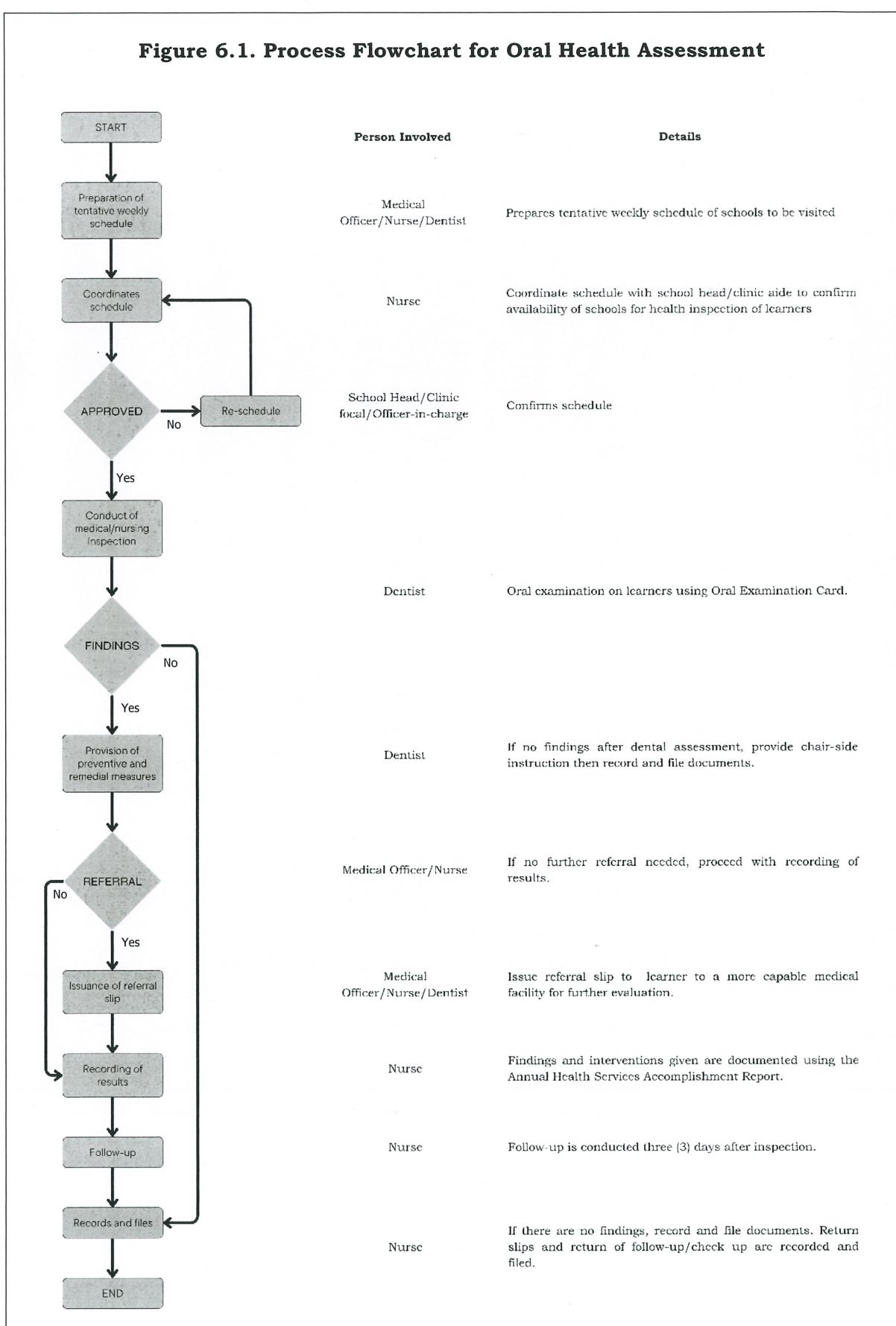
Sterilized instruments must be used for each learner. All dental personnel are required to wear appropriate personal protective equipment (PPE), including gloves, face masks, and eye protection. The dental chair and tools should be disinfected between each client.

### **IV. Documentation and Reporting**

The following forms are used during the assessment process: SHD 1-D, 1-Da, and 1-Db for Dental Findings; SHD Form 3B for Dental Referrals; SHD Form 4-B for Oral Health Profile of Teaching and Non-teaching Personnel; and SHD Form 5B for Dental Services Accomplishment Reports.

Dental Accomplishment Reports (SHD Form 5B) must be submitted quarterly to the SDO-SGOD Health Section as stipulated in DO 41 s.2020 Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021. Additionally, a summary of findings should be provided to the School Head for awareness and appropriate school action.

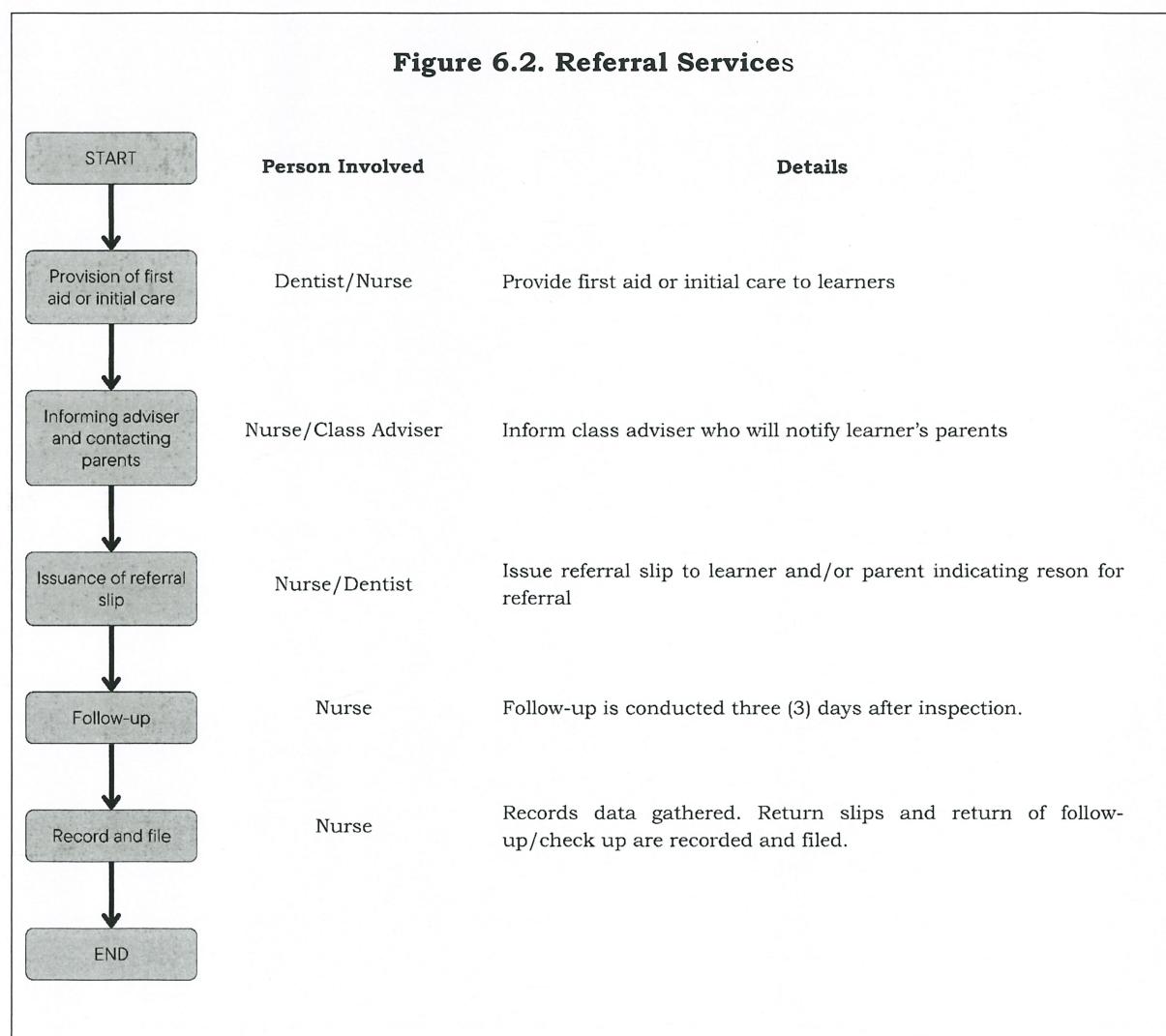
**Figure 6.1. Process Flowchart for Oral Health Assessment**



## V. Post-Assessment Procedures and Referral

Following the oral health assessment, individualized oral health education should be provided. This includes teaching proper brushing and flossing techniques, offering dietary advice to prevent cavities, and emphasizing the importance of routine dental check-ups.

For learners requiring further evaluation or specialized dental care, a Dental Referral Form (SHD Form 3) should be issued. Follow-up should be done within 1–2 weeks to monitor referred cases, coordinate with parents/parent-substitutes/legal guardians, and track treatment completion. Integration with other services is encouraged through coordination with school medical and nutrition teams for a more holistic health intervention.





(Enclosure No. 7 to DepEd Memorandum No. 050, s. 2025)

## UNIVERSAL MENTAL HEALTH AND PSYCHOSOCIAL ASSESSMENT

### I. Overview

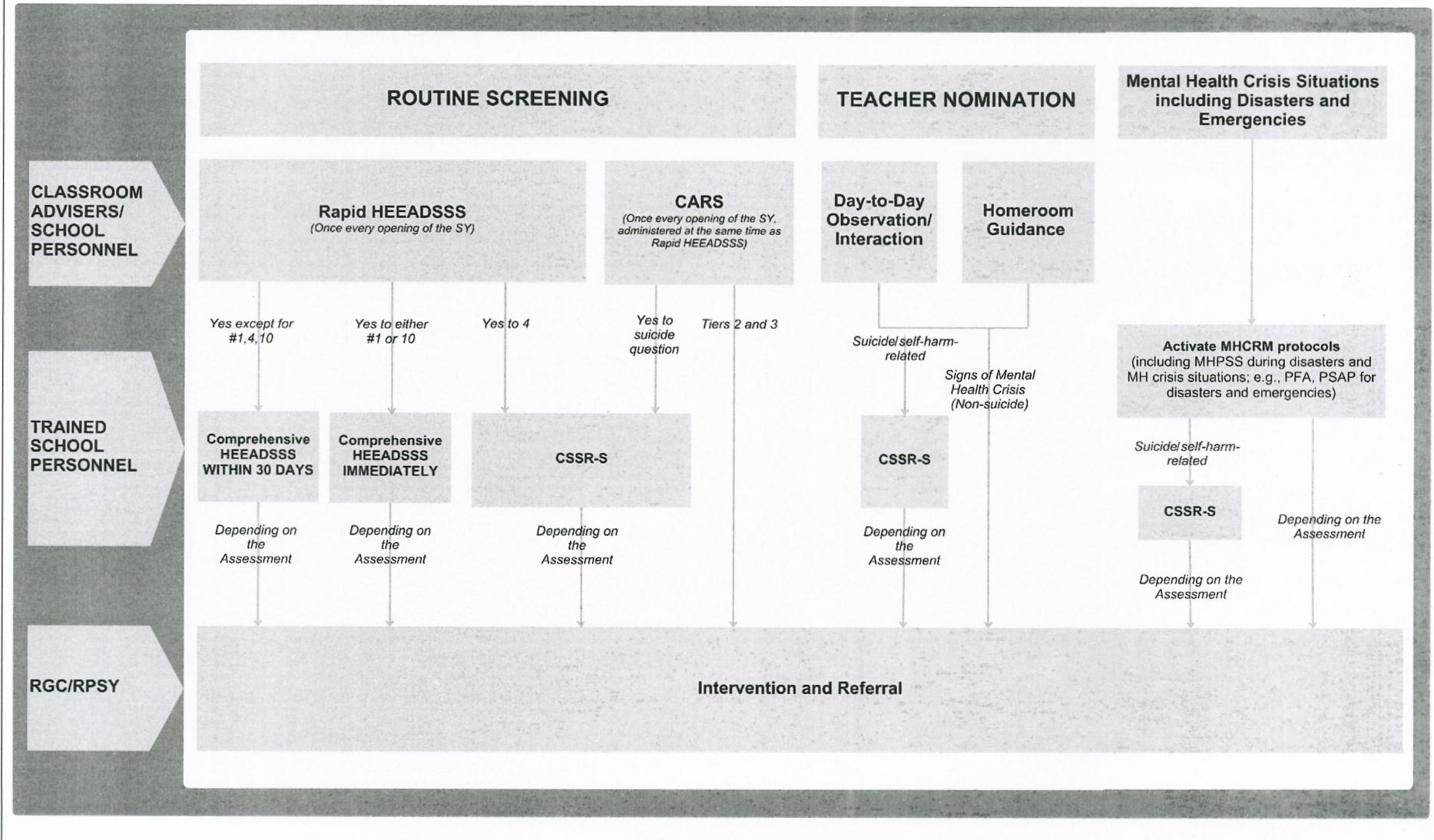
Section 24 of Republic Act (RA) 11036 or the “*Mental Health Act*” mandates educational institutions such as schools to develop policies and programs designed to raise awareness on mental health issues, **identify** and provide support and services for individuals at risk, and facilitate access, including referral mechanisms of individuals with mental health conditions to treatment and psychosocial support. Meanwhile, RA 12080 or the “*Basic Education Mental Health and Well-Being Promotion Act*,” provides that the school-based mental health program shall be designed to provide school-based mental health services including **screening, evaluation, assessment, and monitoring**. There are primarily three contexts (**Figure 7.1**) where schools can identify/screen/assess/monitor learners who are at risk for possible mental health concerns or conditions:

1. **Routine screening** - *where all learners undergo a systematic psychosocial and mental health screening process, using age-appropriate tools, on a regular basis, as a routine (e.g., every beginning of the school year).* For SY 2025-2026, DepEd adopts two tools for routine screening: (a) the Children and Adolescents Risk Screener (CARS); and (b) Rapid HEEADSSS<sup>3</sup>. Both tools are administered to target learners, eight weeks from the start of classes, to give teachers ample time to get to know the learners enabling them to screen them properly. Rapid HEEADSSS shall continue to be available in school-based facilities that provide health services (e.g., clinic, guidance office/care center) for “walk-in” learners who avail of services in the said facilities or for learners who may have missed the scheduled routine screening. Only schools that have met the requirements for the administration of the tools will be allowed to proceed with the routine screening.
2. **Teacher nomination** – *where teachers “nominate” or report to trained school personnel (e.g., school’s RGC, Guidance Advocate) who among their learners exhibit behaviors or are in situations indicative of mental health concerns.* For teacher nomination, teachers shall be capacitated in spotting mental health risks among learners in the following contexts: (a) during their day-to-day observation/interaction with learners; and (b) during their facilitation of Homeroom Guidance activities (as classroom advisers).
3. **During mental health crisis situations, such as disasters and emergencies** – *where Mental Health Crisis Response and Management (MHCRM) protocols are automatically activated.* Once MHCRM protocols are activated, affected learners are automatically provided with psychological first aid (PFA) and necessary mental health and psychosocial support (MHPSS). This usually includes screening of possible mental health concerns that may require further screening, further assessment, or other intervention, including referral.

Depending on the results of the routine screening, learners shall undergo further assessment (i.e., through comprehensive HEEADSSS interview) or be provided with necessary intervention or referred as needed. For all routine screening, teacher nomination, and mental health crisis situations, all learners who express or exhibit signs of suicidality or self-harm shall be automatically screened using the Columbia Suicide Severity Rating Scale (CSSR-S).

<sup>3</sup> HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety and is a globally recognized psychosocial interview framework for adolescents

**Figure 7.1. Universal Mental Health and Psychosocial Screening and Assessment Pathways**



## **II. Overview of the Screening and Assessment Tools**

### **A. Children and Adolescents Risk Screener (CARS)**

1. CARS is a universal screening tool that aims to identify K-12 learners at-risk of behavioral, emotional, social, and academic behavior problems so that necessary prevention or early intervention support can be provided by the school through available mental health and psychosocial support services or referral linkages as well as collaborative efforts across a learner's support system (e.g., peers, teachers, parents/parent-substitutes/legal guardians).
2. CARS has two forms each for specific grade levels (i.e., K-3, Grades 4-8, and Grades 9-12). Some forms are to be completed by specific informants related to a learner, such as parents/parent-substitutes/legal guardians or teachers, while some forms are to be completed by the learner himself or herself. The table below shows which forms shall be accomplished by whom depending on the learner's grade level.

*Table 7.1. CARS Forms for Grade Levels*

Grade Level	CARS Parent Report (PR) (CARS-PR:K-3)	CARS Teacher Report (TR) (CARS-TR:K-3, -TR: 4-8, -TR: 9-12)	CARS Learner Report (CARS-LR:4-8, -LR: 9-12)
K - G3	✓	✓	
G4 - G8		✓	✓
G9 - G12		✓	✓

3. CARS forms may be accessed at <https://bit.ly/DepEdCARSForms2025>.

### **B. Rapid and Comprehensive HEEADSSS**

1. Rapid HEEADSSS screening is a self-administered questionnaire recommended for adolescents ages 10-19. It is used as psychosocial triaging for the early identification of risk factors to prevent unfavorable health outcomes.
2. Comprehensive HEEADSSS is an assessment tool with guide questions conducted on adolescents with risk indicators after the psychosocial screening.

The **soft copies** of the **Rapid HEEADSSS** and of the **Comprehensive HEEADSSS Assessment Guide** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

### **C. Columbia Suicide Severity Rating Scale (CSSR-S)**

This 5-question assessment tool evaluates the severity and lethality of learners' suicidal thoughts and behaviors while determining the appropriate level of support they need.

The **soft copy of the CSSR-S** may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

Details for the administration of the tools to learners, including the recommended interventions depending the results of the screening, are discussed in **Section VII** of this Enclosure.

### **III. Requirements Before Schools Can Conduct Routine Screening**

A school is qualified to proceed with the **routine screening (HEEADSSS and CARS) and subsequent assessment (Comprehensive HEEADSSS)** only upon meeting the following requirements:

1. The school shall have activated the OKD-TWG to oversee the conduct of LHAS, with the school's RGC(s) and/or Guidance Advocate(s) as a member/s.
2. The school shall have personnel who have been trained in the Foundational Course on Adolescent Health, the Adolescent Health Education and Practical Training (ADEPT) or Adolescent Job Aid (AJA) 2.0 Skills Enhancement Training (ASET), and Children and Adolescent Risk Screener (CARS); or have health professional who have credentials equivalent to the competencies of the enumerated trainings.
3. The school has a functional Child Protection Committee (CPC) with a score of at least 4 on the CPC Functionality tool, per the OUOPS Memorandum No. OUOPS-2024-05-0627 titled, *"Dissemination of the Updated Child Protection Committee (CPC) Functionality Tool."*
4. The school has a functional referral network, including an updated local directory which includes clinics, hospitals, and other related support offices or agencies.
5. The school has a private space for guidance and health counseling.

Schools that do not qualify to conduct routine screening this school year shall strive to meet such requirements in order to qualify for the conduct of the screening in the next school year, SY 2026-2027.

### **IV. Important Points for Teacher Nomination**

**A. Day-to-Day Observation of/Interaction with Learners.** Supporting learner well-being shall be inherent in the roles and responsibilities of all school personnel. For teaching personnel, it shall be integrated in their performance of both teaching and ancillary tasks; e.g., spotting behaviors or situations indicative of mental health concerns among learners, and facilitating appropriate psychosocial support shall be considered as Teacher Ancillary Tasks under classroom management or class adviser duties, pursuant to DepEd Order No. 5, s. 2024 or the *"Rationalization Teachers' Workload in Public Schools and Payment of Teaching Overload"* or other such subsequent issuances on teachers' workload. Accordingly, school personnel shall be capacitated in spotting behaviors or situations indicative of mental health concerns among learners. School personnel may note the observed risks and inform their respective RGCs or Guidance Advocates.

Such risks may include the following:

- Frequent absences or tardiness;
- Gross negligence in academic work;
- Behavioral concerns;
- Negatively impactful incidents in the learner's life; e.g., death of a loved one;
- History of mental conditions or suicidal behaviors;
- Experience of violence; e.g., bullying, sexual harassment, abuse; and
- Other such related behaviors and factors.

**B. Homeroom Guidance.** Activities conducted during Homeroom Guidance usually provide opportunities for learners to express responses that may

indicate a sign or symptom of mental health or psychosocial concern. Teachers may coordinate with the school's RGC or Guidance Advocate for assessment and appropriate intervention, and submit necessary documentation that may be needed in the process.

It is also the duty of **all** school personnel to accommodate and consider reports and observations from learners, other school personnel, and stakeholders such as parents/parent-substitutes/legal guardians. School personnel may coordinate with the school's RGC or Guidance Advocate to address such reports for appropriate intervention.

A list of behaviors or situations indicative of mental health concerns among learners may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

## **V. Mental Health Crisis Response and Management (MHCRM)**

In the event of an emergency, disaster, or crisis, MHCRM protocols will be activated to ensure that affected learners are provided MHPSS. If in the process of providing MHPSS, a learner exhibits symptoms of or expresses suicidality, they shall undergo the CSSR-S. A list of behaviors and situations to note when facilitating MHPSS or during disaster/emergency response, as lifted from DepEd's Psychosocial Support Activity Pack: A Teacher's Guide (All Levels), may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

## **VI. Key Preparatory Activities**

**A. Preparation of the School Human Resources.** The school shall ensure that it has met all the human resource requirements stipulated in **Section III** of this Enclosure, and that all personnel involved in the conduct of the universal mental health and psychosocial screening, including all classroom advisers, are properly oriented on all activities related to the screening, especially on the use and administration of the screening tools.

**B. Orientation for Parents/Parent-substitutes/Legal Guardians, Learners, and other Stakeholders.**

The school shall ensure that the parents/parent-substitutes/legal guardians of learners from kindergarten to grade 12 (K-12) and the school's/SDO's internal and external partners and stakeholders as the health service providers are properly oriented about the screening and related activities.

Similarly, all learners concerned (Grades 4-12 for CARS, 10-19 years old for Rapid HEEADSSS) shall be oriented before the administration of the screening and assessment. Schools shall utilize Socio-Behavioral Communication Change (SBCC) materials like pamphlets and videos during the orientation. For K-3 learners, it is the parents/parent-substitutes/legal guardians who will be oriented during the parents' orientation.

**C. Informed Consent.** Consent of parents/parent-substitutes/legal guardians and assent of learners shall be sought using the Consent Form for Learners' Health Assessment and Screening. This shall be a requirement before the learners are administered the screening tools. Likewise, parents/parent-substitutes/legal guardians shall be notified when pertinent findings are identified, requiring parents/parent-substitutes/legal guardians' support unless caused by family members.

**D. Logistical Preparations, including reproduction of Materials for Screening and Assessment.** Guidelines for the Program Support Funds (PSF) for the School Mental Health Program in FY 2024 and for the PSF for School Health Programs for FY 2025 provide for allocation of funds for producing materials needed for the screening and other related expenses.

**E. Observation period for the administration of CARS (for Teacher Reports).** Prior to the screening proper, class advisers are given 6 to 8 weeks period to observe learners to help enhance the accuracy of the screening process, as well as to identify learners who may be experiencing emotional or behavioral difficulties. Observing teachers or classroom advisers must properly record their observations in a logbook or any form of documentation of their choosing. Observers may also coordinate with the school's RGC or the Guidance Advocate to help with the assessment and intervention for the learner.

## VII. Administration of the Tools

### A. Administration of Rapid HEEADSSS and CARS among Learners

1. The screening tools (Rapid HEEADSSS and CARS) shall be administered at least two (2) months after the opening of classes, as part of the routine screening. This may be done in a phased approach (e.g., by section, by year level) from August to December. Schools are required to complete the screening of the entire population of learners by the end of the fiscal year.
2. Administration of the screening tools for learners may only be done by RGCs or trained personnel such as Guidance Advocate(s), homeroom/class advisers, SHN personnel, and partners such as those from the LGU, NGOs, or professional associations.
3. The screening can be conducted inside the classroom, or through a secure online platform, as practicable.
4. Learners who will miss their scheduled screening can avail themselves of "walk-in" screening at the clinic, guidance office/care center, teen center/hub/kiosk, and similar facilities.
5. Screening shall also be available throughout the year as part of the services offered by these facilities. The results of the routine screening shall not be treated as "permanent" and "indicative" of the learner's behavior or situation for the entire year. As such, screening through Teacher Nomination shall remain in place all year.

#### Processing and Collection of Screening Forms

6. All printed forms shall be folded when collected, and all responses shall be kept secured and confidential. Learners are instructed to keep the tear-away portion of the questionnaire, which will serve as the reference to ask for assistance/help.
7. The trained school personnel/classroom adviser shall collect the forms directly from the learners, which shall be secured in an envelope and submitted to the school's RGC or Guidance Advocate for verification and consolidation.
8. The school's RGC or Guidance Advocate, in coordination and collaboration with the classroom advisers concerned and SHN personnel, shall identify the learners needing immediate attention and those at risk within the day or the week. Urgent appropriate interventions shall be given to the learner identified with pertinent findings.

**B. Conduct of the Comprehensive HEEADSSS Assessment.** Based on the screening tool results, adolescent learners shall undergo a comprehensive assessment to be conducted by the school's RGC or other trained personnel.

1. **For learners who answered NO to all items of Rapid HEEADSSS:** Screening through **Teacher Nomination** shall continue all year. Classroom advisers shall continue to observe learners for behaviors or situations indicative of mental health concerns as discussed in **Section IV** of this memorandum, and refer to the RGC or trained personnel for further assessment and/or intervention in case such behaviors or situations are observed.
  2. **For learners that answered YES to any other items except #1, #4 and #10 of Rapid HEEADSSS:** The school's RGC or other trained personnel shall conduct comprehensive HEEADSSS within 30 days of screening.
  3. **For learners who answered YES on either Item #1 or Item #10 of the Rapid HEEADSSS:** The school's RGC or other trained personnel shall conduct comprehensive HEEADSSS **immediately**.

    - a. If physical abuse is identified during the interview, the school's Child Protection Committee (CPC) shall be mobilized to provide necessary referrals.
    - b. The CPC shall coordinate with the Barangay Local Council for the Protection of Children (BLCPC), the Community Social Welfare Officer (CSWO), and/or the Women's and Child Protection Desk (WCPD) for proper documentation and handling of the case.
    - c. The parents/parent-substitutes/legal guardians of the learner(s) concerned shall be notified through the BLCPC, CSWO, or the WCPD. However, if the parent/parent-substitute/legal guardian is the perpetrator, the learner shall not be allowed to go home until the case is properly handled by the authorities. The School Head shall ensure that the learner is safe and secured in a shelter with the BLCPC or the CSWO.
  4. During the conduct of the Comprehensive HEEADSSS Assessment, the interviewer shall be guided by the following:

    - a. Issues/ problems that were identified during the interview shall be given immediate intervention.
    - b. Verbal and non-verbal cues may provide information or give a hint to the learner's situation or condition.
    - c. Probing questions may be asked immediately, especially when red flags such as suicidal ideation or abuse are noticed (either explicitly stated or not).
    - d. The interviewer must avoid judgment made for answers that differ from their views or values.
- C. Administration of the Columbia Suicide Severity Rating Scale (CSSR-S) Tool.** For learners who answered **YES on Item #4 of Rapid HEEADSSS** and the **suicidal tendency question of CARS tool**: The school's RGC or other trained personnel shall conduct CSSR-S immediately or within the day of the administration of the Rapid HEEADSSS or CARS. It should be conducted one-on-one, ideally in a quiet, safe, and private space, using a calm and non-judgmental tone. This must not be conducted in a group setting or through written forms.
1. After conducting the CSSR-S, the personnel administering the assessment should stay with the learner. No learner expressing suicidal thoughts should be sent home alone or left alone during the intervention process. In addition, keep harmful objects away from the learner.

2. The personnel administering the assessment, if not an RGC, must refer the learner to an RGC and provide details of the results.
3. Based on the level of severity from CSSR-S, the school's RGC or Guidance Advocate shall implement the prescribed interventions.

**VIII.** Attached as **Enclosure No. 8** is the list of prescribed interventions depending on the results of the administration of the abovementioned tools.

## **MENTAL HEALTH INTERVENTIONS AND REFERRAL**

**A. Prescribed Interventions and Referral Depending on CARS Results.** Learners who have undergone CARS can be categorized as low risk, at-risk, and high risk. The category of risk may guide the Registered Guidance Counselor or Guidance Advocate on the type of intervention that they can provide to the learner based on the multi-tiered system of support (MTSS). MTSS consists of the three tiers:

1. **Tier 1 (Universal Support):** This tier focuses on providing preventive support to all learners, **regardless of their risk level**. It aims to cultivate a positive school environment and promote the social-emotional well-being of all learners. Activities in this tier are typically implemented school-wide or within classrooms, with teachers and the Universal Screening Team playing key roles in their execution. Examples of Tier 1 supports include:

- a. Homeroom guidance activities
- b. Social-emotional learning curriculum
- c. Physical activities like sports and exercise
- d. The CARS universal screening itself
- e. Classroom and school-wide positive behavior support strategies
- f. Parent-Teacher Association (PTA) meetings
- g. Psychoeducation activities such as self-esteem and anger management workshops

2. **Tier 2 (Targeted Support):** This tier provides more focused support to learners identified as “**at-risk**” during the initial CARS screening or those who have not shown improvement after receiving Tier 1 support. It involves interventions delivered in small groups or individually, often by a registered guidance counselor or a trained Guidance Advocate under the supervision of a registered guidance counselor. The frequency of these interventions is usually bi-weekly, with assessments of learner progress conducted at least once every two weeks using various methods such as CARS, behavioral observations, and anecdotal records. Importantly, learners receiving Tier 2 support continue to receive Tier 1 support. Examples of Tier 2 supports include:

- a. Social skills training
- b. Relaxation techniques and mindfulness sessions
- c. Self-monitoring of classroom behaviors
- d. Parent-teacher conferences

3. **Tier 3 (Intensive Support):** This tier caters to learners identified as “**high-risk**” during the initial CARS screening or those who have not shown improvement after receiving Tier 2 support. This tier involves highly individualized and intensive interventions, often delivered by a registered guidance counselor weekly. Assessment of learner’s progress in this tier is frequent, occurring at least once a week, utilizing the same methods as in Tier 2. Learners receiving Tier 3 support also continue to receive Tier 1 support. Examples of Tier 3 supports include:

- a. Individual counseling
- b. Referral to specialists such as psychologists, psychiatrists, or developmental pediatricians
- c. Referral for comprehensive psychological evaluations

**B. Prescribed Interventions and Referral Depending on CSSR-S Results.** Based on the level of severity from CSSR-S, the school's RGC or Guidance Advocate shall implement the prescribed interventions:<sup>4</sup>

Severity Level	Intervention		
	With learner	With parents/parent-substitutes/legal guardians	With Mental Health Professional or Community Health Professional or Crisis Hotline
<b>MILD</b>	<ul style="list-style-type: none"> <li>• Perform an advance assessment</li> <li>• Do safety planning</li> <li>• Follow-up periodically</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> </ul>	<ul style="list-style-type: none"> <li>• Can opt not yet to refer</li> </ul>
<b>MODERATE</b>	<ul style="list-style-type: none"> <li>• Perform an advanced assessment</li> <li>• Do safety planning</li> <li>• Follow-up closely</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> <li>• Recommend non-emergency referral to professional</li> </ul>	<ul style="list-style-type: none"> <li>• Assist non-emergency referral with written or oral endorsement</li> </ul>
<b>SEVERE</b>	<ul style="list-style-type: none"> <li>• Perform an advanced assessment</li> <li>• Do safety planning</li> <li>• Ensure close watch for safety</li> </ul>	<ul style="list-style-type: none"> <li>• Notify parents/parent-substitutes/legal guardians of the risk level</li> <li>• Recommend removal of means and 24/7 watch Recommend emergency referral to professional/hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Assist emergency referral with oral endorsement</li> </ul>

The RGC/Guidance Advocate must ensure that the learner will be endorsed to his/her parents/parent-substitutes/legal guardians to ensure safety, provided that the cause of suicidal thoughts or ideation are not of family origin. Counseling may also be done via online platform or the directory of referrals should have a list of hotlines for counselors who are trained to handle the matter. As a life and death situation, suicidal ideation or suicidal tendencies should not be handled lightly. Personnel concerned shall provide follow-ups and necessary assistance on the learner after a few days.

### C. Other Important Considerations

- 1. Endorsement of identified learner to an RGC for appropriate intervention and referral based on the result of the assessment.** The personnel who conducted the Comprehensive HEEADSSS must ensure that the learner is properly referred as necessary and will immediately seek the help of other mental health professionals like a psychologist or a psychiatrist.
- 2. Dealing with cases of abuse.** In cases where physical or emotional abuse is suspected during any stage of the conduct of screening and assessment, the school's Child Protection Committee will be activated to conduct necessary referrals.
- 3. Referral.** The school's *OK sa DepEd TWG*, through the school's RGC/Guidance Advocate, and Clinic Focal, in coordination with the SDO's SHN personnel, and in collaboration with local stakeholders shall ensure that the school is linked with an active referral network for both health and non-health

<sup>4</sup> Based on the RACE Against Suicide Toolkit

concerns. An updated directory shall be available in the school at all times. The following information must be documented for all referred learners:

- a. Date referred
- b. Institution/office referred to
- c. Reason for referral
- d. Outcome of referral (e.g., received, for follow-up)

4. **Follow up.** RGCs and Guidance Advocates must monitor the progress of the referred learners through scheduled meetups with them. RGCs and Guidance Advocates may reassess the referred learners using CARS, Comprehensive HEADSSS, CSSR-S, whichever tool they may have used prior referral, to assess the progress of the learners.