

# Republic of the Philippines Department of Education Cordillera Administrative Region

### SCHOOLS DIVISION OF BENGUET

Wangal, La Trinidad, Benguet 2601 Telefax: (074) 422-6570; (074)422-7501; 422-3790; 422-2001



SEP WITH

#### **DIVISION MEMORANDUM**

No. <u>21</u>5\_s. 2018

To:

Schools District Supervisors, Coordinating Principals

Heads, Public Secondary Schools

School/District Nurses

School Health Section Personnel

All others concerned

From:

NESTOR L. BOŁĄYO

OIC Office of the Schools Division Superintendent

Subject:

SEARCH FOR THE OUTSTANDING BARKADA KONTRA DROGA PROGRAM

IMPLEMENTERS IN SECONDARY SCHOOLS FOR THE SCHOOL YEAR (SY) 2017-

2018.

Date:

September 3, 2018

- 1. As transcribed in DepEd memorandum no. 127 s. 2018, the office of the President through the Dangerous Drug Board (DDB) and in collaboration with the Department of Education (DepEd) through the Bureau of Learner Support and Services School Health Division (BLSS SHD) will conduct the Search for the Outstanding Barkada Kontra Droga Program Implementers in Secondary Schools for the school year (SY) 2017-2018.
- 2. The search aims to strengthen the implementation of the National Drug Education Program (NDEP) through the "Barkada Kontra Droga" (BKD) Program pursuant to section 43 Article IV of RA 9165 and Board Resolution No. 5 s. 1997.
- 3. The search for BKD Program is open to all *Secondary Schools* with organized and functional BKD Chapter nationwide. It shall cover activities conduced from SY 2017-2018.
- 4. Submission of entries to the SDO School Health Section will be until **September 28, 2018** to facilitate submission of entries to the National level until **September 30, 2018**
- 5. Supporting Documents should be properly endorsed by the School Principal/ Schools Division Superintendent/Regional Director and should consist of all the materials that show evidence of the school's activities and programs. It can include the following:
  - Memoranda, Circulars, special orders
  - Photos/videos of BKD activities and programs of schools
  - Publications of activities on drug abuse preventions and other pertinent documents
- 6. Participating Schools are required to fill out an entry form for the search (see enclosed)
- 7. Please see enclosed for the mechanics and criteria of the competition
- 8. Immediate dissemination to all concerned is desired.

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# School-Based Immunization Recording Form 3: Masterlist of Grade 7 Students

Name (Surname, First				Dankas	1;				Section	:	**************************************	-				MR Lot No:		· Vaccination Team
Name (Surname, First	······································			Date:												Batch No: Td Lot No: Batch No:		
	e Name, Mi)	Complete Address	Date of Birth MM/DD/YY	Age	Sex	Parents R		History of allergies (food, meds, previous immunization)	(feve	today? er, etc)	Last Menstrual Period (females only)		entially gnant?		ccine ven Td	Deferred	Refusal	Reason for Refusa
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Name and Signature of Supervisor		Name and Signature of Va	Name and Signature of Vaccinator 1				Name and Signature of Vaccinator 2											
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		Name and Signature of Re	corder		Nam	e and Signa	ature of	Recorder										
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Enclosure to Division Memorandum No. 213\_s. 2018

## Criteria:

## (PAPER AND FIELD EVALUATION - October - December 2018)

1. Functionality of the BKI) Program (	on Drug	Abuse Prevention in Secondary Schools	10%					
a. Activities/Timetable			10%					
2. Coverage and Scope of Implementar	tion		15%					
a. School Wide Implementation			10%					
b. Community Involvement and Partner	ship		5%					
3. Nature and Extent of Drug Abuse P	reventio	n Activities/Projects Initiated/Implemented						
Organized (Indicate Number and Su	ipport de	ocuments)	30%					
a. EDUCATION								
(Integration of drug abuse prevention	concepts	and BKD components in classroom instruction,	10%					
organizing Seminar workshops on dru	ıg abuse r	prevention, launching of BKD, seminars, capability						
building, etc.)	0 1-	or seeming, capasing						
b. INTERVENTION			10%					
	services	peer counseling, referral services, assistance	1070					
to student surrenders if any, etc.)	, 501 (1005,	poer counseling, referral services, assistance						
c. INFORMATION								
(Use of mass media—print, TV/ broad	cast film	s slide presentations exhibits etc.)	5%					
d. ATERNATIVES	cast, min	s, shae presentations, eximples, etc.)	5%					
(Sports/ Athletics, Cultural, Income-Generating Arts and Crafts, Religious, Civic and other								
recreational activities)	CHCIAMILE	, ruts and Crans, itenglous, Civic and Office						
	ng in tar	ems of providing leadership and support in pro						
Implementation	g III 001	ms of providing leadership and support in pro	20%					
a. students	5%	e Socio-civie/ Religious organizations	20% 2%					
b. teachers	o. Docto civica itemplous of gainzations							
c. school administrators	070	f. Government officials/ Agencies g. Non-government officials/ Agencies	$2\% \ 2\%$					
d. Parents, Teachers Association (PTA) 2%								
5. Attainment of objectives	<i>∟</i> /0		20%					
6. Monitoring and Evaluation Scheme								
o. monitoring and Evaluation Scheme			5%					

### **Evaluation Team**

Evaluation Team shall be composed of the following representatives from the following agencies:

- Dangerous Drugs Board
- Department of Education
- Commission of Higher Education
- National Youth Commission
- Non-Government Organization

### **Awards and Prizes**

## There will be five (5) National Winners, to wit:

✓	1st	P 50, 000.00	+	Plaque
✓	2nd	P 40, 000.00	+	Plaque
✓	3rd	P 30, 000.00	+	Plaque
<b>√</b>	2 Consolation Prizes	P 10, 000.00	+	Plaque

Note: Awarding ceremony will be on the first quarter of 2019

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# School-Based Immunization

Region:	CAR		Recording Form 3: Masterlist of Grade 7 Students															
Province/ City pistrict/ Municipality				Name of School: Division:			Section:								To be filled up by the Vaccination Team MR Lot No:			
	•			Date:			······································									Batch No:		
									•							Td Lot No: Batch No:		
Name (Surname, First Nam	me, MI)	Complete Address	Date of Birth MM/DD/YY	Age	Sex		Response	History of allergies (food, meds, previous immunization)	Sick (feve	today? er, etc)	Last Menstrual Period (females only)		intially inant?		ccine Iven Td	Deferred	Refusal	Reason for Refusal
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Name and Signature of S	upervisor	Name and Signature of V	accinator 1		Name	and Sign	ature of V	accinator 2										
						-												
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		Name and Signature of Re	corder		Name	and Sig	nature of	Recorder										





# SEARCH FOR OUTSTANDING BARKADA KONTRA DROGA (BKD) PROGRAM IMPLEMENTERS IN SECONDARY SCHOOLS (SY) 2017-2018

# **ENTRY FORM**

REGION:	DIVISION:
school: Address:	ID NO.: TEL. NO.:
	Submitted by:
	Date Submitted