



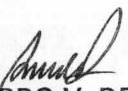
Republic of the Philippines
Department of Education
Region V (Bicol)

DIVISION OF CATANDUANES
Virac, Catanduanes

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TO : Public Schools District Supervisors
Elementary & Secondary School Heads/OIC's

FROM : 
SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent

SUBJECT: **DATA GATHERING ON THE NUMBER OF DEPED EMPLOYEES WITH DISABILITY**

DATE : October 3, 2018

RELEASED

DepEd, Division of Catanduanes
RECORDS SECTION
Date OCT 03 2018
Time: 2:45 P.M.
Initials: [Signature]

Per unnumbered memorandum from USEC Victoria L.M. Catibog dated September 17, 2018 regarding the nationwide data gathering on the number of DepEd employees with disability, all concerned Deped personnel are hereby directed to participate in the nationwide data gathering to determine the number of personnel with disability currently employed by the Department, by accurately completing the attached survey form or Annex A: Survey for Employees with Disability.

Submission of the accomplished survey forms is not later than **October 8, 2018** to Roma Angelee A. Soleybar at Personnel Section, SDO.

For information, guidance and immediate compliance.

Annex A: Survey for Employees with Disability

This survey is being conducted in aid of policy development. The Department of Education, through the Bureau of Human Resource and Organizational Development (BHROD), in partnership with The Asia Foundation is currently conducting an analysis of current policies, systems, and practices that support or impede performance and growth of employees with disabilities. Your answers to the questions below will help determine the need for policies and systems, and how such should be framed and formulated. Thank you for your participation.

I. Profile of Respondents

Name			
Position			
Status of Employment	<input type="checkbox"/> Regular/Permanent <input type="checkbox"/> On probation <input type="checkbox"/> Job Order/ Contract of Service		
Years in DepEd Service	<input type="checkbox"/> 0 to 5 years <input type="checkbox"/> > 5 to 10 years <input type="checkbox"/> > 10 to 15 years		<input type="checkbox"/> > 15 to 20 years <input type="checkbox"/> > than 20 years
DepEd Office	<input type="checkbox"/> Central Office Specific Unit: _____		
	<input type="checkbox"/> Regional Office: Specific Unit: _____		
	<input type="checkbox"/> Schools Division: Region: _____ Specific Unit: _____		
	<input type="checkbox"/> School: Region: _____ Schools Division: _____		

II. Type of Disability. These questions ask about difficulties you may have doing certain activities because of a health problem. ¹ Encircle the corresponding letter of your answer.

Questions	Responses			
	No – no difficulty	Yes – Some difficulty	Yes – A lot of difficulty	Cannot do at all
1. Do you have difficulty seeing, even if wearing glasses?	a	b	c	d
2. Do you have difficulty hearing, even if using hearing aid?	a	b	c	d
3. Do you have difficulty walking or climbing steps?	a	b	c	d
4. Do you have difficulty remembering or concentrating?	a	b	c	d

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9/20/16*

¹ Census questions on disability endorsed by Washington Group, combined with WHO Model Disability Survey

Questions	Responses			
	No -- no difficulty	Yes -- Some difficulty	Yes -- A lot of difficulty	Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?	a	b	c	d
6. Using your usual (customary) language, do you have difficulty communicating, for example, understanding or being understood?	a	b	c	d
7. Do you have difficulty sleeping because of your health?	a	b	c	d
8. Do you have difficulty doing household tasks because of your health?	a	b	c	d
9. Because of your health, do you have difficulty joining community activities such as festivities, religious and other activities?	a	b	c	d
10. How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	a	b	c	d
11. Do you have difficulty getting along with people close to you including your friends and families because of your health?	a	b	c	d

III. Assistive Device². Do you currently use any of these assistive devices? Encircle as many as appropriate.

1. None	10. Tricycles
2. Canes or Sticks	11. Walking frames or walkers
3. Crutches, axillary or elbow	12. Wheelchair
4. Orthoses, lower limb or upper limb or spinal	13. Spectacles: low vision, short distance, long distance, filters and protection
5. Pressure relief cushions	14. White cane
6. Prostheses, lower limb	15. Hearing Aids
7. Rollators	16. Others _____
8. Standing frames, adjustable	
9. Therapeutic footwear, diabetic, neuropathic, orthopedic	

Thank you for your participation.

² Adopted from WHO Model Disability Survey