



Republic of the Philippines
Department of Education
Region II – Cagayan Valley
Schools Division of Nueva Vizcaya

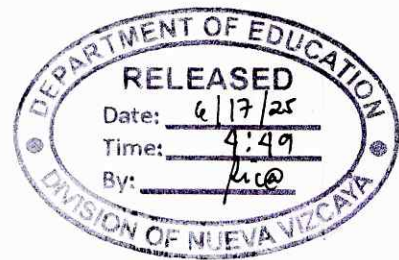
UNNUMBERED MEMORANDUM

TO: Assistant Schools Division Superintendent
CID Chief Education Supervisor
ALS Focal Person
Public Schools District Supervisors/District-In-Charge
Education Program Specialists II for ALS
ALS Teachers

FROM: **ORLANDO E. MANUEL PhD, CESO V**
Schools Division Superintendent

DATE: June 16, 2025

SUBJECT: **ORIENTATION ON LEARNING ENHANCEMENT FOR 2024 ACCREDITATION & EQUIVALENCY (A&E) TEST TAKERS WITH CONDITIONAL PASSER STATUS FOR ALS TEACHERS**



1. The Schools Division Office of Nueva Vizcaya through the Curriculum Implementation Division shall conduct an orientation on Learning Enhancement for 2024 A and E to all ALS teachers/implementers on June 18, 2025, 8:00AM at Pingkian CS, District of Eastern Kayapa.
2. The activity aims to:
 - a. orient the ALS teachers/implementers on the conduct of learning enhancement for 2024 A&E Test Takers with Conditional Passer Status;
 - b. plan for the mass Graduation/Completion for the 2024 A&E Test Passers; and
 - c. other important matters.
3. Participants to the meeting are the ALS Teachers in the 23 districts.
4. Each district will bring and submit hard copy of the list of A&E test passer/s utilizing the provided templates below.

a.1) A&E Passers – Elementary Level

No.	Name of Learners in alphabetical order (Surname, Given name, Middle name)	Sex (Pls. tick)		Name of LC/CLC	Name of ALS Teacher
		M	F		
1					
2					
3					
4					

(add rows if necessary)

a 2) Conditional Passer Status – Elementary Level

No.	Name of Learners in alphabetical order (Surname, Given name, Middle name)	Sex (Pls. tick)		Name of LC/CLC	Name of ALS Teacher
		M	F		
1					
2					
3					
4					

*(add rows if necessary)***b.1) A&E Passers – Junior High School Level**

No.	Name of Learners in alphabetical order (Surname, Given name, Middle name)	Sex (Pls. tick)		Name of LC/CLC	Name of ALS Teacher
		M	F		
1					
2					
3					
4					

*(add rows if necessary)***b.2) Conditional Passer Status – Junior High School Level**

No.	Name of Learners in alphabetical order (Surname, Given name, Middle name)	Sex (Pls. tick)		Name of LC/CLC	Name of ALS Teacher
		M	F		
1					
2					
3					
4					

(add rows if necessary)

5. For information, dissemination and compliance.