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

DEPARTMENT OF EDUCATION
RELEASED
Date: 6/17/25
Time: 4:49
By:
DIVISION OF NUEVA VIZCAYA

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
   e. 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.