



Republic of the Philippines
Department of Education
Region VI – Western Visayas
DIVISION OF AKLAN
Archbishop G.M. Reyes St., Kalibo, Aklan



November 14, 2017

DIVISION MEMORANDUM

No. 290, s. 2017

**DIVISION ORIENTATION ON THE 2016 ACCREDITATION AND
EQUIVALENCY (A&E) TEST ADMINISTRATION**

To: **Chief Education Supervisor - CID**
Education Program Supervisor – ALS
Public Schools District Supervisors/
Principals/Head Teacher-In-Charge of the District
Education Program Specialists II – ALS
Heads of Public Elementary/Secondary and Integrated Schools
District ALS Coordinators
ALS Mobile Teachers
All Others Concerned

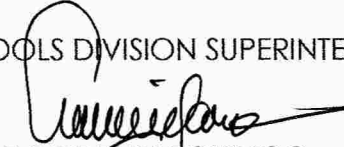
The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), will conduct the 2016 Accreditation and Equivalency (A&E) Test on Sunday, November 26, 2017 at 7:00 A.M. at the Kalibo Pilot Elementary School, Kalibo, Aklan.

In view of this, there will be an Orientation for Test Administration on Monday, November 20, 2017 at 1:30 P.M. at Kusina sa Kalibo, Kalibo, Aklan. The Test Examiners and Proctors are requested to attend.

Attached is the DepEd Memorandum No. 164, s. 2017 and the 2016 Accreditation and Equivalency (A&E) Division Test Management Committee.

Immediate dissemination of this Memorandum is desired.

FOR THE SCHOOLS DIVISION SUPERINTENDENT:


Dr. DOBIE P. PAROHINOG
Chief Education Supervisor – CID
In-Charge of the Division *AS*

Enclosure: As stated

Reference: DepEd Memorandum No. 164, s.2017, and DepEd Order No. 55, s. 2016

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

ALTERNATIVE LEARNING SYSTEM

ACCREDITATION

EXAMINATIONS

LEARNERS

TESTS

AZZ/mtll

"May katawhayan ag kalipayan sa among mga escuelahan."



Republic of the Philippines
Department of Education
Region VI – Western Visayas
DIVISION OF AKLAN
Alternative Learning System
Kalibo, Aklan



2016 Accreditation and Equivalency (A&E) Test DIVISION TEST MANAGEMENT COMMITTEE

Dr. ERNESTO F. SERVILLON, Jr., MNSA, CESO VI
OIC - Schools Division Superintendent

Ms. MA. CORAZON R. PANALIGAN
Education Program Supervisor – VEG
Division Testing Coordinator

Mr. ARIEL Z. ZUBIAGA
Education Program Supervisor – ALS
Chief Examiner

Mrs. ARLYN I. REGALADO
Public Schools District Supervisor

Mr. ALLAN T. RELLOTO
School Principal II
School Testing Coordinator

Mrs. MARIA THERESA L. LAO
Education Program Specialist II – ALS
Test Registration Officer

Ms. GIE C. MAGDALUYO
Co-Registrar

Mrs. MARISA R. TABIGUE
Support Staff

KALIBO PILOT ELEMENTARY SCHOOL TESTING CENTER

Level	Room No.	Room Examiner	Room Supervisor
EL	1	Ma. Bernadette S. Angeles	Dayrest F. Rogar
EL	2	Christina C. Iradiel	
SL	3	Jennifer I. Olesco	
SL	4	Louela V. Clavel	
SL	5	Faith C. Iguban	
SL	6	Rojie Ereneo	Gay U. Tulio
SL	7	Josephine R. Mansayon	
SL	8	Ronald T. Imaysay	
SL	9	Balbina D. Rabe	
SL	10	Hazel Joy L. Rabe	
SL	11	Valquin V. Pullantes	Jester Cheery R. Nadura
SL	12	Rose Ann M. Delima	
SL	13	Melbeth V. Salvador	
SL	14	Grace F. Nabiong	
SL	15	Juanita V. Irabon	
SL	16	Maricel T. Dela Cruz	Hajji S. Tropa
SL	17	Beauty Ann A. Zapico	
SL	18	Edwin L. Autencio	
SL	19	Jonebeth I. Indadaño	
SL	20	Myra A. Polestico	
SL	21	Nelife A. Inosanto	Czarina G. Cezar
SL	22	Margie Z. Zaspá	
SL	23	Desiree A. Campos	
SL	24	Anamarie P. Gervacio	

BJMP TESTING CENTER

Level	Room No.	Examiner	Roving Proctor
EL	1	Eddelon C. Bereber	
SL	2	Frederick G. Iguban	

Janitor:

1. Danilo Arsula - KPES

Security Guard:

1. Norlito Sonio

Driver:

1. Leonel R. Francisco



Republic of the Philippines
Department of Education

DepEd MEMORANDUM
No. **164**, s. 2017

18 OCT 2017

**ACCREDITATION AND EQUIVALENCY (A&E) TEST
REGISTRATION AND ADMINISTRATION**

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary Schools Heads
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for and administration of Accreditation and Equivalency (A&E) Test.

2. A&E Test applicants may register from October 2 to 25, 2017 at the schools division offices (SDOs) or district offices (DOs) identified by the schools division superintendents as registration centers. Pursuant to DepEd Order No. 44, s. 2017 entitled Guidelines on Updating the Status of Learners of the Alternative Learning System in the Learner Information System as of the End of Calendar Year 2016, the following may take the A&E Test:

- a. Learners in the Alternative Learning System (ALS) and Nonformal Education programs;
- b. Out-of-School children and youth who are prepared for assessment; and
- c. Adults who are seeking Certification of Learning.

3. Applicants shall be at least 12 years old for elementary level and at least 16 years old for junior high school.

4. Registration requirements are as follows:

- a. Original and photocopy of Certification of ALS Program (for ALS learners only);
- b. Original and photocopy of birth certificate from the Philippine Statistics Authority (formerly National Statistics Office);
- c. If copy of the birth certificate from the Philippine Statistics Authority is not available, any of these documents may be presented:
 - i. Baptismal certificate;
 - ii. Voter's ID (with photo and signature);
 - iii. Passport;
 - iv. Driver's license; or
 - v. Any legal document bearing the applicant's photo, name and signature.
- d. Two pieces 1x1 identical ID photo (white background with name tag).

5. The Schools Division Superintendents shall:
 - a. designate a registration officer both in the SDOs and DOs;
 - b. identify the testing centers both in the SDOs and DOs (refer to DepEd Order No. 55, s. 2016 for testing center requirements);
 - c. assign personnel with experience in the conduct of BEA testing programs as room examiners, room supervisors, and chief examiners per testing center; and
 - d. attest the ALS Program Completion of A&E test applicants (for ALS learners only).
6. Regional Testing Coordinators and Division Testing Coordinators (DTCs) shall monitor the registration process in the SDOs and DOs.
7. The final number and the list of qualified registrants per testing center shall be submitted by the DTCs, using the format provided in the enclosure to BEA through bea.ead@deped.gov.ph or courier by October 27, 2017.
8. The following enclosures shall guide and be utilized by registration officers and DTCs:

Enclosure No. 1 – Certificate of ALS Program Completion;
 Enclosure No. 2 – Registration Form; and
 Enclosure No. 3 – Template for Registration.
9. The assigned testing center for applicants shall be indicated in the registration form by the registration officer.
10. The A&E Test will be administered nationwide by cluster on the following dates:

Cluster	Date	Target Test Takers
Luzon	November 19, 2017	2016 ALS completers and other qualified applicants based on Item No. 2 of this Memorandum
Visayas and Mindanao	November 26, 2017	

11. Only registered applicants shall be allowed to take the test during the scheduled dates.
12. In compliance with DepEd Memorandum No. 121, s. 2017 entitled Clarification on the Implementation of Portfolio Assessment in the Alternative Learning System, portfolio assessment will not be required for A&E Test this year and will not be a part of the final rating. The passing rate is still 75% as per DepEd Order No. 55, s. 2016 entitled Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program.

13. For more information, contact the **Bureau of Education Assessment-Education Assessment Division (BEA-EAD)**, Department of Education (DepEd) Central Office, 2nd Floor, Bonifacio Building, DepEd Complex, Meralco Avenue, Pasig City at telephone no. (02) 631-2589.

14. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encls.:

As stated

References:

DepEd Order Nos.: (55, s. 2016 and 44, s. 2017)
DepEd Memorandum (No. 121, s. 2017)

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

ACCREDITATION
ALTERNATIVE LEARNING SYSTEM
EXAMINATIONS
LEARNERS
SCHOOLS
TESTS

DJP/CAR, DM A&E Test Registration and Administration
0904-September 22, 2017



Republic of the Philippines
Department of Education
Division of _____
Region _____

CERTIFICATE OF ALS PROGRAM COMPLETION

This is to certify that _____ of _____
(Name) (Address)

_____ has satisfactorily completed _____
(Specify ALS Program Level Completed)

at _____ in _____
(Learning Center) (Address of Learning Center)

on _____
(Date of ALS Program Completion)

This certification is issued as one of the requirements for the Accreditation and
Equivalency (A&E) Test application.

Signature over Printed Name
Learning Facilitator

A&E Form 1		Copy for Registration Officer	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 1x1 ID Photo with Name Tag </div>		Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600	
ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form			
Write Legibly. Put X on the applicable items.		Registration Date	
Surname		Given Name	
<div style="display: flex; justify-content: space-between;"> <div> Birthdate Month Day Year </div> <div> Learner Reference Number </div> <div> Civil Status Single Married Separated </div> <div> Gender Male Female </div> </div>		M.I.	
Home Address			
Region		Division	
ALS Program Completed (Pls. Specify)		Learning Center	
		A&E Test Applying for <div style="display: flex; justify-content: space-between;"> <div>Elementary Level</div> <div>Junior High School</div> </div>	
Proof of Identity		To be accomplished by the Registration Officer	
Contact Number		Name and Address of Testing Center	
I Certify that I validated the information supplied by the applicant in this form based on the required attachments. Registration Officer's Signature Over Printed Name		I certify that all information in this form are TRUE and CORRECT. Applicant's Signature Over Printed Name	
Required Attachments		<div style="display: flex; justify-content: space-between;"> <div> Proof of Identity ALS Program Certification (if any) </div> <div> Portfolio Rating Certification Proof of Birth (NSO, Passport, Any legal Documents) </div> </div>	
A&E Form 1		Applicant's Copy	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 1x1 ID Photo with Name Tag </div>		Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600	
ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form			
Write Legibly. Put X on the applicable items.		Registration Date	
Surname		Given Name	
<div style="display: flex; justify-content: space-between;"> <div> Birthdate Month Day Year </div> <div> Learner Reference Number </div> <div> Civil Status Single Married Separated </div> <div> Gender Male Female </div> </div>		M.I.	
Home Address			
Region		Division	
ALS Program Completed (Pls. Specify)		Learning Center	
		A&E Test Applying for <div style="display: flex; justify-content: space-between;"> <div>Elementary Level</div> <div>Junior High School</div> </div>	
Proof of Identity		To be accomplished by the Registration Officer	
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I Certify that I validated the information supplied by the applicant in this form based on the required attachments. Registration Officer's Signature Over Printed Name		I certify that all information in this form are TRUE and CORRECT. Applicant's Signature Over Printed Name	
Required Attachments		<div style="display: flex; justify-content: space-between;"> <div> Proof of Identity ALS Program Certification (if any) </div> <div> Portfolio Rating Certification Proof of Birth (NSO, Passport, Any legal Documents) </div> </div>	

(Enclosure No. 3 to DepEd Memorandum No. 164, s. 2017)



Republic of the Philippines
Department of Education

Region _____
Division of _____

Accreditation and Equivalency (A&E) Test

List of Registrants



Testing Center: _____

Address: _____

Region & Division Code: _____

A&E Test Level: **ELEMENTARY**

Summary of Registrants M _____ F _____

Total: _____

No.	Name	Age	Birthdate	Gender	Documents Submitted (Check the appropriate Column)			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Prepared by:

Evaluated by:

Registration Officer (Signature Over Printed Name)

Division Testing Coordinator (Signature over Printed Name)

Certified True and Correct:

Schools Division Superintendent (Signature Over Printed Name)