

Republic of the Philippines Department of Education



Tanggapan ng Kalihim Office of the Secretary

FEB 16 2005

DepED MEMORANDUM No. 2005 51.

PHILIPPINE REGISTRY OF PERSONS WITH DISABILITIES (PRPWD)

To:

Bureau Directors

Regional Directors

Schools Division/City Superintendents

Heads, Public and Private Elementary and Secondary Schools

- Republic Act No. 7277, otherwise known as the "Magna Carta for Disabled Persons" requires the cooperation and collaboration of all government and non-government institutions and organizations to establish a reporting and recording system for all persons with disabilities.
- In compliance thereto, the Department of Health spearheaded the launching of the project "Philippine Registry of Persons with Disabilities (PRPWD)" on July 16, 2004. This registration aims to locate all Persons with Disabilities (PWDs) to enable them to receive various forms of services.
- In line with this project, all public and private schools shall strengthen the conduct of a continuous registration of PWDs by enlisting all children with disabilities who are enrolled in the schools and those who could easily be located in the nearby communities.
- The Regional and Division Offices shall cooperatively initiate strategic means of launching the conduct of the registration.
- A copy of the registration form is enclosed. 5.

6. Immediate dissemination of this Memorandum is desired.

Secretary

Encl.: As stated Reference: None

Allotment: 1—(D.O. 50-97)

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

> **PROJECTS** SPECIAL EDUCATION

Reformatted by: SallyMaricar (PRPWD) Feb. 1, 2005/Feb.02-05/computer: mamjo

PWD PERSONAL INFORMATION SHEET		
	PROFILER FORM NO.	
APPLICATION DATE	TRANSPORT DISCOUNT CARD NO.	
Management L.S	GENERAL DATA	
NAME Last Name	, , , DATE OF BIRTH CURRENT AGE SIBLING RANK	
First Name		
Middle Name	MM D D Y Y Y Y	
Suffix Name	PLACE OF BIRTH CODE	
ADDRESS	CODE Town/City	
Home No. Street Name		
Salo/Barangay	SEX CIVIL STATUS	
, Town/City	Male Single Separated Others	
Province	Female Married Widow/Widower	
Region	HEIGHT (cm) WEIGHT (kg) RELIGION	
FATHER'S NAME	المحاجب والمحالي	
First Name	GSIS NO./SSS NO. TAY IDENTIFICATION NO. (TIN)	
Middle Name	GSIS NO. SSS NO. TAX IDENTIFICATION NO. (TIN)	
	CONTROL NO	
Suffix Name	CONTACT NO. Telephone No.	
MOTHER'S NAME		
Lest Name	Celiphone No.	
First Name	<u> </u>	
Middle Name	Email Address	
Suffix Name	ORGANIZATIONAL AFFILATIONS CODE	
SPOUSE'S NAME	ORGANIZATIONAL AFFILATIONS CODE Sports Affiliation	
Lest Name		
First Name Middle Name	Name of Organization	
Suffx Name	Position	
Surex reame		
	PERSONAL HISTORY	
EDUCATIONAL ATTAINMENT	WORK EXPERIENCE	
DEGREE! HONORS	EMPLOYMENT STATUS MONTHLY INCOME/PENSION	
EDUCATION COURSE RECEIVED	Unemployed Employed None P10,000 to P20,000 Self-Employed Contractual Less than P2,000 More than P20,000	
None	UTemporary/Seasonal	
Pre-school	Others Permanent P2,000 to P5,000	
Nursery/Preparatory Kindergarten	Others P5,000 to P10,000	
Elementary Undergraduate.	Company/Agency Position Length of Service	
Elementary Graduate		
High School Undergraduate.		
High School Graduate		
College Undergraduate College Graduate	[- 	
Post Graduate	In	
	TRAININGS	
Vocational	Title Institution No. of Hours	
Special Education (SPED)	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS ool Sign Language	Title Institution No. of Hours	
LITERACY SKILLS oo1 Sign Language oo4 Lip Reading oo2 Oral Communication oos Others	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS ooi Sign Language ood Lip Reading ooz Oral Communication oos Others oos Braille	Title Institution No. of Hours	
LITERACY SKILLS oo1 Sign Language oo4 Lip Reading oo2 Oral Communication oos Others	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS ooi Sign Language ood Lip Reading ooz Oral Communication oos Others oos Braille	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS 001	Title Institution No. of Hours	
Special Education (SPED) LITERACY SKILLS OI Sign Language OF Lip Reading OF Orti Communication OF Others OI Braille LANGUAGES/DIALECTS SPOKEN	Title Institution No. of Hours	

FUNCTION	ALYASSESSMENT TO THE REPORT OF THE PARTY OF
Musculosketal, Orthopedic, Mobility	Visual Impairment
001 Weak, paralyzed left leg	001 Total visual impairment, left
002 Weak, paralyzed right leg	002 Total visual impairment, right
003 Weak, paralyzed both legs	003 Total visual impairment, both
004 Underdeveloped left leg	004 Partial visual impairment, left
005 Underdeveloped right leg	005 Partial visual impairment, right
006 ☐ Underdeveloped both legs 007 ☐ Missing left leg	006 Partial visual impairment, both
008 Missing right leg	Hearing Impairment
009 Missing both legs	001 Total hearing impairment, left
010 ☐ Missing left foot	002 Total hearing impairment, right
011 Missing right foot	003 Total hearing impairment, both
012 Missing both feet	004 Partial hearing impairment, left
013 Weak, paralyzed left arm	005 Partial hearing impairment, right
014 Weak, paralyzed right arm	006 Partial hearing impairment, both
015 Weak, paralyzed both arms	
016 Underdeveloped left arm	Speech, Language, Communication
017 Underdeveloped right arm	001 Total speech impairment
018 Underdeveloped both arms	002 Partial speech impairment
019 ☐ Missing left arm 020 ☐ Missing right arm	(Unclear speech)
020 Missing right arm 021 Missing both arms	003 Partial speech impairment (Irrelevant words)
022 Missing both arms	(inelevant words)
023 Missing right hand	Mental Impairment
024 ☐ Missing both hands	001 Mentally ill
025 ☐ Polio	002 Mentally retarded
1	003 Autistic
Motor disability	
001 Cerebral palsy	Deformities
002 Stroke	001 Hunchbank
003 Severe Debilitating Arthritis	002 Cleft palate
004 🗆 Epilepsy	O. L
Other Impairment (Please specify) Etiology Rehabilitation ASSISTANCE RECEIVED/NEEDED	
001 Inborn 001 Community	
002 Acquired by 002 Institution-	
☐ Illness 003 ☐ None	Education
☐ Armed conflict	Shelter subsistence
☐ Accident	Livelihood
☐ Environmental	Assitive devices
Duration (years) of condition	Job placement
	Social/vocational
Interviewer's Signature over Printed Name	rehabilitation
interviewer's Signature over Frinted Name	Health Physician's Signature over Printed Name
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Informant's Signature over Printed Name	PRC License No.
	PRC License No.
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Conforme	PTR No.
Conforme Remarks/Comments	PTR No.
Conforme	PTR No.
Conforme Remarks/Comments	PTR No.
Conforme Remarks/Comments Date	PTR No.
Conforme Remarks/Comments Date Note	PTR No. Final Diagnosis/Impression
Conforme Remarks/Comments Date Note	PTR No. Final Diagnosis/Impression t any changes/alterations in the data encoded by this office is with the
Conforme Remarks/Comments Date Note Any information in this form is voluntarily obtain from the filer and tha consent of the filer. And it is understood that once this form is encod exposure for purposes not contrary to law. And that I have no objecti	PTR No. Final Diagnosis/Impression t any changes/alterations in the data encoded by this office is with the ed in the data file of DOH said information will be subject to public ion if my personal data will be published in whatever form of the electronic
Conforme Remarks/Comments Date Note Any information in this form is voluntarily obtain from the filer and tha consent of the filer. And it is understood that once this form is encoded.	PTR No. Final Diagnosis/Impression t any changes/alterations in the data encoded by this office is with the ed in the data file of DOH said information will be subject to public on if my personal data will be published in whatever form of the electronic see from any legal obligations or damages that may arise as a

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