



Tanggapan ng Kalihim
Office of the Secretary


FEB 16 2005

DepED MEMORANDUM
No. 51, s. 2005

PHILIPPINE REGISTRY OF PERSONS WITH DISABILITIES (PRPWD)

To: Bureau Directors
Regional Directors
Schools Division/City Superintendents
Heads, Public and Private Elementary and Secondary Schools

1. 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.
2. 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.
3. 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.
4. The Regional and Division Offices shall cooperatively initiate strategic means of launching the conduct of the registration.
5. A copy of the registration form is enclosed.
6. Immediate dissemination of this Memorandum is desired.


FLORENCIO B. ABAD
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)
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FUNCTIONAL ASSESSMENT

Musculoskeletal, Orthopedic, Mobility

- 001 Weak, paralyzed left leg
- 002 Weak, paralyzed right leg
- 003 Weak, paralyzed both legs
- 004 Underdeveloped left leg
- 005 Underdeveloped right leg
- 006 Underdeveloped both legs
- 007 Missing left leg
- 008 Missing right leg
- 009 Missing both legs
- 010 Missing left foot
- 011 Missing right foot
- 012 Missing both feet
- 013 Weak, paralyzed left arm
- 014 Weak, paralyzed right arm
- 015 Weak, paralyzed both arms
- 016 Underdeveloped left arm
- 017 Underdeveloped right arm
- 018 Underdeveloped both arms
- 019 Missing left arm
- 020 Missing right arm
- 021 Missing both arms
- 022 Missing left hand
- 023 Missing right hand
- 024 Missing both hands
- 025 Polio

Motor disability

- 001 Cerebral palsy
- 002 Stroke
- 003 Severe Debilitating Arthritis
- 004 Epilepsy

Visual Impairment

- 001 Total visual impairment, left
- 002 Total visual impairment, right
- 003 Total visual impairment, both
- 004 Partial visual impairment, left
- 005 Partial visual impairment, right
- 006 Partial visual impairment, both

Hearing Impairment

- 001 Total hearing impairment, left
- 002 Total hearing impairment, right
- 003 Total hearing impairment, both
- 004 Partial hearing impairment, left
- 005 Partial hearing impairment, right
- 006 Partial hearing impairment, both

Speech, Language, Communication

- 001 Total speech impairment
- 002 Partial speech impairment
(Unclear speech)
- 003 Partial speech impairment
(Irrelevant words)

Mental Impairment

- 001 Mentally ill
- 002 Mentally retarded
- 003 Autistic

Deformities

- 001 Hunchback
- 002 Cleft palate

Other Impairment (Please specify)

Etiology

- 001 Inborn
- 002 Acquired by
 - Illness
 - Armed conflict
 - Accident
 - Environmental

Duration (years) of condition _____

Rehabilitation

- 001 Community-based
- 002 Institution-based
- 003 None

ASSISTANCE RECEIVED/NEEDED

Assistance	Received	Needed
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Shelter subsistence	<input type="checkbox"/>	<input type="checkbox"/>
Livelihood	<input type="checkbox"/>	<input type="checkbox"/>
Assistive devices	<input type="checkbox"/>	<input type="checkbox"/>
Job placement	<input type="checkbox"/>	<input type="checkbox"/>
Social/vocational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer's Signature over Printed Name

Health Physician's Signature over Printed Name

Informant's Signature over Printed Name

PRC License No.

Conforme

P T R No.

Remarks/Comments

Final Diagnosis/Impression

Date

Note

Any information in this form is voluntarily obtain from the filer and that any changes/alterations in the data encoded by this office is with the consent of the filer. And it is understood that once this form is encoded in the data file of DOH said information will be subject to public exposure for purposes not contrary to law. And that I have no objection if my personal data will be published in whatever form of the electronic media for as long as it will promote my well being. And I hold DOH free from any legal obligations or damages that may arise as a consequence of the electronic publication brought about by a third party who in any way not connected to DOH.