



DEPARTMENT OF EDUCATION  
SCHOOLS DIVISION OFFICE

**NEGROS ORIENTAL**

*Flavoring the Paths to Educational Excellence*



September 13, 2016

Division Memorandum

No. 537, s. 2016

**ADMINISTRATION OF THE PHILIPPINE VALIDATING TEST (PVT) by the  
BUREAU OF EDUCATIONAL ASSESSMENT (BEA) to CHILDREN WHO COMPLETED  
Alternative KINDERGARTEN PROGRAMS NOT SANCTIONED BY THE DEPARTMENT OF EDUCATION  
Per DepEd Order No. 47, s. 2016**

To : Chiefs, CID & SGOD  
Division Education Program Supervisors/Division Coordinators  
Public Schools District Supervisors/District In-Charge  
Public & Private Elementary School Heads  
All Others Concerned

1. The Bureau of Educational Assessment (BEA) has scheduled the conduct of the **Philippine Validating Test (PVT)** on **September 19, 2016** at a venue and specific time to be announced later per letter received by this SDD from the Regional Director of NIR, Director Gilbert T. Sadsad.
2. Qualified to take this PVT are children who finished Kindergarten from non-DepEd accredited schools/learning centers/day care centers who are seeking enrolment to Grade 1 at the public schools of this division.
3. Grade level learners who attended classes in non-DepEd accredited schools who are transferring to any of the public schools of this division are also required to take this test.
4. Teachers concerned are urged to advise the parents of these learners to prepare **TWD HUNDRED PESOS (Php 200.00)** and a pencil to be brought during the examination day.
5. Public Schools District Supervisors/District In-Charge must submit to this SDO c/o the Planning Office the list of pupils who will take the PVT using the attached template not later than Thursday, September 15, 2016.
6. For wide dissemination.

  
LELANIE T. CABRERA

Asst. Schools Division Superintendent  
Officer In-Charge

9/13/16



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Negros Island Region

**SCHOOLS DIVISION OF NEGROS ORIENTAL**

Capitol Area, Dumaguete City

[www.dapnednegor.net](http://www.dapnednegor.net)

[negros.oriental@deped.gov.ph](mailto:negros.oriental@deped.gov.ph)

(035) 225 2378 / 225 2038 / 422 5263

**List of Pupils who will take the Assessment to be conducted by the Bureau of Education Assessment**

**District:**

	Schools	Name of Pupils	Age	Remarks
<b>A. Kinder</b>	1	1		
		2		
		3		
	2	1		
		2		
		3		
<b>Total</b>				

<b>B. Grade ____</b>	Schools	Name of Pupils	Age	Remarks
	1	1		
		2		
		3		
	2	1		
		2		
		3		
<b>Total</b>				

Submitted by ;

\_\_\_\_\_  
**School Head**

Noted by:

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**District Supervisor**