Republic of the Philippines
# Department of Education
# NEGROS ISLAND REGION

NOV 19 2025

**REGIONAL MEMORANDUM**
No. 664, s. 2025

**EVALUATION AND MONITORING OF THE GRBE POLICY IN THE NEGROS ISLAND REGION (NIR)**

To: OIC-Assistant Regional Director
Schools Division Superintendents Concerned
All Others Concerned

1. Attached is an Advisory from the Office of the Undersecretary - Human Resource and Organizational Development dated November 18, 2025 regarding the change of schedule of the **Evaluation and Monitoring of the GRBE Policy in the Negros Island Region (NIR) from November 3-4, 2025 to November 20-21, 2025,** at DepEd NIR - Regional Office, Batinguel, Dumaguete City.

2. Attention is particularly invited to paragraphs 3-4 of the said Advisory.

3. Immediate dissemination of and compliance with this Memorandum are desired.

for: **RAMIR B. UYTICO EdD, CESO III**
Regional Director

Encl: As stated
Reference: RM No. 526, s. 2025 Conduct of Inter-Region GMEF and GRBE Policy Validation and FGD
RM No.565, s. 2025 Postponement of GRBE Policy Validation Focus Group Discussion
To be indicated in the Perpetual Index
under the following subjects:

ASSESSMENT EVALUATION LEARNERS

150/Nov. 19, 2025/BBOG/HRDD/ Evaluation and Monitoring of the GRBE Policy in NIR

**Address:** Batinguel, Dumaguete City, 6200
**Telephone Nos:**
**Email Address:** nir@deped.gov.ph
**Website:** depednir.net

# ADVISORY

November 18, 2025

This refers to the issued Advisory dated October 14, 2025, relative to the changes in the schedule of the conduct of **Inter-Region Gender Mainstreaming and Evaluation Framework (GMEF) Assessment and Evaluation and Monitoring of Gender-Responsive Basic Education (GRBE) Policy**, originally set for November 03-04, 2025.

Please be advised that due to work and class suspensions from the recent Typhoons, the conduct of the Evaluation and Monitoring of the GRBE Policy in the Negros Island Region (NIR) shall be moved to **November 20-21, 2025**.

Should there be any fortuitous event moving forward, the safety and wellness of our personnel and learners will remain to be our main consideration and priority.

Kindly refer to Annex A for the updated schedule of activities.

For any clarifications or concerns, you may contact Ms. Ma. Ann Botardo via Viber Number +639208385793 or email at gfps.secretariat@deped.gov.ph

**WILFREDO E. CABRAL**
*Undersecretary*

**ANNEX A: INDICATIVE SCHEDULE OF INTER-REGION GMEF AND EVALUATION AND MONITORING OF GRBE POLICY**

| **November 20, 2025 (Day 1)** | | |
|---|---|---|
| Indicative Time | Program | Responsible |
| 11:00 | Arrival | |
| 12:00 | Lunch | |
| 12:30 – 12:40 pm | Preliminaries | DepEd Regional Office |
| 12:40 – 12:50 pm | Welcome / Opening Remarks | Regional GFPS Chair or its Alternate |
| 12:50-1:00 pm | Statement of the Purpose and Objectives | CO GAD Secretariat |
| 1:00 – 2:15 pm | Cohort 1 – Learners | CO GAD Secretariat and Six (6) Learners |
| 2:15 – 3:30 pm | Cohort 2 – School Heads | CO GAD Secretariat and Six (6) School Heads |
| 3:30 – 4:45 pm | Cohort 3 – SDO GAD Focals | CO GAD Secretariat and Six (6) SDO GAD Focals |
| 4:45 – 5:00 pm | Awarding of Certificates | CO GAD Secretariat, Duly Designated GAD Focal Persons in ROs |
| 12:00 – 1:00 | Lunch | |

| **November 21, 2025 (Day 2)** | | |
|---|---|---|
| **Indicative Time** | **Program** | **Responsible** |
| 8:00 am | Call to the Regional Director (if available) | CO GAD Secretariat |
| 8:00 – 8:30 | Preliminaries | DepEd Regional Office |
| 8:30 onwards | Presentation of the Initial Agreed GMEF Assessment and Validation Results | DepEd Regional Office |

**Enclosure 1**

**PARENTAL CONSENT AND WAIVER FORM**

I, _____, as the parent/legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the **EVALUATION AND MONITORING OF THE GRBE POLICY IN THE NEGROS ISLAND REGION (NIR)** at **DepEd NIR Regional Office, Batinguel, Dumaguete City, Negros Oriental.**

I understand that the Department of Education (DepEd) shall implement the minimum public health standards set by the government to minimize the risk of the spread of any communicable disease, but it cannot guarantee that my child will not become infected.

I understand that my child's in-person attendance at the event will include associating with School Leaders, fellow learners, DepEd personnel, and other persons inside and outside of the school that may put my child at risk of transmission of any communicable disease, notwithstanding the precautions undertaken by the implementing team.

**Voluntary Participation**

I acknowledge that my child's participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawing participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled. While there remains the risk of possible transmission of any communicable disease to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child/ren to attend this activity.

**Exclusion (Limitations/Ineligibility)**

I am aware that symptoms of any communicable disease include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child currently has none of those symptoms and is in good health. I will not allow my child to physically go to the event if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to any communicable disease. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members test positive for any communicable disease. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and community.

**Documentation**

Republic of the Philippines
# Department of Education
## NEGROS ISLAND REGION

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and to use some or all my child's images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for DepEd and to release this material to DepEd official platforms.

**Confidentiality**

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Republic Act 10173, Data Privacy Act of 2012. I am assured that the information about my child will not be shared outside of the implementation team. My child's name will not be used when data from this activity is analyzed.

I hereby confirm that I agree and understand the commitment of my child as a participant. I also understand and will support my child's endeavor to meet the expectations, guidelines, and responsibilities to his/her fellow participants and to DepEd.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school/division and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child's participation in the activity on November 20, 2025. I also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity.

**CONTACT DETAILS FOR QUESTIONS OR PROBLEMS**

For any concerns or clarification, you may contact the HRDD-NIR through the email address nir.hrdd@gmail.com.

| | |
|---|---|
| _____<br>Signature of Parent/Guardian over Printed Name | _____<br>Contact Details (Mobile Number) |
| _____<br>Name of Child/ren | _____<br>Date |

** Please submit this form to your child's school prior to participation in the event.*

**Address:** Batinguel, Dumaguete City, 6200
**Telephone Nos:**
**Email Address:** nir@deped.gov.ph
**Website:** depednir.net