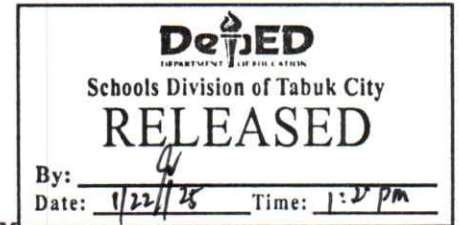




Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF TABUK CITY
Tabuk City, Kalinga



January 22, 2025

Division MEMORANDUM

No. 42 s. 2025

**ESTABLISHMENT OF THE LEARNER RIGHTS AND PROTECTION (LRP) DESK
IN THE CONDUCT OF SCHOOL SPORTS ACTIVITIES AND YOUTH FORMATION
ACTIVITIES**

To: Asst. Schools Division Superintendent
Chief Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All others Concerned

1. In adherence to the Department of Education's commitment to uphold the rights and welfare of learners, and pursuant to Memorandum OUOPS-2024-05-00946 dated February 5, 2024, all schools under the Schools Division of Tabuk City are hereby directed to establish a Learner Rights and Protection (LRP) Desk during the conduct of school sports and youth formation activities.

2. The LRP Desk shall be established and operational in all levels of activities including but not limited to: School Sports Club events, Intramurals, District and Division Meets, Regional and National Athletic Meets, and Youth Formation Programs where the **primary participants are learners**

3. This Office directs all school heads to ensure that the Learner Rights and Protection Desk (LRPD) is properly established and fully operational specifically in the schools through the School Learner Rights Protection Committees/ Child Protection Committees, particularly in areas where billeting quarters or playing venues are located. The LRP Desk shall serve the following purposes:

- Ensure a safe, secure, supportive, and learner-friendly environment;
- Provide immediate response and assistance to learner-related concerns;
- Serve as a referral mechanism for cases requiring intervention in coordination with LGUs and other partner agencies;
- Disseminate and visibly post contact information of the LRP/Child Protection Committee at all playing venues, activity sites and billeting quarters;



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4. The **Learner Rights and Protection Desk** shall encompass all grade levels and its composition shall be as follows:

- Chairperson: School Head
- Co-Chairperson: Guidance Counselor/Teacher
- Members:
 - Teacher Representative,
 - Parent Representative,
 - Learner Representative, and
 - Barangay Representative (from the Barangay Child Protection Committee)

5. The LRP Desk must be visible and functional throughout the duration of the activity. All schools are required to submit an Accomplishment Report and, if applicable, an Incident Report together with the Intake Sheet to the Division LRP Focal Person within five (5) working days after the conclusion of the activity.

6. Templates for the reports and advocacy materials can be accessed through the following links:

Accomplishment and Incident Report and Intake Sheet Templates:

<https://bit.ly/SDOTabukLRPForms>

Tarpaulin Layout: <https://bit.ly/SDOTabukLRPDeskTarp>

Advocacy Materials: <https://bit.ly/SDOTabukLRPAdvocacyMats>

7. Expenses related to the establishment and operation of the LRP Desk (e.g., tarpaulins, materials) may be charged to school MOOE or other available local funds, subject to existing accounting and auditing rules and regulations.

8. Immediate dissemination of and strict compliance with this memorandum is directed.

9. For guidance and compliance.


BENEDICTA B. GAMATERO PhD, CESO V
Schools Division Superintendent 

SGOD/DBB



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Enclosure 1 to DM 42 s. 2025

ACCOMPLISHMENT REPORT

TITLE OF ACTIVITY/ PROGRAM																																
DATE																																
VENUE																																
PARTICIPANTS	<table border="1"><thead><tr><th>Number</th><th>Male</th><th>Female</th><th>Total</th></tr></thead><tbody><tr><td>Learners</td><td></td><td></td><td></td></tr><tr><td>Parents</td><td></td><td></td><td></td></tr><tr><td>Teachers</td><td></td><td></td><td></td></tr><tr><td>Stakeholders</td><td></td><td></td><td></td></tr><tr><td>Others (Specify)</td><td></td><td></td><td></td></tr><tr><td>TOTAL</td><td></td><td></td><td></td></tr></tbody></table>				Number	Male	Female	Total	Learners				Parents				Teachers				Stakeholders				Others (Specify)				TOTAL			
Number	Male	Female	Total																													
Learners																																
Parents																																
Teachers																																
Stakeholders																																
Others (Specify)																																
TOTAL																																
OBJECTIVES OF THE ACTIVITY																																
MAJOR HIGHLIGHTS OF THE ACTIVITY (Brief narrative of what transpired, may include opening program, sessions, competitions, etc.)																																
ISSUES/ CHALLENGES ENCOUNTERED (if any)																																
RECOMMENDATIONS/ NEXT STEPS																																

*Attach supporting MOVs (Means of Verification)

Prepared by:

Reviewed by:

Designation:

School head

Noted:

Public Schools District Supervisor



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Enclosure 2 to DM 42 s. 2025

INCIDENT REPORT

WHAT (Nature of complaint)	
WHEN	
Victim's Profile	
Name:	
Age:	Sex (M or F):
Respondent's Profile	
Name:	
Age:	Sex (M or F):
Incident Details (Brief description of the incident)	
Immediate Action Taken by the School	
Intervention Plan to the Learners Involved	
Next Steps and Ways Forward	

*Attach supporting documents (as applicable to the incident)

Prepared by:

Reviewed by:

Designation:

School head

Noted:

Public Schools District Supervisor



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INTAKE SHEET

I. Information

A. VICTIM

Name: _____

Date of Birth: _____

Age: _____

Sex: _____

Grade & Section: _____

Adviser: _____

Parents:

Mother: _____

Age: _____

Occupation: _____

Address and Contact Number: _____

Father: _____

Age: _____

Occupation: _____

Address and Contact Number: _____

B. COMPLAINANT

Name: _____

Relationship to victim: _____

Address and Contact Number: _____

C. RESPONDENT

C-1. If Respondent is a School Personnel

Name: _____

Date of Birth: _____

Age: _____

Sex: _____

Grade & Section: _____

Adviser: _____

Address and Contact Number: _____



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C-2. If Respondent is a Learner

Name: _____

Date of Birth: _____

Age: _____

Sex: _____

Designation/ Position: _____

Address and Contact Number: _____

Parents/ Guardian:

Mother: _____

Age: _____

Occupation: _____

Address and Contact Number: _____

Father: _____

Age: _____

Occupation: _____

Address and Contact Number: _____

II. Details of the Case

III. Actions Taken:

- 1.
- 2.
- 3.
- 4.



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IV. Recommendations:

- 1.
- 2.
- 3.
- 4.

Prepared by:

Signature over printed name

Designation

Date



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