



Republic of the Philippines
Department of Education
Region V
SCHOOLS DIVISION OF SORSOGON

October 23, 2025

DIVISION MEMORANDUM

No. 312, s.2025

**REGIONAL CAPACITY BUILDING ON THE ADOLESCENT HEALTH
DEVELOPMENT LEARNING PACKAGE AND ORIENTATION ON THE
REPRODUCTIVE HEALTH EDUCATION POLICY FOR ADOLESCENT
LEARNERS IN BASIC EDUCATION**

TO: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Concerned Public Schools District Supervisor
Concerned Secondary School Head
All Others Concerned

1. Corollary to **Regional Memorandum No. 4376, s. 2025**, titled "Regional Capacity Building on the Adolescent Health Development Learning Package and Orientation on the Reproductive Health Education Policy for Adolescent Learners in Basic Education", the **Schools Division of Sorsogon Province** shall participate in the said activity scheduled on **November 12-14, 2025**, at a venue to be announced in a separate Advisory.
2. This activity aims to capacitate focal persons and concerned education personnel in promoting informed decision-making and healthy behaviors among adolescents through the **Adolescent Health Development Learning Package (AHDLP)** and in orienting them on **DepEd Order No. 25, s. 2025** – the Policy on the Implementation of the Reproductive Health Education for Adolescent Learners in Basic Education.
3. The official participants from the **Schools Division of Sorsogon Province** are the following:

NAME	POSITION/DESIGNATION	SCHOOL/OFFICE
1. Jennevin C. Jebulan	Teacher III; Division Science Coordinator (Elem.); RHE/CSE Focal Person	SDO-CID
2. Jhonlery D. Recome	Guidance Counselor II	Bulan NHS
3. Eleanor L. Latosa	Nurse II / ARH Focal Alternate	SDO – Health and Nutrition



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4. Angel L. Fuller	SSLG Teacher Adviser	Gallanosa NHS
5. Lynel G. Galora	DFSSLG President	Gallonosa NHS

4. In compliance with the **DepEd Order No. 66, s.2017** titled, **"Implementing Guidelines on the Conduct of Off-Campus Activities"**, learner participants must secure their travel insurance covering inclusive dates of travel from point of Departure and back; and accomplish the enclosed **Parental Consent**.
5. Participants are expected to arrive and register **from 12:00 noon on November 12, 2025**. They are required to bring their own laptop for the activities conducted through the Learning Management System (LMS). The first meal to be served will be afternoon snack on November 12, 2025, and the last will be afternoon snack on November 14, 2025.
6. **Meals and accommodation** shall be charged against the **LSP 2025 Current Funds for Adolescent Reproductive Health Program**, while the **travel expenses** of the participants from the Division Office shall be charged to the **Division MOOE** while those from the schools shall be charged to their respective **Local Fund/School MOOE**, subject to the usual accounting and auditing rules and regulations.
7. This **Memorandum** shall also serve as an **Official Travel Order**.
8. For information, guidance and compliance.


JOSE L. DONCILLO, CESO V
Schools Division Superintendent

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Enclosure No. 1 to Division Memorandum No. 312s,2025.

PARENT'S/GUARDIAN'S CONSENT FORM

ACTIVITY TITLE: **REGIONAL CAPACITY BUILDING ON THE ADOLESCENT HEALTH DEVELOPMENT LEARNING PACKAGE AND ORIENTATION ON THE REPRODUCTIVE HEALTH EDUCATION POLICY FOR ADOLESCENT LEARNERS IN BASIC EDUCATION**

DATE OF ACTIVITY: **NOVEMBER 12-14, 2025 (stay in)**

NAME OF LEARNER: _____ SEX: _____

PARENT'S/GUARDIAN'S NAME: _____

RELATIONSHIP TO LEARNER: _____

CONTACT NUMBER/S: _____

As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the REGIONAL CAPACITY BUILDING ON THE ADOLESCENT HEALTH DEVELOPMENT LEARNING PACKAGE AND ORIENTATION ON THE REPRODUCTIVE HEALTH EDUCATION POLICY FOR ADOLESCENT LEARNERS IN BASIC EDUCATION.

I understand that my child's participation in this activity is voluntary. I understand that he/she will be subject to the regulations of the activity. I agree that my child should follow the instructions of the organizers and should treat other participants with courtesy and respect. I understand that if my child fails to do so, he/she may not be allowed to participate.

Having read the program and set of activities, I hereby confirm that my child is fit to participate in the said activity. I understand that photographs and videos may be taken to document the said event. I give my permission to the organizers to capture or record appropriate images of my child's participation, and to use these on the organization's official platforms provided it observes the Child Protection Policy.

I give my child permission to participate in the REGIONAL CAPACITY BUILDING ON THE ADOLESCENT HEALTH DEVELOPMENT LEARNING PACKAGE AND ORIENTATION ON THE REPRODUCTIVE HEALTH EDUCATION POLICY FOR ADOLESCENT LEARNERS IN BASIC EDUCATION. I, therefore, waive, release, and discharge the organizers, the Department of Education, its officials, and educational partners of the responsibility arising from any untoward incident beyond their control.

Parent's / Guardian's Signature over Printed Name _____

_____ Date



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