



Republic of the Philippines  
**Department of Education**  
CARAGA REGION

FEBRUARY 25, 2026

REGIONAL MEMORANDUM

No. 0181, s. 2026

To: Schools Division Superintendents  
All Others Concerned

CONDUCT OF REGULAR PHILIPPINE EDUCATIONAL PLACEMENT TEST

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA) announces the Administration of the Philippine Educational Placement (PEPT). The schedule for DepEd Caraga will be on **February 22, 2026**.
2. To ensure the seamless conduct of the activity, the following DepEd Regional Office personnel will conduct monitoring using the attached monitoring tool and offer technical assistance to the following sample Schools Division Offices:

| Schools Division Office | Testing Center                             | Name of Regional Office Monitor | Division Testing Coordinators |
|-------------------------|--------------------------------------------|---------------------------------|-------------------------------|
| SDO Bayugan City        | Bayugan National Comprehensive High School | Selma S. Tibon                  | Corazon F. Adrales            |
| SDO Bislig City         | Mangagoy South ES                          | Leowenmar A. Corvera            | Adelfa C. Dua                 |
| SDO Butuan City         | Butuan Central Elementary School           | Celsa M. Cataluña               | Gene Ruth M. Bagaforo         |
| SDO Surigao City        | Special Science Elementary School          | Maria Consuelo C. Jamera        | Jennifer R. Jovita            |

3. Schools Division Offices, through the Division Testing Coordinators shall also conduct PEPT monitoring using Enclosure 1 and submit through **<https://tinyurl.com/PEPT2026>**.

4. Travelling expenses of the monitors shall be charged to OSEC-13-25-05388 subject to the usual government budgeting, accounting and auditing rules and regulations.

5. DepEd personnel involved in the conduct of the PEPT are entitled to appropriate number of service credits in accordance with DepEd Order No. 013, s. 2024 "Revised Guidelines on the Grant of Vacation Service Credits for Teachers" or DepEd Order No. 009, s. 2025 "Amendment to DepEd order No. 009, s. 2024 (Implementing Guidelines on the School Calendar and Activities for the School Year 2024-2025), or compensatory time-off pursuant to CSC-DBM Joint Circular No. 2,

s. 2024 “Non-Monetary Remuneration for Overtime Services Rendered,” whichever is applicable.

6. For queries, contact the Curriculum and Learning Management Division, through Maria Ruth R. Edradan, Education Program Supervisor/Regional Testing Coordinator.

7. For immediate dissemination.

**MARIA INES C. ASUNCION**

Director IV  
Regional Director



Encl.: As stated

Reference: DM 098, s. 2025

To be indicated in the Perpetual Index  
under the following subjects:

ASSESSMENT

BASIC EDUCATION

EXAMINATIONS

CLMD/mrre  
02/17/2026

## MONITORING TOOL FOR THE ADMINISTRATION OF

**(Name of the Testing Program)**

(To be accomplished by the Division/Regional Monitoring Team)

|                       |                    |
|-----------------------|--------------------|
| School Name: _____    | School ID: _____   |
| School Head: _____    | Contact No.: _____ |
| School Address: _____ | District: _____    |
| Division: _____       |                    |

| Number of Examinees |   |       |        |   |       |                  |   |       | Type of School:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br><input type="checkbox"/> HEI<br><input type="checkbox"/> PSHS |
|---------------------|---|-------|--------|---|-------|------------------|---|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| REGISTERED          |   |       | ACTUAL |   |       | % of Test Takers |   |       |                                                                                                                                                         |
| M                   | F | Total | M      | F | Total | M                | F | Total |                                                                                                                                                         |
|                     |   |       |        |   |       |                  |   |       |                                                                                                                                                         |

| AREAS                       | CRITERIA                                                                                                                                       | OBSERVED                                                    | COMMENTS/<br>OBSERVATIONS |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|
| Testing Center Requirements | There is a distribution room for the test materials to ensure the security and confidentiality of the test.                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                           |
|                             | The distribution room is accessible to all testing rooms to facilitate the release and retrieval of test materials.                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                           |
|                             | There are enough testing rooms to accommodate the examinees.                                                                                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                           |
|                             | The testing rooms are well-ventilated and well-lighted, and free from any kind of noise that may distract the examinees while taking the test. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                           |

|  |                                                                                                                |                                                             |  |
|--|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
|  |                                                                                                                |                                                             |  |
|  | The List of Actual Examinees are posted in each testing room the day before the exam reflecting learners' LRN. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The list posted are in alphabetical order, regardless of gender.                                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The first and last rows of seats are close to the classroom walls to ensure enough spacing in between rows.    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | Seats of absentees are left vacant.                                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | A comfort room is accessible to the examinees and testing personnel in the area.                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | Instructional materials/aids posted on the classroom walls are covered.                                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | Each testing room have the following materials:                                                                |                                                             |  |
|  | a. Test materials are enough for all examinees in the room in sealed boxes/packs                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |

|                                                     |                                                                                                                                                                                                                                                                      |                                                                                             |  |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
|                                                     | b. Table and chair for the Room Examiner                                                                                                                                                                                                                             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | c. Enough seats for the examinees                                                                                                                                                                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | d. Name grid                                                                                                                                                                                                                                                         | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | e. Board work                                                                                                                                                                                                                                                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | f. Pencils                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | g. Extra sheet of paper for computation                                                                                                                                                                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                                                     | There is visible presence of PTA Officials/Barangay Officials/Barangay Tanod or PNP to provide assistance, support and security.                                                                                                                                     | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
| Test Accommodations for Learners with Special Needs | There is a separate, accessible testing room for learners with special needs (those with difficulty in seeing, hearing, remembering/ concentrating, walking/ moving/ climbing steps, communicating) situated at the ground floor near clean and accessible restrooms | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
|                                                     | There is a designated personal assistant to help those with difficulty walking/ moving/ climbing steps.                                                                                                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
|                                                     | There is a qualified sign language interpreter who shall ensure that all spoken instructions during testing are adequately interpreted to those who have difficulty hearing.                                                                                         | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |

|                     |                                                                                                                                                                                               |                                                                                             |  |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
|                     | There are alternative test formats (Braille, large print, audio, electronic).                                                                                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
|                     | There are alternative response formats such as oral type wherein an examiner reads the test items and ascribe the answers in the scannable Answer Sheet for examinees with seeing difficulty. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
|                     | There are appropriate test furniture such as table and chair.                                                                                                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
| Test Administration | The test is administered to target learners in the public and private schools.                                                                                                                | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                     | Examinees are alphabetically arranged regardless of gender.                                                                                                                                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                     | Each examinee has a Learner Reference Number (LRN).                                                                                                                                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                     | Rooms are arranged with six rows by five lines of armchairs.                                                                                                                                  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                     | A maximum of 30 examinees per testing room is seated in alphabetical order.                                                                                                                   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |
|                     | The school has implemented swapping and/or batching strategies in the administration to maximize the limited TMs                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |  |
|                     | The seats are spaced far enough from each other to discourage unnecessary talking among examinees.                                                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |  |

|  |                                                                                                                                                         |                                                             |  |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
|  | To monitor the going in and out of the testing room, only one door is kept open.                                                                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | All examinees are provided with their own test booklet and answer sheet.                                                                                | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The examinees used pencils and blank sheets of paper for computation purposes.                                                                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | All belongings of the examinees are placed in front/back.                                                                                               | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | Electronic devices such as calculator and mobile phones are not allowed in the testing room.                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The room examiner conducts orientation in taking the test to the examinees.                                                                             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The room examiner allows the examinees to go out of the testing room to attend to personal needs, if necessary, before distributing the test materials. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The examinees received two sheets of AS with the same serial number.                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | The following form is in the possession of the room examiner:                                                                                           |                                                             |  |
|  | • Form 1-List of Examinees                                                                                                                              | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | • Form 2-Seat Plan                                                                                                                                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | • Form 3-Test Materials Accounting Form                                                                                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | • Form 7-Room Examiner's Test Administration Evaluation Report                                                                                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |

|                                 |                                                                                                                                                                                    |                                                             |  |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|
|                                 | <ul style="list-style-type: none"> <li>Information in the room Examiner's Transmittal Report Envelope (ETRE), e.g. number of registrants and actual examinees</li> </ul>           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | <ul style="list-style-type: none"> <li>Time record (copy of the board work with the actual time record)</li> </ul>                                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | Used ASs are arranged consecutively by Examinee Number and are placed inside the original plastic bags.                                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| Retrieval of the Test Materials | The Chief Examiner does the following:                                                                                                                                             |                                                             |  |
|                                 | <ul style="list-style-type: none"> <li>Collects and accounts all ETREs with the assistance of the School Testing Coordinator/Room Supervisor.</li> </ul>                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | <ul style="list-style-type: none"> <li>Arranges and bundles the ETREs accordingly.</li> </ul>                                                                                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | <ul style="list-style-type: none"> <li>Accounts all TBs returned by the Room Examiners.</li> </ul>                                                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | <ul style="list-style-type: none"> <li>Requires the Room Examiners to affix their signature in the Form 3 after the Test materials have been accounted for.</li> </ul>             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|                                 | <ul style="list-style-type: none"> <li>Accomplishes Form 5- TB Quantity and Completeness Verification Sheet and Form 6-AS Quantity and Completeness Verification Sheet.</li> </ul> | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |

|                                                     |
|-----------------------------------------------------|
| General Findings/Observations/problems Encountered: |
| Actions Taken:                                      |
| Recommendations:                                    |

Monitored and Evaluated by:

Noted by:

\_\_\_\_\_  
 Division/Regional Monitor  
 Date Signed: \_\_\_\_\_

\_\_\_\_\_  
 Division Testing Coordinator  
 Date Signed: \_\_\_\_\_