

Department of Education

REGION III SCHOOLS DIVISION OFFICE OF BATAAN

DIVISION MEMORANDUM No. 441 __, s. 2024

OCT 3 0 2024

GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

To: Assistant Schools Division Superintendent Chief Education Supervisors Education Program Supervisors Public Schools District Supervisors ALS Teachers All Others Concerned

- In reference to the issuance of the Department of Education, through the Bureau of Education Assessment, in coordination with the Bureau of Alternative Education (BAE), this Office announces the registration period for the administration of Accreditation and Equivalency (A&E) Test.
- Please refer to the attached guidelines and other details on the 2024 A & E Test.
- 3. Immediate and wide dissemination of this Memorandum is desired.

CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent

Encl. : As stated Reference : CO Advisory

To be included in the Perpetual Index Under the following subjects:

Alternative Learning System
Test

SO5/hgd October 30, 2024









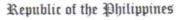










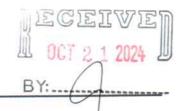


Department of Education

BUREAU OF EDUCATION ASSESSMENT

Office of the Director





18 October 2024

ADVISORY

GUIDELINES ON THE 2024 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

The Department of Education (DepEd), through the Bureau of Education Assessment (BEA) in coordination with the Bureau of Alternative Education (BAE), announces the registration period for the administration of the 2024 Accreditation and Equivalency (A&E) Test. The guidelines for the test registration are as follows:

A. Registration Period

- 1. The registration period relative to A&E Test Administration shall be on October 21 to December 2, 2024.
- 2. A&E Test applicants shall register in the identified Schools Division Offices (SDOs) and designated as registration centers by the Schools Division Superintendent (SDS).

B. Eligibility of Test Registrants and Requirements

- The following are eligible to register and take the A&E Test:
 - a. ALS learners enrolled in the Learner Information System (LIS) for SY 2024-2025 on or before October 31, 2024;
 - b. Previous ALS Program Completers not registered in the LIS of the current school year who did not submit or did not meet the minimum required points in the Presentation Portfolio Assessments (PPA) BUT underwent additional learning intervention in the ALS K to 12 Basic Education Curriculum (BEC) certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator (See Certification of Portfolio);
 - c. Previous ALS Program Completers not registered in the LIS of the current school year who did not pass the previous A&E Test BUT underwent additional learning intervention in the ALS K to 12 Basic Education Curriculum (BEC) certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator (See Certification of Additional Intervention);
 - d. Applicants shall be at least 12 years old for the A&E Elementary Level and at least 16 years old for the A&E Junior High School Level on or before the examination day.



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- 4. The test registrants must submit the following requirements to the Division Testing Coordinator (DTC) or to the designated Registration Testing Officer:
 - a. Original and photocopy of Birth Certificate issued by the Philippine Statistics Authority (PSA) formerly National Statistics Office (NSO);
 - b. If the copy of the Birth Certificate from the PSA/NSO is not available, any of the following documents can be presented:
 - i. Baptismal Certificate;
 - ii. Voter's ID (with picture, signature, and date of birth);
 - iii. Valid Passport;
 - iv. Valid Driver's License; and
 - v. Any legal document bearing the applicant's picture, name, signature, and date of birth (e.g., NBI Clearance, Police Clearance)
 - c. 1x1 identical ID Photo (white background with name tag)
 - d. Certification of Portfolio certified by the ALS Teacher/Community ALS Implementor/Learning Facilitator and endorsed by the Division ALS Focal Person/Education Program Specialist II for ALS (EPSA) (See Certification of Portfolio).
- Only the registered applicants with complete requirements shall be allowed to take the A&E Test at the testing centers approved by BEA. No walk-in A&E Test takers shall be accommodated.

C. Selection of Testing Personnel for the Test Administration

6. The SDS, through the Division Testing Coordinator (DTC), shall assign personnel who shall perform the functions listed below. They shall have a Very Satisfactory (VS) performance in the conduct of BEA testing program and should have no records of violations relating to national examination policies.

During Registration

 Registration Testing Officer (RTO), co-registrar, and support staff who will manage the registration process and evaluation of applicants' documents

During the Test Administration

- Chief Examiners
- Supervising examiners
- Room Examiners

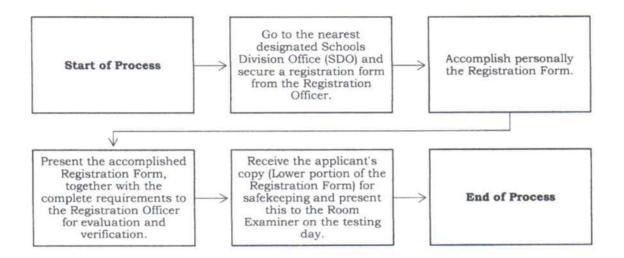


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D. Registration Process

7. The following are the steps in the Registration Process:



- 8. ALS Teacher/Community ALS Implementer/ Learning facilitators may gather applicants from far-flung areas in one assembly and assist them in the registration. They shall secure the accomplished forms and the required documents for submission to the Registration Committee in the SDO.
- 9. After the evaluation of documents, they shall keep all the applicants' copy to be given to the examinees a day before or on the testing day. This is to avoid misplacement of applicant's copy, which is needed to present on the testing day. Non-DepEd ALS Program Providers may also adapt this procedure to facilitate the registration of their learners.
- 10. **NO PAYMENT SHALL BE COLLECTED** by anyone involved in the A&E Test Registration, Administration, and issuance of certificate of rating.

E. Dissemination of Registration Process

11. Registration Testing Officer (RTO), co-registrar staff, and support staff who will manage the registration process and evaluation of applicants' documents shall disseminate the registration process to the registrants.



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- 12.All DTCs shall orient the RTOs and ALS Implementers on the registration process and evaluation of applicants' documents. All RTOs are liable to any irregularities on the required age and documents of test applicants.
- 13.ALS Implementers shall help in the dissemination of information and distribution of registration form.

F. Testing Center

- 14. The DTCs shall prepare the list of testing centers and the total number of examinees per level. A copy of this report in MS Excel format shall be submitted to BEA through email address: bea.ead@deped.gov.ph by the DTC on or before December 6, 2024. (See List of Testing Centers)
- 15. Should there be any changes in the testing centers and total number of examinees per level, an official correspondence (e.g., memorandum/letter) from the Regional Office (RO) shall be sent to the Bureau of Education Assessment (BEA). The said correspondence shall be addressed to:

KEVIN CARL P. SANTOS, PhD

Director IV Bureau of Education Assessment

- 16. For further queries and information, Regional Offices (ROs) and SDOs are requested to coordinate with the Bureau of Education Assessment -Education Assessment Division (BEA-EAD) at telefax number (02) 8631-2589 or email bea.ead@deped.gov.ph
- 17. Immediate dissemination of this Advisory is desired.

KEVIN CARL P. SANTOS, PhD

Director IV Bureau of Education Assessment

Attachments:

- 1. A&E Test Registration Form
- Certification of Portfolio
- 3. Additional Intervention
- List of Registrants
 List of Testing Centers

	Copy for Registration Officer
V V	Republic of the Philippines
1x1 ID Photo	Department of Education
with	BUREAU OF EDUCATION ASSESSMENT
Name Tag	2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600
	THE STREET WAS TRANSPORTED TO STREET FOR THE STREET
	ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form
Write Legibly. Put X on the	applicable items. Registration Date
3-7	Last Name First Name M.I.
Birthdate	Learner Reference Number Civil Status Sex
Month Day Year	Home Address Single Married Separated Male Female
	Home Address Female
Region Division	Learning
	Center
ALS Program Enrolled/Con	pleted (Pls. Specify)
	A&E Test Applying for Elementary Level
	Junior High School
Proof of Identity Contact Number	Testing Center
Contact Number	
applicant in this fo	the information supplied by the rm based on the required achments. I certify that all information in this form are TRUE and CORRECT.
Registration Officer's	Applicant's Signature Over Printed Name
Required Attachments	Birth Certificate Certification of Portfolio
	Proof of Birth Date (Any legal document) Certification of Additional Intervention (if any)
A&E Form 1	Applicant's Copy
	Republic of the Philippines
1x1 ID Photo with Name Tag	Department of Education BUREAU OF EDUCATION ASSESSMENT
with	Department of Education
with	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600
with	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd FIr., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form applicable items. Registration Date
with Name Tag	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd FIr., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form
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with Name Tag Write Legibly. Put X on the Birthdate Month Day Year Region Division	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form applicable items. Registration Date Last Name First Name M.I. Learner Reference Number Civil Status Sex Male Home Address Learning Center
with Name Tag Write Legibly. Put X on the Birthdate Month Day Year	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form applicable items. Registration Date Last Name First Name M.I. Learner Reference Number Civil Status Sex Male Home Address Learning Center
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with Name Tag Write Legibly. Put X on the Birthdate Month Day Year Region Division ALS Program Enrolled/Con	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form applicable items. Last Name Registration Date Learner Reference Number Single Married Separated Home Address Learning Center mpleted (Pls. Specify) A&E Test Applying for Elementary Level
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with Name Tag Write Legibly. Put X on the Birthdate Month Day Year Region Division ALS Program Enrolled/Con Proof of Identity Contact Number I certify that I validated applicant in this form ba	Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Fir., Bonifacio Bldg., Meralco Ave., Pasig City 1600 ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form Applicable items. Last Name Registration Date Learner Reference Number Civil Status Sex Male Home Address Learning Center A&E Test Applying for Elementary Level Junior High School Testing Center I certify that all information in this form are TRUE and CORRECT.



Republic of the Philippines **Department of Education**



REGION _____ SCHOOLS DIVISION OF _____

CERTIFICATION

	This is to certify that						V	vith		
	This is to certify that	(Given Name, Mid	dle Name, Last Name	, Extension Na	me)				
LRN	of				is	regist	ered	a		
			1,41,40,141	(CLC Name)						
a/an	Elementary or Junior High School	in the	e Learners	Information	System	(LIS)	of	S		
	and has sub	mitted	l a portfolio	containing th	ie followi	ng doc	umei	nts		
	a. Personal Information S	Sheet (F	PIS)							
	b. Functional Literacy Te									
	c. Assessment Forms 1-2									
	d. Recognition of Prior Le	arning	(RPL) Form	s 1-4						
	e. At least four (4) work	samples	s per Learni	ng Strand (eac	h highligh	ting th	e spe	cifi		
	competency demonstr									
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	This certification is issu	ed as	one of the	requirement	s for the	regisu	ratioi	1 1		
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		Date:								



Republic of the Philippines **Department of Education**



REGION _____ SCHOOLS DIVISION OF ____

CERTIFICATION

This is to certify that	with
This is to certify that (Given Name, Middle Name, Last Name, Extension Name)	
LRN of	is a/an
(CLC Name)	T. f
Elementary or Junior High School ALS PROGRAM COMPLETER in the Learners	mormation
System (LIS) of SY	
He/She underwent additional intervention in the ALS K to 12 Bas Curriculum (BEC).	ic Education
This certification is issued as one of the requirements for the retained the 2024 Accreditation and Equivalency Test.	egistration in
Certified by:	
ALS Teacher/Community ALS Implementor/Learning Facilians Signature over Printed Name Date:	itator

List of Registrants



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Accreditation and Equivalency (A&E) Test List of Registrants

Testing Center:	Address:	_
Region & Division Code:	A&E Test Level:	

Summar	y of Registrants
Male	
Female	
Total	

No.			Birthdate (mm/dd/year)	Sex (M/F)	Ocuments Submitted (Check the appropriate Column)					
	Name	Age			Birth Certificate	Proof of Birthdate	Certificate of Portfolio	Certificate of Additional Intervention		
1										
2										
3										
4				-						
5				-	-			-		
6				-	-		-	-		
7							-	-		
8				-						
9			-	-	+		-			
10			-	+	+		-			
11			-	-	+	-				
12				-	1					
13				+	1					
14			-	+						
15			-	+	1		1			
16			-	+	-					
17				+		1				
18			+	1		1				
19				_		1				
20							1			

List of Testing Centers



Republic of the Philippines Department of Education

Division of Region

ACCREDITATION AND EQUIVALENCY (A&E) TEST

SDO ADDRESS:

x	Junior High School Level	With Special Needs							
Total No. of Examinees	Junior Hig	Regular							
Total No.	Elementary Level	With Special Needs							
	Elemer	Regular							
		Registration Officer							
	Complete Address								
	Testing Center								
	No.								

Prepared by:

Signature over Printed Name of DTC