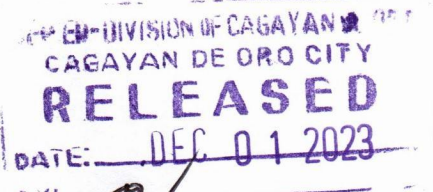




Republic of the Philippines  
**Department of Education**  
**REGION X**  
**DIVISION OF CAGAYAN DE ORO CITY**

Office of the Schools Division Superintendent



November 30, 2023

DIVISION MEMORANDUM  
No. 654 s. 2023

**ADDITIONAL ALLOCATION FOR THE  
SPECIAL EDUCATIONAL PLACEMENT TEST (PEPT)**

TO: Asst. Schools Division Superintendent  
Chief Education Program Supervisors – CID and SGOD  
Public Schools District Supervisors  
Concerned Public and Private School Heads

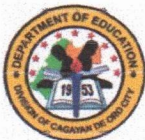
1. All concerned public and private school heads are hereby informed that Cagayan de Oro City Division is given additional allocation for **192 NEW** applications for the 2023 Special Educational Placement Test (PEPT) on December 17, 2023 (Sunday).
2. The same guidelines and requirements stipulated in Division Memo No. 392 s.2023 shall be followed. Applications with incomplete requirements shall not be accepted. School Forms must be duly signed by the School Head.
3. The Division Office shall be the registration center and will accept applications until available slots are consumed.
4. In adherence to Equal Opportunity Policy (EOP), inclusive and fair treatment are accorded to all concerned regardless of age, gender, sexual orientation, disability, religion and ethnicity.
5. Immediate and widest dissemination of this memorandum is enjoined.

**ROY ANGELO E. GAZO**  
Schools Division Superintendent

Encl: As indicated  
Reference: None  
To be indicated in the Perpetual Index  
under the following subjects:

PEPT

ECHR/PEPT  
November 30, 2023



**Address:** Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City  
**Mobile No:** +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)  
**Email Address:** cagayandeoro.city@deped.gov.ph



Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

\*\*\* LEM's Copy \*\*\*

## SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

### REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                             |            |                                                               |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|------------|---------------------------------------------------------------|----------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Last Name                                |                                                             | First Name |                                                               | M.I.                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                             |            |                                                               |                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No., Street, Barrio, Town, Province/City |                                                             | Age        | Sex                                                           | Person with Disability (PWD)                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                             |            | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Birth (Month/Date/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Contact Number                                              |            | Date of Examination (Month/Date/Year)                         |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                             |            |                                                               |                                                          |
| Name and Address of School Last Attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | Last Grade Level Completed                                  |            | Grade Level/s to Take                                         |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | <i>To be filled out by the Division Testing Coordinator</i> |            | <i>To be filled out by the Division Testing Coordinator</i>   |                                                          |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Examination Center                                          |            |                                                               |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                             |            |                                                               |                                                          |
| <p><b>INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</b></p> <p>1. Before signing this form, please ensure that all entries on <b>Age</b>, <b>Last Grade Level Completed</b>, and <b>Grade Level/s to Take</b> are legible and correct.</p> <p>2. Detach <b>Registrant's Copy</b> and give it to the applicant.</p> <p>3. To verify the identification of the registrant, keep the <b>LEM's Copy</b> and give it to the <b>Chief Examiner</b> on the examination day.</p> <p>4. <b>NO REGISTRATION FEE</b></p> <p>I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name below, I am certifying that all documents attached to this application are a faithful reproduction of the original, and that all statements and information provided therein are complete, accurate, and correct to the best of my knowledge. I am assuming full responsibility and accountability for the correctness of the details provided and for the document's authenticity.</p> <p>2023 _____<br/>Signature over Printed Name of Registrant/Examinee</p> |                                          |                                                             |            |                                                               |                                                          |
| <p><b>1" x 1" Picture</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                             |            |                                                               |                                                          |
| <p><i>To be filled out by the Division Testing Coordinator</i></p> <p><b>CHECK DOCUMENTS SUBMITTED</b></p> <p><b>For NEW PEPT REGISTRANTS</b></p> <p><input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar)</p> <p><input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator)</p> <p><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p> <p><b>For retakers and PEPT passers only</b></p> <p><input type="checkbox"/> Certificate of Rating (COR)</p> <p><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p> <p><b>Additional requirements for PEPT Validation purposes only</b></p> <p><input type="checkbox"/> Endorsement Letters</p> <p><input type="checkbox"/> School Division Office</p> <p><input type="checkbox"/> Regional Office</p>                                                                                                                                                                       |                                          |                                                             |            |                                                               |                                                          |



Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

\*\*\* Registrant's Copy \*\*\*

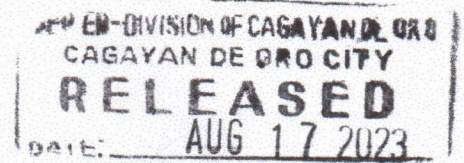
## SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

### REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                             |            |                                                               |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|------------|---------------------------------------------------------------|----------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last Name                                |                                                             | First Name |                                                               | M.I.                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                             |            |                                                               |                                                          |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No., Street, Barrio, Town, Province/City |                                                             | Age        | Sex                                                           | Person with Disability (PWD)                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                             |            | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Birth (Month/Date/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Contact Number                                              |            | Date of Examination (Month/Date/Year)                         |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                             |            |                                                               |                                                          |
| Name and Address of School Last Attended                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | Last Grade Level Completed                                  |            | Grade Level/s to Take                                         |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | <i>To be filled out by the Division Testing Coordinator</i> |            | <i>To be filled out by the Division Testing Coordinator</i>   |                                                          |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | Examination Center                                          |            |                                                               |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                             |            |                                                               |                                                          |
| <p><b>1" x 1" Picture</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                             |            |                                                               |                                                          |
| <p><b>NOTES:</b></p> <p>1. Upon registration, the <b>Registration Officer</b> will inform you of the examination date and venue.</p> <p>2. Complete all the information in the Registration Form.</p> <p>3. On the examination day, the examinee must be in the venue at 7:30 A.M. Bring this form and at least two (2) pieces no. 2 pencils.</p> <p>Certified True and Correct:</p> <p>_____<br/>DIVISION TESTING COORDINATOR<br/>Signature Over Printed Name</p> <p>2023</p> |                                          |                                                             |            |                                                               |                                                          |



Republic of the Philippines  
**Department of Education**  
REGION X  
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

August 16, 2023

DIVISION MEMORANDUM  
No. 392 s. 2023

REGISTRATION FOR THE SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST  
(PEPT)

TO: Asst. Schools Division Superintendent  
Chief Education Program Supervisors – CID and SGOD  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
Private Elementary and Secondary School Heads

1. In view of the conduct of the Special Philippine Educational Placement Test (PEPT) tentatively scheduled in October 2023, all concerned are hereby informed of the registration guidelines and process:

2. **OVERVIEW.** The Philippine Educational Placement Test (PEPT) is a nationally administered assessment for learners in special circumstances. The result of this assessment will allow these learners to: a) assess or resume schooling and/or b) obtain certification of completion by grade level in the DepEd formal system.

3. **PURPOSE.** The PEPT aims to fulfill the following purposes:

- To establish that students have met learning standards for specific grade levels
- To determine the appropriate grade level of learners in special circumstances in the formal school system
- To assess competencies in academic areas gained through informal and non-formal means of entry or re-entry into formal school
- To assess competencies in academic areas for entry or re-entry to formal school

4. **TARGET CLIENTELE.** The Bureau of Education Assessment (BEA) accepts applications for the Philippine Education Placement Test (PEPT) from the following learners:

- Learners from schools without government permit
- Learners from non-formal and informal education programs
- Learners who have incomplete or no record of formal schooling
- Learners with back subjects
- Learners who need grade level standards assessment
- Learners who are overage for their grade level



**Address:** Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City  
**Mobile No:** +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)  
**Email Address:** [cagayandeoro.city@deped.gov.ph](mailto:cagayandeoro.city@deped.gov.ph)



Republic of the Philippines  
**Department of Education**  
**REGION X**  
**DIVISION OF CAGAYAN DE ORO CITY**

**Office of the Schools Division Superintendent**

Learners with special needs may also be assessed provided that test accommodations are met. The target learners are consistent with DepEd Order No. 55, s.2016, Policy Guidelines on the National Assessment of Student Learning for the Kto12 Basic Education Program.

However, due to limited allocation of test materials per Division, priority shall be given to the following test takers:

- a. Learners who are candidate for graduation this school year (Grade 6 and Grade 10)
- b. Incoming Grade 1 learners with no kinder records
- c. Transferees with discrepancies in school records
- d. Persons with disability and in need of special assistance
- e. Clients with current medical condition

**5. SPECIAL PEPT REGISTRATION PROCESS.**

- a. The Division Testing Coordinator (DTC) accepts **walk-in clients for test registration from 8:00 AM to 5:00 PM, Mondays through Fridays (excluding holidays) at the Division Office, KM 5, Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City.**
- b. The client/learner or his/her parent/legal guardian completes the PEPT Registration Form which is downloadable from <https://tinyurl.com/SpecialPEPTReg>
- c. The DTC receives the accomplished registration form along with the original and photocopied documentary requirements. Then, s/he verifies if the submitted documents are authentic.
- d. After confirming the authenticity, the DTC signs the registration form and marks the *Check Documents Submitted*. S/he issues the *Applicant's Copy* to the registrant after evaluating the registrant's grade level to be taken.
- e. The DTC creates the masterlist of successful registrants, safekeeps all registration forms and documents. They shall be issued to the Chief Examiner on the examination day.

**6. REQUIREMENTS (NEW REGISTRANTS).** The DTC shall facilitate the registration process and collect the following documentary requirements:

- a. Completed Registration Form
- b. Original and one photocopy of the birth certificate duly authenticated and issued by the Philippine Statistics Authority (formerly National Statistics Office) or by the Local Civil Registrar
- c. Original and one photocopy of the permanent school record (SF10/Form 137) signed by the School Principal/Administrator/Registrar
- d. Identical and recently taken 1X1 colored ID pictures with name tag (2 pcs)



**Address:** Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City  
**Mobile No:** +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)  
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Republic of the Philippines  
**Department of Education**  
**REGION X**  
**DIVISION OF CAGAYAN DE ORO CITY**

Office of the Schools Division Superintendent

**REQUIREMENTS (RETAKERS & PEPT PASSERS ONLY)**

- a. Completed Registration Form
- b. Original and Photocopy of the PEPT Certificate of Result (COR); and
- c. Identical and recently taken 1X1 colored ID pictures with name tag (2 pcs)

7. **Test registration is until August 31, 2023 or until the 83 slots are filled up.**

8. Queries and related concerns may be referred to the Division Testing Coordinator at [eleanorconsejo.rollan@deped.gov.ph](mailto:eleanorconsejo.rollan@deped.gov.ph)

9. In adherence to Equal Opportunity Policy (EOP), inclusive and fair treatment are accorded to all concerned regardless of age, gender, sexual orientation, disability, religion and ethnicity.

10. Immediate and widest dissemination of this memorandum is enjoined.

**ROY ANGELO E. GAZO**

Schools Division Superintendent

Encl: None

Reference: None

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

**SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)**

ECHR/Special PEPT  
August 16, 2023



**Address:** Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City  
**Mobile No:** +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)  
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Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

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## SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

### REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Last Name                                |                                                                                                   | First Name                            |                                                                                              | M.I.                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No., Street, Barrio, Town, Province/City |                                                                                                   | Age                                   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                         | Person with Disability (PWD)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |
| Date of Birth (Month/Date/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Contact Number                           |                                                                                                   | Date of Examination (Month/Date/Year) |                                                                                              |                                                                                          |
| Name and Address of School Last Attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | Last Grade Level Completed<br><small>To be filled out by the Division Testing Coordinator</small> |                                       | Grade Level/s to Take<br><small>To be filled out by the Division Testing Coordinator</small> |                                                                                          |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | Examination Center                                                                                |                                       |                                                                                              |                                                                                          |
| <div><div></div><div><b>INSTRUCTIONS TO THE PEPT TESTING COORDINATOR</b><ol style="list-style-type: none"><li>Before signing this form, please ensure that all entries on <b>Age</b>, <b>Last Grade Level Completed</b>, and <b>Grade Level/s to Take</b> are legible and correct.</li><li>Detach <b>Registrant's Copy</b> and give it to the applicant.</li><li>To verify the identification of the registrant, keep the <b>LEM's Copy</b> and give it to the <b>Chief Examiner</b> on the examination day.</li><li><b>NO REGISTRATION FEE</b></li></ol></div></div> <div><p>I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name below, I am certifying that all documents attached to this application are a faithful reproduction of the original, and that all statements and information provided therein are complete, accurate, and correct to the best of my knowledge. I am assuming full responsibility and accountability for the correctness of the details provided and for the document's authenticity.</p><p>2023 _____<br/>Signature over Printed Name of Registrant/Examinee</p></div> <div><p><small>To be filled out by the Division Testing Coordinator</small></p><p><b>CHECK DOCUMENTS SUBMITTED</b></p><p><b>For NEW PEPT REGISTRANTS</b></p><p><input type="checkbox"/> Birth Certificate (NSO/PSA or Local Civil Registrar)<br/><input type="checkbox"/> School Records (SF10/F137 signed by the School Principal/Registrar/Administrator)<br/><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p><p><b>For retakers and PEPT passers only</b></p><p><input type="checkbox"/> Certificate of Rating (COR)<br/><input type="checkbox"/> Identical and recently taken 1x1 colored ID pictures with name tag (2pcs.)</p><p><b>Additional requirements for PEPT Validation purposes only</b></p><p><input type="checkbox"/> Endorsement Letters<br/><input type="checkbox"/> School Division Office<br/><input type="checkbox"/> Regional Office</p></div> |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |



Republic of the Philippines  
Department of Education  
BUREAU OF EDUCATION ASSESSMENT

\*\*\* Registrant's Copy \*\*\*

## SPECIAL PHILIPPINE EDUCATIONAL PLACEMENT TEST

### REGISTRATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Name of Registrant/<br>Examinee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Last Name                                |                                                                                                   | First Name                            |                                                                                              | M.I.                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No., Street, Barrio, Town, Province/City |                                                                                                   | Age                                   | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female                         | Person with Disability (PWD)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |
| Date of Birth (Month/Date/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Contact Number                           |                                                                                                   | Date of Examination (Month/Date/Year) |                                                                                              |                                                                                          |
| Name and Address of School Last Attended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | Last Grade Level Completed<br><small>To be filled out by the Division Testing Coordinator</small> |                                       | Grade Level/s to Take<br><small>To be filled out by the Division Testing Coordinator</small> |                                                                                          |
| Place and Date of Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Examination Center                                                                                |                                       |                                                                                              |                                                                                          |
| <div><div></div><div><b>NOTES:</b><ol style="list-style-type: none"><li>Upon registration, the <b>Registration Officer</b> will inform you of the examination date and venue.</li><li>Complete all the information in the Registration Form.</li><li>On the examination day, the examinee must be in the venue at 7:30 A.M. Bring this form and at least two (2) pieces no. 2 pencils.</li></ol></div></div> <div><p>Certified True and Correct:</p><p>2023 _____<br/>DIVISION TESTING COORDINATOR<br/>Signature Over Printed Name</p></div> |                                          |                                                                                                   |                                       |                                                                                              |                                                                                          |



Republic of the Philippines  
**Department of Education**  
 BUREAU OF EDUCATION ASSESSMENT

# PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)

ENGLISH VERSION

## 1. What is PEPT?

The **Philippine Educational Placement Test (PEPT)** is a nationally administered assessment for learners in special circumstances. The result of this assessment will allow these learners to: a) access or resume schooling, and b) obtain certification of completion by grade level in the DepEd formal system.

## 2. Why is PEPT conducted?

PEPT aims to fulfill the following purposes:

- To establish that students have met learning standards for specific grade levels;
- To determine the appropriate grade level of learners in special circumstances in the formal school system; and
- To assess competencies in academic areas gained through informal and nonformal means for entry or reentry into formal school.

*\*The test must not be used for grade-level acceleration but for the aforementioned purposes only. (EO No. 733, s. 1981)*

## 3. Who may take the test?

The Bureau of Education Assessment – Education Assessment Division (BEA-EAD) accepts PEPT applications from the following:

- Learners from non-formal and informal education programs
- Learners who have incomplete or no record of formal schooling
- Learners with back subjects
- Learners who need grade level standards assessment
- Learners who are overage for their grade levels
- Learners from schools without government permit

## 4. What are the requirements to be submitted prior to taking the test?

### For New Test Registrants

- Original and one (1) photocopy of the birth certificate duly authenticated and issued by the Philippine Statistics Authority, National Statistics Office, or Local Civil Registrar;
- Original and one (1) photocopy of the permanent school record (e.g., SF10/Form 137) with school seal and signed by the School Principal/Registrar/School Administrator;
- Two (2) pieces of identical and recently taken 1×1 colored ID pictures with name tags;
- One (1) copy of accomplished PEPT Registration Form; and
- Registration fee of ₱200.00 per examinee.

### For PEPT Retakers

- Original and one (1) photocopy of the PEPT Certificate of Rating (for applicants who need to retake a PEPT subtest);  
*Note: Examinees whose test score in one subject is lower than 75% may be allowed to retake the failed subtest within six months from the date of examination. Examinees whose test score in two or three subjects are lower than 75% are required to retake all the subtests.*
- Two (2) pieces of identical and recently taken 1×1 colored ID pictures with name tags;
- One (1) copy of accomplished PEPT Registration Form; and
- Registration Fee of ₱200.00 per examinee.

## 5. How are test applicants screened?

Test applicants are screened based on their age and Last Level Completed (LLC).

## Age

Applicants must be at least one (1) year overage for their supposed grade level in the formal school system as displayed in the table:

| LLC          | Normal Age<br>(at the end of SY) | Age on the date of<br>Exam | Grade Level<br>to Take |
|--------------|----------------------------------|----------------------------|------------------------|
| No Schooling | -                                | at least 6 years old       | Kinder                 |
| Kinder       | 6 years old                      | at least 7 years old       | Grade 1                |
| Grade 1      | 7 years old                      | at least 8 years old       | Grade 2                |
| Grade 2      | 8 years old                      | at least 9 years old       | Grade 3                |
| Grade 3      | 9 years old                      | at least 10 years old      | Grade 4                |
| Grade 4      | 10 years old                     | at least 11 years old      | Grade 5                |
| Grade 5      | 11 years old                     | at least 12 years old      | Grade 6                |
| Grade 6      | 12 years old                     | at least 13 years old      | Grade 7                |
| Grade 7      | 13 years old                     | at least 14 years old      | Grade 8                |
| Grade 8      | 14 years old                     | at least 15 years old      | Grade 9                |
| Grade 9      | 15 years old                     | at least 16 years old      | Grade 10               |

## Last Level Completed (LLC)

The LLC is the grade level finished by a test registrant in school. In the secondary level, all subjects must have a passing mark including back subjects (if there were) in previous levels as noted in SF10/Form 137.

## 6. Is the test administered based on the examinee's age and LLC?

Yes. Each examinee is assigned to answer a particular set of test items in the Test Booklet according to his/her age and LLC.

For instance, a 12-year old PEPT registrant who finished Grade 2 will be given test items for Grade 3 to 6 on exam day. Thus, examinees will have different test time allotments depending on their age and LLC.

## 7. What is the coverage of the PEPT based on the K to 12 Curriculum?

The PEPT covers the subjects Science, Mathematics, Araling Panlipunan, Filipino and English.

## 8. When could PEPT be administered?

**Nationwide Testing.** Administered annually every third Sunday of November for Luzon and fourth Sunday for Visayas and Mindanao in designated testing centers in DepEd provincial and city divisions.

**Walk-in Examination.** Administered at BEA all year round.

**Computer-based.** BEA offers the computer-based (CB) PEPT to applicants ages 6 to 9 years old who reside outside Metro Manila, Bulacan, Cavite, Laguna, and Rizal, with a current medical condition (supported by a medical certificate), and clients with exceptional cases.

The CB-PEPT is an internet-dependent platform. It shall be administered by an official proctor from the BEA via live remote proctoring. The test is taken by the PEPT applicant in his/her location provided that all requirements are met.



2/F, Bonifacio Building, DepEd Complex, Meralco Avenue, Pasig City 1600  
 Telephone No.: (02) 631-2589; (02) 631-2571; (02) 631-2591; (02) 631-6921  
 Email Address: bea.ead@deped.gov.ph  
 Website: <https://www.deped.gov.ph/k-12/assessment-and-examinations/philippine-educational-placement-test/>

**Apat na Hakbang sa Pag-Register Online sa  
Philippine Educational Placement Test (PEPT)**

1. I-download ang PEPT Registration Form mula sa <https://bit.ly/DepEdPEPT>, ilagay ang kompleto at angkop na mga impormasyon.
2. I-upload ang sinagutang form at scanned copy ng requirements sa <http://bit.ly/PEPTOnlineReg>. Maghintay ng email mula sa BEA tungkol sa resulta ng evaluation, kung kwalipikado o hindi.
3. Kung kwalipikado, magbayad ng PHP 200.00 (non-refundable) na registration fee sa mga authorized door-to-door money remittance system. I-send ang proof of payment sa email.
4. Maghintay ng email mula sa [pept.bea@deped.gov.ph](mailto:pept.bea@deped.gov.ph) para sa schedule ng exam.  
Magdala ng lapis, pambura, at mga orihinal na kopya ng ipinasang dokumento sa araw ng exam.

**Apat na Hakbang sa Pagkuha ng Resulta sa Pagsusulit**

1. I-click at I-download ang COR request form sa link na ito: <http://bit.ly/DepEdVerification>.
2. Sagutan ang form. Ilagay ang kompleto at angkop na mga impormasyon.
3. I-upload ang sinagutang form at iba pang kinakailangang dokumento sa link na ito: <https://tinyurl.com/BEACORVerify>.
4. Maghintay ng email mula sa DepEd BEA tungkol sa request na dokumento. Kung dalawang linggo na ay wala pang natatangap na email, mag-follow up sa [verification.bea@deped.gov.ph](mailto:verification.bea@deped.gov.ph).



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Email Address: [bea.ead@deped.gov.ph](mailto:bea.ead@deped.gov.ph)

Website: <https://www.deped.gov.ph/links-to-12/assessments-and-examinations/philippine-educational-placement-test/>

**PEPT Onsite Request.** Conducted for specific purposes as per request of concerned parties. The approval and venue of the special exam depends on the necessity of the said request.

**9. How can a client/learner register for the PEPT?**

**Nationwide Testing.** Test applicants should register at the nearest Division Office during the registration period.

**Walk-in.** BEA-EAD accepts walk-in clients for test registration from 8:00 AM to 5:00 PM, Monday through Fridays (excluding holidays).

**Online.** The client/learner or his/her parent/legal guardian shall fill out the PEPT Registration Form which is downloadable from <http://bit.ly/PEPTForm> and be uploaded to <http://bit.ly/PEPTOnlineReg>.

**Onsite Request Examination.** Interested parties should coordinate with the Office of the BEA Director through the Education Assessment Division at [bea.ead@deped.gov.ph](mailto:bea.ead@deped.gov.ph).

**10. Can the PEPT be administered to students with back subjects?**

Yes. Students with not more than two (2) back subjects in either English, Mathematics, Science, Filipino or AP can take the PEPT only after attending the school remediation program.

**11. How are test results processed?**

Each scannable Answer Sheet used by an examinee is scanned by a machine. In the event that the computer encounters a failing mark in two of the five subjects in the grade level next to the examinee's LLC, data processing stops as it is programmed. Hence, the answers to the test items in the next higher level(s) are no longer scored, because lower levels must be passed prior to the higher ones.

**12. How are test results analyzed and interpreted?**

**Rating System.** Examinees must obtain a rating of at least 75% in all subject areas in one grade level in order to pass it. If they obtain a passing rate in all subjects, they are considered as a qualifier in the said level.

Examinees may pass as many levels with their age as ceiling, this means that they may qualify only up to the school level appropriate for their age. Averaging of subject area scores is not the rating system of PEPT.

**Norms.** The PEPT is a norm-based test; and examinee's test performance is compared to the norm. This means that a PEPT passer's ability in a certain grade level equally conforms to that of an average school-aged child in the same level. For instance, a PEPT Grade 7 qualifier is expected to equate in performance with that of an average Grade 7 student.

**13. What if the examinee failed one subject? Can the ratings in 5 subjects be averaged?**

No. Ratings in 5 subject areas are not averaged. An examinee must pass all the subjects in order to pass the specific grade level.

**14. What if an examinee failed in two or more subjects in a grade level?**

In the event that the examinee failed in two or more subjects, he/she shall retake all the subjects in the failed grade level. However, an examinee can retake the failed subject within six (6) months.

**15. How do examinees get their results?**

A PEPT Certificate of Rating (COR) is issued to each examinee. The release of results is done in specific schedules:

**Nationwide Testing.** From February to March; CORs are sent to the Division Offices.

**Walk-in Examinees.** PEPT applicants are advised to inquire about the availability of their results after two working weeks from the Verification Unit of the Bureau of Education Assessment – Education Assessment Division (BEA-EAD) through (02) 8631-2571 and/or [verification.bea@deped.gov.ph](mailto:verification.bea@deped.gov.ph).

Clients are encouraged to request their COR online for an efficient and timely transaction. The steps on how to request may be accessed at <https://bit.ly/DepEdVerification>.

**Special Examination.** CORs will either be sent to or picked up by the requesting party two weeks from the date of exam (except on occasion where there are bulk applications to process).

**16. What if an examinee lost his/her COR? Will BEA issue another copy?**

Yes. The re-issuance of PEPT COR costs ₱50.00. The steps on how to request may be accessed at <https://bit.ly/DepEdVerification>.

**17. When can examinees use the PEPT results?**

- If the test was taken within a School Year, the test results shall take effect in the subsequent School Year.
- If the test was taken after the School Year, the test results shall take effect in the following School Year.

**18. Can the PEPT be administered to examinees with Special Needs?**

Yes. For more information about the test accommodation, please refer to DO No. 55, s. 2016, Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program.

**19. Can the PEPT be used to validate schooling in a foreign school?**  
No. A learner schooling in a foreign country does not need to be validated through PEPT. Accommodation for learning the Filipino and Araling Panlipunan subjects have to be provided as well by the accepting school.

**Note:**

The Bureau of Education Assessment does not issue a Learner's Reference Number (LRN).



Republika ng Pilipinas  
**Kagawaran ng Edukasyon**  
BUREAU OF EDUCATION ASSESSMENT

# PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT)

FILIPINO VERSION

## 1. Ano ang PEPT?

Ang **Philippine Educational Placement Test (PEPT)** ay isang pambansang pagsusulit na tumutumbas sa pormal na edukasyon ng isang mag-aaral na angkop sa kanyang edad. Ang resulta ng pagsusulit ay magbibigay ng pagkakalabon sa mag-aaral na: a) magbalik-aral at b) magkaroon ng katibayan na siya ay nakapagtapos ng isang antas ng pag-aaral alinsunod sa pormal na sistemang pang-edukasyon ng Kagawaran ng Edukasyon.

## 2. Bakit isinasagawa ang PEPT?

Ang PEPT ay may layuning maisakatuperan ang sumusunod:

- Malaman kung natamo ng mga mag-aaral ang mga kasanayang sa partikular na baitang;
- Matukoy ang angkop na baitang ng mag-aaral sa pormal na sistema ng edukasyon; at
- Mataya ang mga kasanayan sa iba't ibang asignatura na natamo sa impormal at hindi pormal na sistema ng edukasyon upang magamit sa pagpasok o pagbabalik sa paaralan.

*\*Ang pagsusulit ay hindi ginagamit sa grade level acceleration. (EO No. 733, s. 1981)*

## 3. Sino-sino ang maaaring kumuha ng pagsusulit?

Ang Bureau of Education Assessment – Education Assessment Division (BEA-EAD) ay tumatanggap ng mga aplikante ng PEPT mula sa sumusunod:

- a. Mga mag-aaral mula sa mga impormal at hindi pormal na sistema ng edukasyon;
- b. Mga mag-aaral na kulang o walang rekord ng pormal na pag-aaral;
- c. Mga mag-aaral na may back subjects;
- d. Mga mag-aaral na nangangailangan ng pagtatasa sa kanilang antas ng pag-aaral;
- e. Mga mag-aaral na higit ang edad para sa kasalukuyang antas ng pag-aaral; at
- f. Mga mag-aaral na mula sa mga paaralang walang permit

## 4. Ano-ano ang mga kinakailangang ipasa bago ang pagkuha ng pagsusulit?

### Para sa mga Bagong Aplikante

- a. Orihinal at isang (1) photocopy ng birth certificate mula sa Philippine Statistics Authority, National Statistics Office o Local Civil Registrar;
- b. Orihinal at isang (1) photocopy ng rekord mula sa paaralang pinagmulan (e.g., SF10/Form 137) na may school seal at pima ng Funongguro/Registrar/Administrador ng Paaralan;
- c. Dalawang (2) piraso ng magkapareho at bagong 1×1 colored ID picture na may name tag;
- d. Isang (1) kopya ng PEPT Registration Form; at
- e. Registration fee na ₱200.00 sa bawat examinee.

### Para sa PEPT Retakers

- a. Orihinal at isang (1) photocopy ng PEPT Certificate of Rating (sa mga aplikanteng nangangailangang umulit ng PEPT subtest)  
*Paalala: Ang examinees na may isang asignaturang may markang mas mababa sa 75% ay kukuha lamang ng pagsusulit sa partikular na asignaturang iyon sa loob ng anim na buwan mula sa araw ng pagsusulit. Sa examinees na may dalawa o higit pang marka na mababa sa 75% ay kinakailangang kunin muli ang kabuuang pagsusulit.*
- b. Dalawang (2) piraso ng magkapareho at bagong 1×1 colored ID picture na may name tag;
- c. Isang (1) kopya ng PEPT Registration Form; at
- d. Registration fee na ₱200.00 sa bawat examinee.

## Edad

Ang mga aplikante ay may higit na edad sa baitang na dapat ay pinapasukan sa pormal na sistema ng edukasyon tulad ng ipinakikita sa talahanayan:

| LLC          | Normal na Edad (sa pagtatapos ng SY) | Edad sa Araw ng Pagsusulit | Kukuning Pagsusulit |
|--------------|--------------------------------------|----------------------------|---------------------|
| No Schooling | -                                    | at least 6 taong gulang    | Kinder              |
| Kinder       | 6 taong gulang                       | at least 7 taong gulang    | Baitang 1           |
| Baitang 1    | 7 taong gulang                       | at least 8 taong gulang    | Baitang 2           |
| Baitang 2    | 8 taong gulang                       | at least 9 taong gulang    | Baitang 3           |
| Baitang 3    | 9 taong gulang                       | at least 10 taong gulang   | Baitang 4           |
| Baitang 4    | 10 taong gulang                      | at least 11 taong gulang   | Baitang 5           |
| Baitang 5    | 11 taong gulang                      | at least 12 taong gulang   | Baitang 6           |
| Baitang 6    | 12 taong gulang                      | at least 13 taong gulang   | Baitang 7           |
| Baitang 7    | 13 taong gulang                      | at least 14 taong gulang   | Baitang 8           |
| Baitang 8    | 14 taong gulang                      | at least 15 taong gulang   | Baitang 9           |
| Baitang 9    | 15 taong gulang                      | at least 16 taong gulang   | Baitang 10          |

## Huling Antas na Natapos (LLC)

Ang LLC ay ang huling baitang sa paaralan na natapos ng nagnanais kumuha ng pagsusulit. Sa sekundarya, dapat na naipasa ang lahat ng asignatura kasama na ang back subjects (kung mayroon) na makikita sa SF10/Form 137.

## 6. Ang pagsusulit ba ay isinasagawa batay sa edad at LLC ng examinee?

Oo. Bawat examinee ay magsasagot ng set ng aytem ng pagsusulit batay sa kanyang edad at LLC.

Halimbawa, ang isang 12 taong gulang na aplikante ng PEPT at nakatapos lamang ng Baitang 2 ay kukuha ng pagsusulit mula Baitang 3 hanggang 6. Samakatuwid, iba-iba ang haba ng oras ng pagsusulit sa bawat mag-aaral batay sa kanilang edad at LLC.

## 7. Anong nilalaman ng PEPT batay sa K to 12 Curriculum?

Ang PEPT ay naglalaman ng mga pagsusulit mula sa mga asignaturang Science, Mathematics, Araling Panlipunan, Filipino at English.

## 8. Kailan maaaring kumuha ng PEPT?

**Pambansang Pagsusulit.** Isinasagawa taon-taon tuwing ikatlong Linggo ng Nobyembre para sa Luzon at ikaapat naman sa Visayas at Mindanao sa itinalagang testing center ng Kagawaran sa bawat dibisyon.

**Walk-in na Pagsusulit.** Isinasagawa sa BEA buong taon.

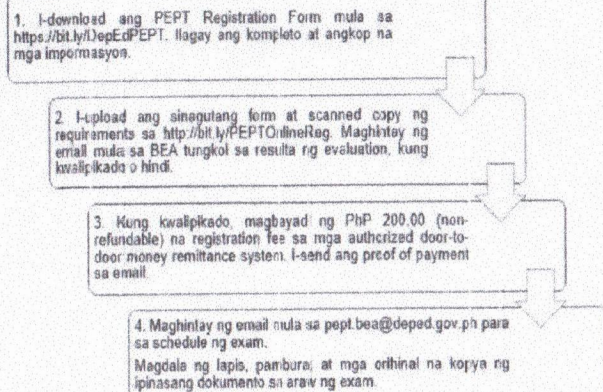
**Computer-based.** Maaaring kumuha ng computer-based (CB) PEPT ang mga aplikanteng may edad 6 hanggang 9 na taong gulang na naninirahan sa labas ng Kalakhang Maynila, Bulacan, Cavite, Laguna, at Rizal, kasalukuyang may kondisyong medikal (kailangan ng sertipikasyon mula sa doktor), at mga kliyenteng may kasong eksepsiyonal.

Ang CB-PEPT ay nangangailangan ng internet upang maisagawa at papangangasiwaan ng isang proctor mula sa BEA. Ito ay papayagan lamang kung

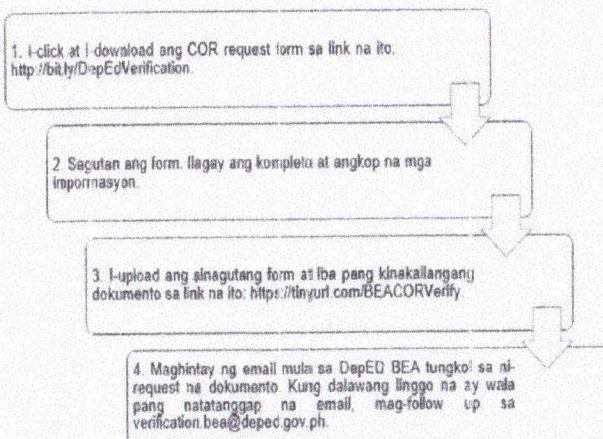


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#### Apat na Hakbang sa Pag-Register Online sa Philippine Educational Placement Test (PEPT)



#### Apat na Hakbang sa Pagkuha ng Resulta sa Pagsusulit



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Email Address: [bea.ead@deped.gov.ph](mailto:bea.ead@deped.gov.ph)

Website: <https://www.deped.gov.ph/ko-12/assessments-and-examinations/philippine-educational-placement-test/>

**Espesyal na Pagsusulit ng PEPT.** Isinasagawa para sa partikular na mga kahingian ng ilang indibidwal. Ang pagbibigay-pahintulot sa pagsusulit ay nakabatay sa bigat ng pangangailangan.

#### 9. Paanong magpatala para sa PEPT?

**Pambansang Pagsusulit.** Ang mga aplikante ay kinakailangang magpatala sa pinakamalapit na Division Office mula Agosto 1 hanggang Setyembre 30. Ang kabuuang bilang ng magpatala sa bawat testing center sa bawat dibisyon ay dapat na ipasa sa BEA-EAD ng Division Testing Coordinator (DTC) bago ang Oktubre 1 para sa alokasyon ng mga materyal.

**Walk-in.** Tumatanggap ang BEA-EAD ng mga walk-in para sa pagpapatala mula 8:00 n.u. hanggang 5:00 n.h., Lunes hanggang Biyernes (liban sa araw na itinakdang walang pasok).

**Online.** Ang mag-aaral at kaniyang magulang/tagapangalaga ay kailangang magsagot ng PEPT Registration Form na madownload sa <http://bit.ly/PEPTForm> at i-upload naman sa <http://bit.ly/PEPTOnlineReg>. Ang BEA-EAD staff ay magbibigay ng susunod na hakbang, paraan ng pagbabayad matapos mag-evaluate, at ang nakatakdang araw ng pagsusulit sa email ng bawat aplikante.

**Espesyal na Pagsusulit.** Maaaring magpagnanay ang mga nagnanais kumuha ng pagsusulit sa opisina ng direktor ng BEA.

#### 10. Maaari bang kumuha ng PEPT ang mga mag-aaral na may back subject?

Oo. Ang mga mag-aaral na may hindi hihigit sa isang back subject sa English, Mathematics, Science, Filipino o AP ay maaaring kumuha ng PEPT matapos nilang sumailalim sa remediation program ng paaralan.

#### 11. Paanong pinoproseso ang pagsusulit?

Ang bawat scannable Answer Sheet na ginamit ng examinee ay iiscan gamit ang machine. Sa pagkakataon na magkaroon ng dalawang bagsak na marka sa resulta, hihinto ang pagpoproseso ng data sapagkat ito ang nakapaprograma. Samakatuwid, ang mga kasagutan sa iba pang baitang ay hindi na bibigyan pa ng marka dahil kailangan munang malpasa ang mga nasa mababang baitang.

#### 12. Paanong sinusuri at binibigyan ng interpretasyon ang pagsusulit?

**Paraan ng Pagmamarka.** Ang examinees ay kinakailangang makakuha ng 75% o higit pa sa lahat ng asignatura upang pumasa at mapabilang sa nasebing baitang. Maaaring pumasa sa maraming lebel ang isang mag-aaral na naaayon sa kaniyang edad. Ang pag-aaverage ng marka sa lahat ng asignatura ay hindi kabilang sa paraan ng pagmamarka ng PEPT.

**Norms.** Ang PEPT ay isang norm-based na pagsusulit at ang resulta ng pagsusulit ng examinee ay kinukumpara sa norm. Ibig sabihin, ang kaalaman ng isang pumasang mag-aaral ay maaaring katulad ng sa isang mag-aaral nasa paaralan. Halimbawa, ang isang mag-aaral na pumasa ng PEPT Baitang 7 ay inaasahang may parehong kasanayan sa mag-aaral na nasa Baitang 7.

#### 13. Paano kung may isang asignaturang kinagsak ang examinee, maaari bang i-average ang mga marka niya sa pagsusulit?

Hindi. Ang marka sa limang asignatura ay hindi maaaring i-average. Kinakailangan

#### 14. Paano kung bumagsak sa dalawa o higit pang asignatura ang examinee?

Sa pagkakataong dalawa o higit pa ang asignaturang hindi nalipasa ng examinee, kinakailangan niyang ulitin ang pagsusulit sa katuuang baitang. Kung kinakailangang mag-retake, dapat nya ilang makuha sa loob ng anim na buwan matapos ang araw ng kanyang unang pagsusulit.

#### 15. Paanong makuha ang resulta ng pagsusulit?

Ang PEPT Certificate of Rating (COR) ay ibibigay sa bawat indibidwal na kumuha ng pagsusulit. Ang paglalabas ng resulta ay may tiyak na iskedyul:

**Nationwide Testing.** Mula Pebrero hanggang Marso, ipapadala ang mga COR sa mga Division Offices.

**Walk-in Examinees.** Ang mga aplikante ng PEPT ay maaaring magianong kung handa na ang kanilang resulta dalawang linggo matapos ang kanilang pagsusulit sa Verification Unit ng Bureau of Education Assessment – Education Assessment Division (BEA-EAD) sa pamamagitan ng pagtawag sa (02) 8631-2571 at/o pag-email sa [verification.bea@deped.gov.ph](mailto:verification.bea@deped.gov.ph). Ang mga Walk-in clients ay maaaring mag-request ng kanilang COR sa BEA mula 8:00 n.u. hanggang 5:00 n.h., Lunes hanggang Biyernes (liban sa araw na itinakdang walang pasok).

**Online.** Ang mga kliyente ay hinihikayat na mag-request ng kanilang COR sa pamamagitan ng link na ito, <https://bit.ly/DepEdVerification> para sa mabisa at napapanahong transaksyon.

**Espesyal na Pagsusulit.** Ang COR ay maaaring ipadala o kunin ng humiling na magsagawa ng pagsusulit dalawang linggo matapos ang pagsusulit (liban sa mga panahong may bullo ng aplikasyong kailangang iproseso).

#### 16. Paano kung nawala ang COR? Magbibigay ba ng isa pang kopya ang BEA?

Oo. Ang muling pagkuha ng PEPT COR ay nagkakahalaga ng ₱50.00. Ang hakbang sa pagsasagawa nito ay nasa link na ito, <https://bit.ly/DepEdVerification>.

#### 17. Kailan magagamit ang resulta ng PEPT?

**PEPT Regular at Special.** Ang resulta ng pagsusulit ay magkakaroon ng bisa sa susunod na taon ng pag-aaral at hindi sa taon ng pasukan kung kailan kinuha ang pagsusulit.

**PEPT Hunyo 12.** Ang resulta ay magkakaroon ng bisa sa loob ng taon ng pag-aaral.

#### 18. Maaari bang isagawa ang PEPT sa mga examinee na may Special Needs?

Ang mga mag-aaral na may espesyal na pangangailangan ay maaari ring kumuha ng pagsusulit. Ang mga target na mag-aaral ay alinsunod sa DO No. 55, s. 2016 o ang Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program.

#### 19. Maaari bang magamit ang PEPT sa pag-validate ng pag-aaral sa isang foreign school?

Hindi. Ang isang mag-aaral mula sa ibang bansa ay hindi na nangangailangan na maipavalidate ang pag-aaral sa pamamagitan ng PEPT. Ang pag-enroll sa paaralan ay nakabatay sa kinakailangan ng paaralang pagasukan. Ang pagkakaroon ng kasanayan sa Filipino at Araling Panlipunan ay ibibigay ng pagpasukan ng paaralan.