Republic of the Philippines
Department of Education
Region V– Bicol
SCHOOLS DIVISION OFFICE OF LIGAO CITY



*Office of the Schools Division Superintendent*

21826129

**February 18, 2026**

**DIVISION MEMORANDUM**
**No.** 0088 , s. 2026

**ADVISORY TO DIVISION MEMORANDUM NO. 421, s. 2025**
**ADMINISTRATION OF THE COMPUTER-BASED NATIONAL CAREER ASSESSMENT EXAMINATION FOR SCHOOL YEAR 2025-2026**

To: Assistant Schools Division Superintendent
Chief Education Supervisors, (CID & SGOD)
Public Schools District Supervisors
SEPS, M & E
Public Secondary School Heads
Private Secondary School Administrators
Division Testing Coordinator
Division Information Technology Officer
All Others Concerned

1. Relative to the administration of the **Computer-Based National Career Assessment Examination (CB-NCAE) for School Year 2025-2026**, all public and private secondary school heads and school administrators are hereby requested to submit the required documentary reports on or before **February 20, 2026**.

2. As discussed during the orientation, upon completion of the CB-NCAE administration, all documentary reports shall be submitted to the Division Testing Coordinator for consolidation. The consolidated report shall then be forwarded to the Regional Office on or before **February 28, 2026**.

3. The link to the prescribed templates was provided during the orientation and school monitoring activities. For reference and guidance, hard copies of the templates are likewise enclosed in this memorandum.

4. During the conduct of monitoring, it was noted that there were learners who failed to take the test due to non-functioning, unverified accounts and passwords, previously used accounts with existing responses, unable to load images on screen, and other related technical issues. In this regard, all school IT coordinators are requested to accomplish the Google sheets form through the following link https://bit.ly/cbncae-non-takers on or before **February 20, 2026**.

5. For information and guidance.

**NYMPHA D. GUEMO**
Schools Division Superintendent

Address: Binatagan Ligao City, 4504
Telephone: (052) 485-2496
Email-Address: ligao.city@deped.gov.ph
Website: https://depedligaocity.net

# Form 3: List of Examinees

Testing Center/School:
Date of Examination:

| No. | Name | | | Session (AM/PM) |
|---|---|---|---|---|
| | Last Name | First Name | M.I. | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |

Test Administrator:

Name and Signature

ICT Coordinator

Name and Signature

Republic of the Philippines

# Department of Education

## Form 4: Attendance Sheet

| No. | Last Name | First Name | M.I. | Session (AM/PM) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |

**2025_CB-NCAE Form 5: Evaluation Form**

## FORM 5: EVALUATION FORM (PDF TEMPLATE)

**NCAE Computer-Based Evaluation Form**

- **Introduction:** This form serves as the official record on the conduct of the Computer-based National Career Assessment Examination (CB-NCAE) at the school level.
- **Objective:** To document the actual attendance of examinees, technical sufficiency of computer units during the assessment and suitability of the testing environment.
- **Purpose:** The collected data will be used by the Division Testing Coordinator (DTC) to generate the Form 5: Consolidated Division Report for the Bureau of Education Assessment (BEA).

**Respondent:** Test Administrator/ School Head
**Frequency:** One form per testing center/school

***Section 1: Testing Center Identification***

- Region: _____
- Division: _____
- Name of Testing Center (School Name): _____
- School ID: _____ (*Must match the School Header*)

***Section 2. Schedule of Administration:***

- Original scheduled dates: _____
- Actual dates conducted: _____
- Duration (No. of days): _____
- Were any delays encountered? (Yes/No):_____
- Reason of delays: _____
  _____

***Section 3: Testing Room Profile***

- Number of Batches Conducted Per Day: [ ] 1 [ ] 2
- Total Testing Rooms Used: _____
- Total Functional Devises Used: _____
  - Number of desktop computer used: _____
  - Number of laptops used: _____
  - Number of tablets used: _____
  - Number of personal devices used: _____

**2025_CB-NCAE Form 5: Evaluation Form**

***Section 4: Testing Environment Assessment***

*Directions: Assess the physical conditions of the computer laboratories/testing rooms.*

| Indicators | Evident | Not Evident | Remarks |
|---|---|---|---|
| 1. Ventilation: Is the testing room cool and well-ventilated to prevent equipment overheating? | | | |
| 2. Lighting: Is the room adequately lit and free of monitor glare/reflections? | | | |
| 3. Noise: Is the testing room quiet and free of distracting noise? | | | |
| 4. Workstation Layout: Is the arrangement of devices/units appropriate to ensure examinee privacy and prevent unauthorized viewing of screens? | | | |
| 5. Signage: Is the "Testing in Progress" sign clearly posted at the building/room entrance? | | | |
| 6. Directional Signs: Are there clear signs leading to the testing rooms and restrooms? | | | |
| 7. Safety: Is the testing room free from hazards (e.g., exposed or loose electrical wiring)? | | | |
| 8. Cleanliness: Is the testing area clean and free of unnecessary wall displays? | | | |

***Section 6: Attendance Data***

| | Male | Female | Total |
|---|---|---|---|
| Number of Expected Examinees | | | |
| Number of Actual Examinees | | | |
| Number of Absentees<br>*(Write "0" if all are present)* | | | |

**2025_CB-NCAE Form 5: Evaluation Form**

***Section 5: Pre-Test Technical Setup***

**System Diagnostics:** Did you run the required system diagnostic check on all computer units in this room? [ ]Yes [ ]No

**Peripherals Check:** Are all mice, keyboards, and screens functioning? [ ]Yes [ ]No

**Sanitation:** Were workstations sanitized prior to this batch? [ ]Yes [ ]No

***Section 7: Computer-Based Administration (Technical)***

- **Did any devices freeze/crash during the test?** [ ]Yes [ ]No
  - **If YES, how many units?**
    - Number of desktop computer: _____
    - Number of laptops: _____
    - Number of tablets: _____
    - Number of personal devices: _____
- **Did the internet connection fail at any point?** [ ]Yes [ ]No
- **Did an electricity interruption (blackout or brownout) occur during the test?** [ ]Yes [ ]No

***Section 8: Challenges Encountered & Solutions***

*Directions: Document specific incidents that occurred inside your testing room.*

- **Challenge Encountered:** (e.g., "Student at Terminal 5 was logged out automatically.")

  _____

  _____

  _____

- **Solution/Action Taken:** (e.g., "Refreshed browser, student resumed testing.")

  _____

  _____

  _____

- **Outcome:** [ ]Resolved [ ]Not Resolved

**2025_CB-NCAE Form 5: Evaluation Form**

***Section 9: RECOMMENDATIONS***

*Directions: Based on your experience, what specific changes do you suggest to improve future computer-based assessments? Focus on infrastructure, scheduling, or guidelines.*

_____
_____
_____
_____
_____

***Section 10: Certification***

- **Attestation:** I certify that the attendance numbers above are accurate and ready for consolidation.

- Signature Over Printed Name: _____
- Date: _____