



Republic of the Philippines
Department of Education

MIMAROPA REGION
SCHOOLS DIVISION OF PUERTO PRINCESA CITY

ICT UNIT TECHNICAL ASSISTANCE (TA) FORM

<p align="center">CLIENT INFORMATION</p> <p>First Name: _____ Last Name: _____ Office/School: _____ Date of Request: _____ Time of Request: _____</p> <p>If Applicable: District/Cluster: _____ School Head: _____ Contact No.: _____ ICT Coordinator: _____ Contact No.: _____</p> <p>For Information Systems Reset/Suspension/Deletion/Transfer: Middle Name: _____ DepED Email: _____</p> <p>Recovery Information: Personal E-Mail: _____ Permanent Mobile No.: _____</p>	<p>Short Description of your Request/Problems Encountered:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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---for the ICT Unit---

NATURE OF REQUEST	Hardware		Software		Network	Others
	1. Printer 2. System Unit 3. Monitor/Display	4. Internal 5. Peripherals 6. Connectors/Plugs/Power	7. OS 8. Drivers 9. Malware	10. Installation 11. Update 12. Files/Data	13. LAN Configuration 14. Router/Cables 15. Internet	16. DCP

FINDINGS	ITEM DESCRIPTION (Property Number)	SERIAL NO. (Please specify)	PROBLEM/ISSUE (Please specify)

ACTION TAKEN	
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STATUS/RECOMMENDATION:

GOOD/RETURNED CHECK FOR AUTHORIZED SERVICE CENTER FOR PART REPLACEMENT UNSERVICEABLE

CLIENT FEEDBACK (SDO Client):

Excellent (4)	Very Good (3)	Good (2)	Satisfactorily (1)

Date Finished: _____
 Time Finished: _____

Client:

 Signature Over Printed Name

Noted/Processed by:

RICHARD DEO D. FONDEVILLA
 Information Technology Officer I



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