Pupils’ Readiness on the Implementation of Expanded Face-to-Face Classes

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Abstract

The purpose of this study was to determine the level of pupils’ readiness on the implementation of the expanded face-to-face classes during the school year 2022-2023. Frequency, percentage, means, t-test for independent samples and one-way analysis of variance were used as statistical tools. The data gathered were processed and analyzed using the Statistical Package for the Social Sciences (SPSS). The findings of the study showed that the pupils are ready for the implementation of expanded face-to-face classes in terms of physical, psychosocial, and academic readiness. However, no significant difference exists in the level of physical and psychosocial readiness of the pupils in the implementation of expanded face-to-face classes. Similarly, no significant difference exists in the level of academic readiness of the pupils when they were classified according sex, presence of adult assisting the learner at home, general weighted average, distance of residence from school and occupation of parent except for age and grade level which showed high significant difference. No significant difference exists in the level of physical readiness of the pupils when they were classified according to nutritional status and vaccination status except for the presence of illness which showed a significant difference. Intervention programs such as academic remediation, physical examination, health and nutrition program, and psychosocial support activities are needed by the pupils for them to be fully ready to engage in the expanded face-to-face classes.

Keywords: Physical Readiness, Psychosocial Readiness, Academic Readiness Expanded Face-to-Face Classes

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Introduction

The emergence of Corona Virus Disease 2019 popularly known as COVID-19 had affected the usual classroom instruction in the field of education. According to the Department of Education (2020), education must continue. The pandemic cannot stop the continuity of learning. The quality of education should not be compromised. On the other hand, after two years of battling the COVID-19 through the vaccination roll-out in all corners of the country, the COVID-19 situation in the country is now at low risk. A memorandum dated Dec. 9, 2021, by the DepEd has directed all public and private schools to prepare for the implementation of the expanded phase of the face-to-face classes targeted to start in early 2022. Based on the memo, the expanded phase shall cover all grade levels from Kinder to Grade 12 (Tupas, 2021). Expanded face-to-face classes implementation in the Schools Division of Antique is the main target of most schools. This mechanism will allow exposure of learners to in-depth discussion of their lessons and the development of their basic skills. With that, the researcher conducted a research work on the pupils’ readiness on the implementation of expanded face-to-face classes. It will be a great milestone for the learners, teachers, parents, the school and the community to continue education in the new normal. This study can be used as baseline data that is useless in some decision-making pertaining to face-to-face classes.

This study aimed to ascertain the pupils’ readiness on limited face-to-face classes during the school year 2022-2023 in terms of health status and pupils’ level of readiness to attend the expanded face-to-face. The following hypotheses were tested:

1. There is no significant difference on the pupils’ level of readiness to attend the expanded face-to-face classes when grouped in terms of their personal profile.
2. There is no significant difference on the pupils’ level of readiness to attend the expanded face-to-face classes when grouped in terms of their health status.

Methodology

This research utilized descriptive-survey type of research. The data gathering tool that the researcher used in this study was a researcher-made questionnaire-checklists. The research instrument composed of four parts that was answered by the respondents. The Part I is about the personal information of the respondents such as age, sex, grade level, distance of residence from school, occupation of parents, presence of adult assisting the learner at home, general weighted average grade in previous school year, and health status.
On the other hand, the Part II, Part III, and Part IV of the instrument composed of items designed to determine the level of physical readiness, psychosocial readiness, and academic readiness of pupils on the implementation of expanded face-to-face classes using a Five-point Likert scale ranging from 1 (Strongly disagree), 2 (Disagree); 3 (Undecided), 4 (Agree), and 5 (Strongly agree). The instrument was based from the Revised School Safety Assessment Tool (SSAT) as indicated in the DepEd memorandum No. 30, series 2022.

The research instrument was pilot tested to establish its reliability and validity. The descriptive and inferential statistical tests employed in the analysis of the data obtained from the study were frequency, percentage, and mean as descriptive statistics while t-test and one way analysis of variance (ANOVA) as inferential statistical tools.Significance level for all inferential tests was set at .05. Data analyses were done using the Statistical Package for the Social Sciences (SPSS) software version 21.0. In the conduct of this study, all ethical guidelines pertinent to human participants are strictly observed including the principles of confidentiality and anonymity.

**Findings**

The pupils in this study are ready for the implementation of expanded face-to-face classes in terms of physical readiness, psychosocial readiness, and academic readiness. In addition, no significant difference exists in the level of physical readiness of the pupils in the implementation of expanded face-to-face classes when they were classified according sex, general weighted average, age, grade level, and distance of residence from school, and occupation of parent. However, a significant difference exists in the level of physical readiness of the pupils when they were classified according to presence of adult assisting the learner at home. Also, no significant difference exists in the level of psychosocial readiness of the pupils in the implementation of expanded face-to-face classes when they were classified according sex, presence of adult assisting the learner at home, distance of residence from school, and general weighted average. However, high significant difference exists in the level of psychosocial readiness of the pupils in the implementation of expanded face-to-face classes when they were classified according to age, grade level, and occupation of parent. Finally, the pupils in this study need to be provided with intervention program to make them conditioned for the expanded face-to-face classes.

**Conclusion**
The pupils in this study are well-prepared for the expanded face-to-face classes. They have manifested good physical, psychosocial, and academic attributes that made them comfortable and interested to be back in school through the expanded face-to-face classes. They are properly guided at home and by their teachers that made them prepared for their classes.

Regardless of sex, general weighted average, age, grade level, distance of residence from school, and occupation of parent’s pupils in this study are physically prepared and confident in participating to the expanded face-to-face classes. However, the presence of adult assisting the learners at home affects their readiness for schooling. Pupils with constant guidance and supervision of adults at home are at advantage since they are well-supported in their physical preparations for schooling.

Sex, presence of adult assisting the learner at home, general weighted average, distance of residence from school, and occupation of parents do not affect the academic preparedness of the pupils. On the other hand, age and grade level can influence the extent of their academic readiness. With good grades and higher grade level, the pupils are generally prepared for schooling.

Presence of illness among pupils influences their level of physical readiness for the expanded face-to-face classes. Pupils without the presence of illness are usually prepared for their academic activities. On the other hand, nutritional status and vaccination status of pupils are not related to the extent of their physical readiness for the face-to-face classes.

Intervention programs such as academic remediation, physical examination, health and nutrition program, and psychosocial support activities are needed by the pupils for them to be fully ready to engage in the expanded face-to-face classes.

References


