



Republic of the Philippines
Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA

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January 14, 2022

DIVISION MEMORANDUM
 No. 018, s. 2022

UPDATED GUIDELINES ON THE CONDUCT OF LEARNING AND DEVELOPMENT PROGRAMS AND ACTIVITIES IN THE SCHOOLS, DISTRICT AND DIVISION OFFICE

To: Chief Education Program Supervisors
 Education Program Supervisors
 Public Schools District Supervisors
 Education Program Specialists
 All Other Schools Division Office Personnel
 Public Elementary and Secondary School Heads
 Public Elementary and Secondary School Teachers
 Public Elementary and Secondary Non-teaching Personnel

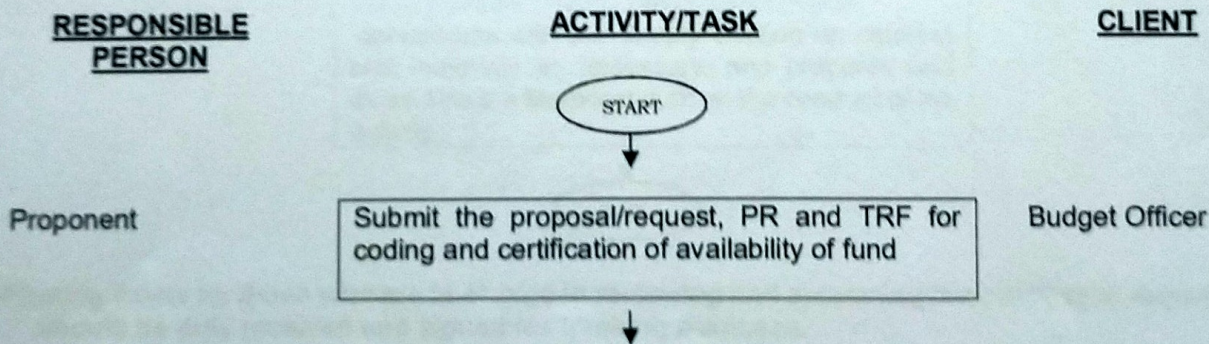
1. Pursuant to Division Memorandum 371, s. 2021 – **SDO Abra Contextualized Guidelines on Learning and Development Management**, for more efficient streamlined processes aligned to the Anti-Red Tape Authority (ARTA) and Republic Act 11032 or the *Ease of Doing Business and Efficient Government Service Delivery Act of 2018*, the following shall be observed to ensure proper guidance and effective implementation of learning and development activities.

- a. All learning and development programs, projects and activities like seminars, training, workshops shall address competency gaps based on the development plans and should be aligned to the DEDP, DAIP, AIP, SIP and other plans deemed necessary and to the Philippine Professional Standards for varied positions.
- b. The following processes and requirements in the conduct of all learning Programs, Projects, and Activities (PPAs) shall be observed and produced, respectively:

b.1. PRE-IMPLEMENTATION PHASE:

	ACTIVITY	IN-CHARGE	OUTPUT
1.	Preparation of Proposal or Request, Purchase Request (PR) and Transaction Routing Form (TRF) (see enclosures for templates)	Proponent	Learning Activity Proposal/Request and Purchase Request
2.	Submission for approval	Proponent	Approved/duly signed proposal/request and Purchase Request

PROCESS FLOW OF THE REVIEW AND APPROVAL (FOR SDO AND DISTRICT-BASED PROPOSALS/REQUESTS)



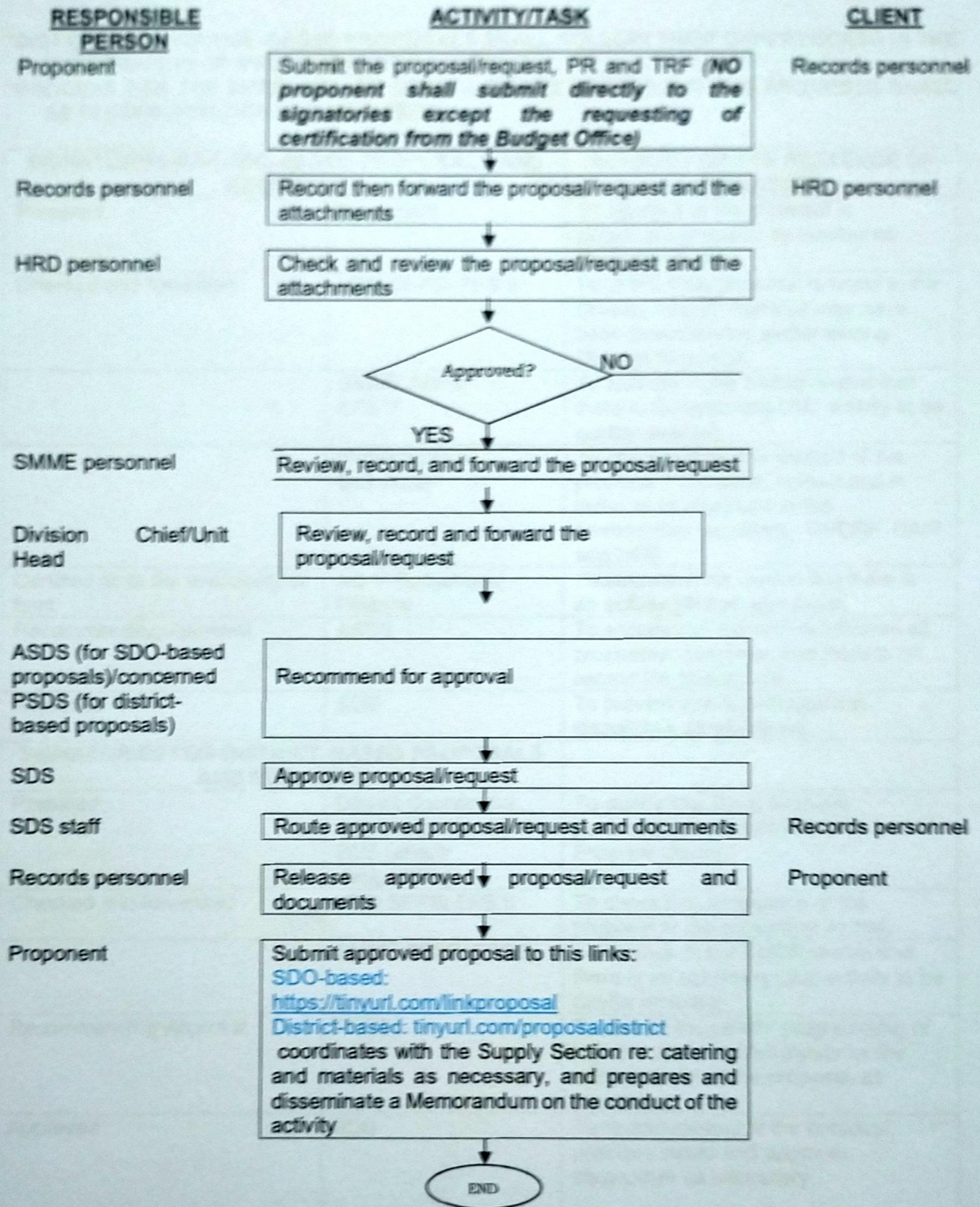
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***Routing forms by those who are in-charge in reviewing and approving the proposals/ requests should be duly received and signed for tracking purposes.**



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*DISTRICT AND SCHOOL-BASED PROPOSALS SHALL FOLLOW THEIR OWN PROCESS IN THE PREPARATION OF PROCUREMENT DOCUMENTS.
 *PROCESS FOR THE APPROVAL OF SCHOOL-BASED PROPOSALS AND REQUESTS SHALL BE IN COORDINATION WITH THE PSDS.

SIGNATORIES FOR SDO-BASED PROPOSALS AND REQUESTS		REASON FOR THE PRESENCE OF SIGNATURE
Prepared	Proponent	To signify that the proposal is personally prepared by him/her as Program Owner.
Checked and Reviewed	HRD SEPS/ EPS II	To check if the proposal is found in the Division HRMD Plan that may have been disseminated earlier among Division personnel.
	SMME SEPS/ EPS II	To indicate in the SMME record that there is an upcoming L&D activity to be quality assured.
	Division Chief/ Unit Head	To check and review content of the proposal if complete, correct and in order as to alignment in the professional standards, OPCRF, DAIP and WFP.
Certified as to the availability of fund	AO V-Budget and Finance	To indicate in his record that there is an activity allotted with funds
Recommending Approval	ASDS	To ensure that the activity followed all processes, templates and there is no reason for disapproval.
Approved	SDS	To provide inputs and approve/ disapprove as necessary.
SIGNATORIES FOR DISTRICT-BASED PROPOSALS AND REQUESTS		
Prepared	District Coordinator duly designated by the SDS (<i>attach designation</i>)	To signify that the proposal is personally prepared by him/her as Program Owner.
Checked and Reviewed	HRD SEPS/ EPS II	To check the compliance of the proposal to the prescribed format.
	SMME SEPS/ EPS II	To indicate in the SMME record that there is an upcoming L&D activity to be quality assured.
Recommending Approval	PSDS	To ensure the careful programming of logistics and provides inputs for the enhancement of the proposal, as necessary.
Approved	SDS	To review content of the proposal, provides inputs and approve/ disapprove as necessary.



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SIGNATORIES FOR SCHOOL-BASED PROPOSALS AND REQUESTS		
Prepared	Teacher/ School Head	To signify that the proposal is personally prepared by him/her as Program Owner.
Checked and Reviewed	School Head (<i>if the proposal is prepared by a teacher, disregard if prepared by the School Head</i>)	To ensure that the activity followed all processes, templates and there is no reason for disapproval.
Approved	PSDS	To review content of the proposal, provides inputs and approve/ disapprove as necessary.

*Reviewed and approved SCHOOL proposals/requests should be duly recorded by the PSDS in-charge. (see attached recording template in the enclosures).
 *List of Resource Speakers/Learning Facilitators, session guides and presentations shall also be looked into during the pre-implementation phase. Proponents shall request RPs/LFs to submit curriculum vitae.
 *For proponents of SDO and district-based PPAs who are physically unable to process the review and approval requirements, they may send the proposal to:
 SDO-based: <https://tinyurl.com/linkproposal>
 District-based: tinyurl.com/proposaldistrict

b.2. IMPLEMENTATION PHASE:

ACTIVITY	IN-CHARGE	OUTPUT
Preliminaries -tasking (<i>in-charge of registration/ attendance, distribution of food, etc. and other provisions for face to face and virtual platforms</i>) -Opening Program (<i>for face-to-face activities, include safety tips- what to do in case of emergencies, directions on the exit points of the venue</i>) -House Rules/Webiquettes -MOL groupings	Proponent and team	Minutes of Preliminaries conducted Needed documents (like 'Registration/Attendance Forms') complied/ready to be used Reminded the participants on safety tips/response mechanism in case of emergencies during the conduct of the activity Briefed the participants on the grouping and conduct of MOL
*Resource Speakers/Learning Facilitators SHALL integrate pre and post tests in conducting the training/seminar.		
Process Observation	HRD Section	Accomplished 'Process Observation Analysis Tool'
Learning Journal	-HRD Section -Proponent -Participants	Accomplished 'Learning Journal'
Session Evaluation	-SMME Section	Accomplished 'Evaluation Forms'



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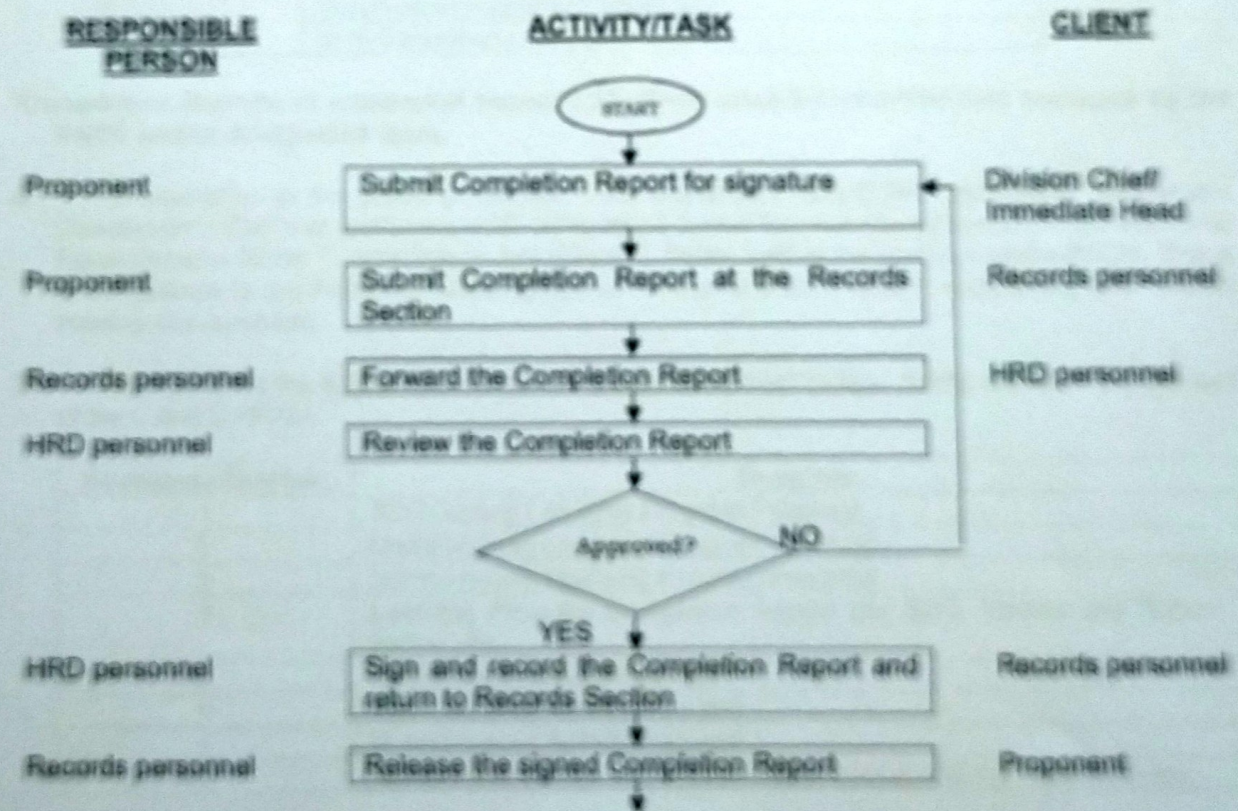
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 Komisyon sa Edukasyon sa Pilipinas
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End of Learning Program Evaluation	Participants	
Debriefing	HRD and SA/RE Sections	Conducted debriefing to enhance the succeeding conducts of learning PPAs
*Conduct of school learning and development PPAs shall be monitored by the PSDS and/or designated team.		

5.3. POST IMPLEMENTATION PHASE:

ACTIVITY	IN-CHARGE	OUTPUT
Preparation of Certificate of Participation and Recognition (see enclosures for the templates) **The Learning Journals should be attached in the certificates for the School Head, PSDS or SDS' signature	-Proponent and team -Certificate signatories	Signed Certificates of Participation and Recognition
Preparation of Completion Report (see enclosures for template and attachments)	Proponent and team	Completion Report
Submission of Completion Report		Submitted Completion Report (one (1) week after the conduct of the activity)

PROCESS FLOW IN THE SUBMISSION OF COMPLETION REPORTS



Address:
 Telephone No.:
 Website:
 E-mail:

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 (074)614-8918
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abra@deped.gov.ph



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RESPONSIBLE PERSON

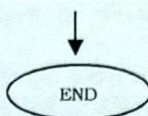
ACTIVITY/TASK

CLIENT

Proponent

Scan the Completion Report and submit thru:
 SDO-based:
<https://tinyurl.com/sdocompletion>
 District-based: tinyurl.com/completiondistrict

Fill-out the following links for SDO monitoring of conducted L and D:
 -conducted SDO L and D activities: bit.ly/DivisionLnD
 -conducted District L and D activities: bit.ly/DistrictLnD



3. For SDO monitoring of conducted school L and D activities, kindly fill-in the required information thru the following links:

Elementary	tinyurl.com/proposalelementary
	tinyurl.com/completionelementary
	bit.ly/ElementaryLnD
Secondary	tinyurl.com/proposalhighschool
	tinyurl.com/completionhighschool
	bit.ly/SecondaryLnD

***Completion Reports of conducted school L&D PPAs shall be recorded and managed by the PSDS and/or designated team.**

4. In exemption to the above guidelines, if the SCHOOL L and D PPA pertains to Gender and Development (GAD) or contains a GAD component, it shall be reviewed by any of the Division GAD Focal Persons (Eden T. Adriatico or Jan Nowel E. Peña) before the approval of the PSDS. This is in compliance to the Philippine Commission on Women's (PCW) rules in conducting GAD related training and seminars.

5. Enclosed are the following templates to be accomplished before, during and after the conduct of the L and D PPAs:

Enclosure Number	Template
1	SDO- based Learning Program Proposal
2	District-based Learning Program Proposal
3	School-based Learning Program Proposal
4	Learning Program Completion Report (for SDO, District and School-based LPs)
5	SDO-based Activity Request
6	District-based Activity Request
7	School-based Activity Request
8	Activity Completion Report (for SDO, District and School-based Ars)



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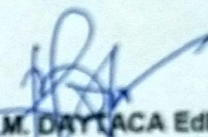
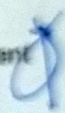
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SCHOOLS DIVISION OFFICE OF ABRA

9	Registration Form
10	Attendance Sheet
11	Process Observation Tool
12	Certificate of Participation
13	Certificate of Recognition
14	Learning Journal
15	Log sheet of School-based L and D PPAs (for PSDSs)
Evaluation Tools	
16	GAME Form A- Training Program Design Evaluation
17	Session Evaluation
18	Program Evaluation
19	Online evaluation Tool

***The Learning Program Proposal template is to be used when conducting training, seminar, workshops and similar activities aimed at developing or strengthening competencies or addressing performance gaps.

***The Activity Request template is to be used when conducting meetings, half or one day orientations or similar engagements aimed at disseminating/updating information.

6. Previous guidelines and agreements on the preparation, conduct and reporting of learning and development PPAs are hereby rescinded by this Memorandum.
7. For widest and immediate dissemination and compliance.


BENILDA M. DAYTACA EdD, CESO VI
 Assistant Schools Division Superintendent
 OIC-Office of the Schools Division Superintendent 

Encls.: As stated

SGOD/HRDS/ETA
 DM-Updated Guidelines on the Conduct of Learning and Development Programs and Activities in the Schools,
 District and Division Office



Address: Actividad-Economica St., Zone 2, Bangued, Abra
 Telephone No.: (074)614-6916
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 SCHOOLS DIVISION OFFICE OF ABRA

Enclosure 1 to DM 012, s. 2022

**SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
 HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)**

SDO-BASED LEARNING PROGRAM PROPOSAL
 Division/Section/Unit: _____

Date: _____ Tracking/Control # (to be assigned by the HRDS): _____

I. TITLE	
II. PROPONENT	(name and position)
III. DATE/S	
IV. PLATFORM/ VENUE (if face to face)	
IV. PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads) Total number of participants: _____
V. RATIONALE	Guides in crafting the Rationale: <i>(must include legal basis/es, should have "gender lens" – e.g., use of terms like men and women, boys and girls, cite sex disaggregated data (SDD) like number of men/women, boys/girls in need of the training/seminar and the like, results of survey and other learning needs assessment tool/s)</i>
VI. OBJECTIVES	Guides in formulating the objectives: <i>(must have TERMINAL/GENERAL and ENABLING/SPECIFIC objectives, should be SMART and reflect specific behavior or performance the PARTICIPANTS should be able to demonstrate)</i>
VII. TARGET COMPETENCY	(Example: Core Behavioral Competencies, please refer to the Competency Matrix) - Self-management - Professionalism and Ethics)
VIII. ALIGNMENT TO THE OPCRf (SDO/School)	KRA Objective



Address: Actividad-Economia St., Zone 2(Consiliman), Bangued, Abra
Telephone Nos.: 074) 614-6918
Email Address: abra@deped.gov.ph
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<p>IX. ALIGNMENT TO THE PROFESSIONAL STANDARDS <i>(will depend if the PPA is for Teachers, School Head, Supervisor)</i></p> <ul style="list-style-type: none"> ▪ For teachers – DO 42, s. 2017 – PPST ▪ For School Heads – DO 24, s. 2020 ▪ For Supervisors – DO 25, s. 2020 	<p>Domain</p> <p>Strand</p>												
<p>X. MATRIX OF ACTIVITIES and LIST OF RESOURCE PERSONS</p> <p><i>***pls. include pre and post tests as appropriate***</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">DAY and TIME</th> <th style="width:40%;">TOPIC/ACTIVITY</th> <th style="width:40%;">RESOURCE PERSON/IN-CHARGE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DAY and TIME	TOPIC/ACTIVITY	RESOURCE PERSON/IN-CHARGE									
DAY and TIME	TOPIC/ACTIVITY	RESOURCE PERSON/IN-CHARGE											
<p>XI. METHODOLOGY</p>													
<p>XII. MANAGEMENT TEAM/Learning Facilitators/ QATAME in-charge</p> <p><i>*** ALWAYS include one (1) slot each for HRD and SMME personnel for quality assurance and one (1) health personnel for face to face activities***</i></p>													
<p>BUDGETARY REQUIREMENTS</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">Particulars</th> <th style="width:10%;">Unit</th> <th style="width:20%;">Price/unit</th> <th style="width:30%;">Total</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Particulars	Unit	Price/unit	Total								
Particulars	Unit	Price/unit	Total										
<p>Grand Total:</p>													
<p>Certified as to the availability of fund: _____ AO V for Budget and Finance</p>													
<p>Prepared by:</p>	<p>(Proponent name over signature and position - bold, all caps)</p> <p>Date signed: _____</p>												





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Checked and Reviewed:	HRD SEPS Date: _____
	SMME SEPS Date: _____
	Division Chief/Unit Head of the Proponent Date: _____
Recommending Approval:	ASDS Date: _____
Approved:	SDS Date: _____





Republic of the Philippines
Department of Education
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Certificates • Participation • Recognition		
Evaluation and Learning Insights	SMME/HRD Section	
Learning Program Completion Report		
For the following items, please indicate if compliant or not compliant/evident or not evident. If not compliant or not evident, state other options/remarks to comply with the standards:		
TRAINERS/LEARNING FACILITATORS:	In-charge:	
	C/NC – E/NE	REMARKS
Have professional experience		
Possess expertise in the learning program content area		
Have attended the Training of Trainers (TOT)/relevant learning program		
Physically fit		
Have facilitating skills		
Are prepared with PowerPoint presentation, Session Guides, and other support materials		
PARTICIPATION AND CLASS ORGANIZATION:	In-charge:	
	C/NC – E/NE	REMARKS
Participation is based on equal opportunity principle regardless of age, sex/gender, ethnicity and the like of target participants		
Participation maximizes representation from target groups		
Standard procedure for substitution is clear		

Prepared: _____
 (Program Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
 (Immediate Head - signature over printed name and position)

Date signed: _____





Republic of the Philippines
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Enclosure 2 to DM 018, s. 2022

**SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
 HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)**

DISTRICT-BASED LEARNING PROGRAM PROPOSAL

District: _____

Date: _____ Tracking/Control # (to be assigned by the HRDS): _____

I. TITLE	
II. PROPONENT	(name and position)
III. DATE/S	
IV. PLATFORM/ VENUE (if face to face)	
V. PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads) Total number of participants: _____
VI. RATIONALE	Guides in crafting the Rationale: <i>(must include legal basis/es, should have "gender lens" – e.g., use of terms like men and women, boys and girls, cite sex disaggregated data (SDD) like number of men/women, boys/girls in need of the training/seminar and the like, results of survey and other learning needs assessment tool/s)</i>
VII. OBJECTIVES	Guides in formulating the objectives: <i>(must have TERMINAL/GENERAL and ENABLING/SPECIFIC objectives, should be SMART and reflect specific behavior or performance the PARTICIPANTS should be able to demonstrate)</i>
VIII. TARGET COMPETENCY	(Example: Core Behavioral Competencies, please refer to the Competency Matrix) - Self-management - Professionalism and Ethics)





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SCHOOLS DIVISION OFFICE OF ABRA

Checked and Reviewed:	HRD SEPS Date: _____
	SMME SEPS Date: _____
Recommending Approval:	ASDS Date: _____
Approved:	SDS Date: _____





Republic of the Philippines
Department of Education
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 SCHOOLS DIVISION OFFICE OF ABRA

District _____

CHECKLIST OF LEARNING PROGRAM REQUIREMENTS

LP Title: _____

Date of conduct: _____

ITEMS	IN-CHARGE	REMARKS <i>(indicate complied or not complied/evident or not evident, as relevant in each of the item or status of the requirement)</i>
PRE-IMPLEMENTATION:		
Learning Proposal		
Memorandum		
Training Matrix		
Planning Meeting		
Pre-online Registration <i>(if applicable - should include sex and gender and cell phone number of the participants aside from other basic information)</i> Sex (M/F) Gender (optional) <i>(this is to apply gender sensitivity, there might be participants who are willing to disclose their gender identity)</i> CP number		
Opening Program		
Closing Program		
List of Resource Speakers /Learning Facilitators		
Invitation Letters (if applicable)		
Purchase Request (if applicable)		
Menu	N/A (during the quarantine)	
Materials (if applicable)		
Vehicle (if applicable)		
Token/Honorarium (if applicable)		
DURING THE IMPLEMENTATION:		
ICT facility in-charge		
Online Attendance		
Secretariat/Documentation		
Webinar Host <i>(if applicable - ensures that the participants abide by the webinar guidelines/protocols and serves as moderator in the conduct of the webinar)</i>		
POST IMPLEMENTATION:		



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Certificates • Participation • Recognition		
Evaluation and Learning Insights		
Learning Program Completion Report		
For the following items, please indicate if compliant or not compliant/evident or not evident. If not compliant or not evident, state other options/remarks to comply with the standards:		
TRAINERS/LEARNING FACILITATORS:	In-charge:	
	C/NC – E/NE	REMARKS
Have professional experience		
Possess expertise in the learning program content area		
Have attended the Training of Trainers (TOT)/relevant learning program		
Physically fit		
Have facilitating skills		
Are prepared with PowerPoint presentation, Session Guides, and other support materials		
PARTICIPATION AND CLASS ORGANIZATION:	In-charge:	
	C/NC – E/NE	REMARKS
Participation is based on equal opportunity principle regardless of age, sex/gender, ethnicity and the like of target participants		
Participation maximizes representation from target groups		
Standard procedure for substitution is clear		

Prepared: _____
 (Program Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
 (PSDS - signature over printed name)

Date signed: _____





Republic of the Philippines
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 SCHOOLS DIVISION OFFICE OF ABRA

Enclosure 3 to DM 018, s. 2022

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
 HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

SCHOOL-BASED LEARNING PROGRAM PROPOSAL
 School: _____

I.	TITLE	
II.	PROPONENT	(name and position)
III.	DATE/S	
IV.	PLATFORM/ VENUE (if face to face)	
V.	PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads) Total number of participants: _____
VI.	RATIONALE	Guides in crafting the Rationale: <i>(must include legal basis/es, should have "gender lens" – e.g., use of terms like men and women, boys and girls, cite sex disaggregated data (SDD) like number of men/women, boys/girls in need of the training/seminar and the like, results of survey and other learning needs assessment tool/s)</i>
VII.	OBJECTIVES	Guides in formulating the objectives: <i>(must have TERMINAL/GENERAL and ENABLING/SPECIFIC objectives, should be SMART and reflect specific behavior or performance the PARTICIPANTS should be able to demonstrate)</i>
VIII.	TARGET COMPETENCY	(Example: Core Behavioral Competencies, please refer to the Competency Matrix) - Self-management - Professionalism and Ethics)
IX.	ALIGNMENT TO THE OPCRF (School Head)	KRA Objective





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 SCHOOLS DIVISION OFFICE OF ABRA

X. ALIGNMENT TO THE PROFESSIONAL STANDARDS (will depend if the PPA is for Teachers, School Head, Supervisor) For teachers – DO 42, s. 2017 – PPST	Domain Strand			
XI. MATRIX OF ACTIVITIES and LIST OF RESOURCE PERSONS XII. ***pls. include pre and post tests as appropriate***	DAY and TIME	TOPIC/ACTIVITY	RESOURCE PERSON/IN-CHARGE	
XIII. METHODOLOGY				
XIV. MANAGEMENT TEAM/Learning Facilitators/ QATAME in-charge				
BUDGETARY REQUIREMENTS	Particulars	Unit	Price/unit	Total
Grand Total:				
Prepared by:	(Proponent name over signature and position - <i>bold, all caps</i>) Date signed: _____			
Checked and Reviewed:	School Head (if the proponent is a teacher, DISREGARD this part if the proponent is a school head)			
Reviewed and Approved: (if prepared by a school head) Approved: (if prepared by a teacher)	PSDS			





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Department of Education
 Cordillera Administrative Region
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School _____

CHECKLIST OF LEARNING PROGRAM REQUIREMENTS

LP Title: _____

Date of conduct: _____

ITEMS	IN-CHARGE	REMARKS <i>(indicate complied or not complied/evident or not evident, as relevant in each of the item or status of the requirement)</i>
PRE-IMPLEMENTATION:		
Learning Proposal		
Memorandum		
Training Matrix		
Planning Meeting		
Pre-online Registration <i>(if applicable- should include sex and gender and cell phone number of the participants aside from other basic information)</i> Sex (M/F) Gender (optional) <i>(this is to apply gender sensitivity, there might be participants who are willing to disclose their gender identity)</i> CP number		
Opening Program		
Closing Program		
List of Resource Speakers /Learning Facilitators		
Invitation Letters (if applicable)		
Purchase Request (if applicable)		
Menu	N/A (during the quarantine)	
Materials (if applicable)		
Vehicle (if applicable)		
Token/Honorarium (if applicable)		
DURING THE IMPLEMETATION:		
ICT facility in-charge		
Online Attendance (if applicable)		
Secretariat/Documentation		
Webinar Host <i>(if applicable- ensures that the participants abide by the webinar guidelines/protocols and serves as moderator in the conduct of the webinar)</i>		



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Telephone Nos.: 074) 614-6918
Email Address: abra@deped.gov.ph
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POST IMPLEMENTATION:		
Certificates		
<ul style="list-style-type: none"> • Participation • Recognition 		
Evaluation and Learning Insights		
Learning Program Completion Report		
For the following items, please indicate if compliant or not compliant/evident or not evident, if not compliant or not evident, state other options/remarks to comply with the standards:		
TRAINERS/LEARNING FACILITATORS:	In-charge:	
	C/NC – E/NE	REMARKS
Have professional experience		
Possess expertise in the learning program content area		
Have attended the Training of Trainers (TOT)/relevant learning program		
Physically fit		
Have facilitating skills		
Are prepared with PowerPoint presentation, Session Guides, and other support materials		
PARTICIPATION AND CLASS ORGANIZATION:	In-charge:	
	C/NC – E/NE	REMARKS
Participation is based on equal opportunity principle regardless of age, sex/gender, ethnicity and the like of target participants		
Participation maximizes representation from target groups		
Standard procedure for substitution is clear		

Prepared: _____
 (Program Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
 (Immediate Head - signature over printed name and position)

Date signed: _____





Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA

Enclosure 4 – DM 018, s. 2022

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

LEARNING PROGRAM COMPLETION REPORT

DIVISION/DISTRICT/SCHOOL: _____ Date: _____

I. Title of Learning Program				
II. Date of Implementation				
III. Venue/Platform (if virtual)				
IV. Learning Program Objectives				
V. Key Results				
VI. Participants	Position/s	# of males	# of females	Total
VII. Total Expenditure				

Attachments:

1. Approved Learning Program Proposal
2. Registration/Attendance Sheet
3. Evaluation Results



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4. List of participants with issued control number of participants
5. List of participants with issued control number of resource persons
6. Pictorials

Prepared by: (proponent)

Signature over printed name

Position

Noted: (immediate supervisor/division chief/school head)

Signature over printed name

Position



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Enclosure 5 to DM _____, s. 2022

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

SDO-BASED ACTIVITY REQUEST
 Division/Section/Unit: _____

Date: _____ Tracking/Control # (to be assigned by the HRDS): _____

I.	TITLE				
II.	PROPONENT	(name and position)			
III.	OBJECTIVES				
IV.	DATE/S				
V.	PLATFORM/ VENUE (if face to face)				
VI.	PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads)			
		Total number of participants: _____			
VII.	ALIGNMENT TO THE OPCRF (SDO/School)	KRA Objective			
VIII.	MANAGEMENT TEAM/Learning Facilitators/ QATAME in-charge				
	<i>*** ALWAYS include one (1) slot each for HRD and SMME personnel for quality assurance and one (1) health personnel for face to face activities ***</i>				
IX.	BUDGETARY REQUIREMENTS	Particulars	Unit	Price/unit	Total





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Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA

Grand Total:	
Certified as to the availability of fund: _____ AO V for Budget and Finance	
Prepared by:	(Proponent name over signature and position - <i>bold, all caps</i>) Date signed: _____
Checked and Reviewed:	HRD SEPS Date: _____
	SMME SEPS Date: _____
	Division Chief/Unit Head of the Proponent Date: _____
Recommending Approval:	ASDS Date: _____
Approved:	SDS Date: _____





Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OFFICE OF ABRA

Division/Section/Unit

CHECKLIST OF ACTIVITY REQUIREMENTS

Title: _____

Date of conduct: _____

ITEMS	IN-CHARGE	REMARKS <i>(indicate complied or not complied/evident or not evident, as relevant in each of the item or status of the requirement)</i>
PRE-IMPLEMENTATION:		
Learning Proposal		
Memorandum		
Training Matrix		
Planning Meeting		
Pre-online Registration <i>(if applicable - should include sex and gender and cell phone number of the participants aside from other basic information)</i> Sex (M/F) Gender (optional) <i>(this is to apply gender sensitivity, there might be participants who are willing to disclose their gender identity)</i> CP number		
Opening Program (if applicable)		
Closing Program (if applicable)		
List of Resource Speakers/ Facilitators (if applicable)		
Invitation Letters (if applicable)		
Purchase Request (if applicable)		
Menu	N/A (during the quarantine)	
Materials (if applicable)		
Vehicle (if applicable)		
Token/Honorarium (if applicable)		
DURING THE IMPLEMENTATION:		
ICT facility in-charge		
Online Attendance (if applicable)		
Secretariat/Documentation		
Online Host <i>(if applicable- ensures that the participants abide by the online activity guidelines/protocols and serves as moderator in the conduct of the activity)</i>		
POST IMPLEMENTATION:		



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Certificates <ul style="list-style-type: none">• Participation• Recognition		
Evaluation	SMME/HRD Section	Complied – Evaluation and Learning Insight form
Activity Completion Report		

Prepared: _____
(Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
(Immediate Head - signature over printed name and position)

Date signed: _____



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Enclosure 6 to DM 018, s. 2022

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

DISTRICT-BASED ACTIVITY REQUEST
 DISTRICT: _____

Date: _____ Tracking/Control # (to be assigned by the HRDS): _____

I.	TITLE				
II.	PROPONENT	(name and position)			
III.	OBJECTIVES				
IV.	DATE/S				
V.	PLATFORM/ VENUE (if face to face)				
VI.	PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads) Total number of participants: _____			
VII.	ALIGNMENT TO THE OPCRF (SDO/School)	KRA Objective			
VIII.	MANAGEMENT TEAM/Learning Facilitators/ QATAME in-charge				
IX.	BUDGETARY REQUIREMENTS	Particulars	Unit	Price/unit	Total



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Grand Total:	
Certified as to the availability of fund: _____ AO V for Budget and Finance	
Prepared by:	(Proponent name over signature and position - <i>bold, all caps</i>) Date signed: _____
Checked and Reviewed:	HRD SEPS Date: _____
	SMME SEPS Date: _____
	Division Chief/Unit Head of the Proponent Date: _____
Recommending Approval:	ASDS Date: _____
Approved:	SDS Date: _____





Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OFFICE OF ABRA

District _____

CHECKLIST OF ACTIVITY REQUIREMENTS

Title: _____

Date of conduct: _____

ITEMS	IN-CHARGE	REMARKS <i>(indicate complied or not complied/evident or not evident, as relevant in each of the item or status of the requirement)</i>
PRE-IMPLEMENTATION:		
Learning Proposal		
Memorandum		
Training Matrix		
Planning Meeting		
Pre-online Registration <i>(should include sex and gender and cell phone number of the participants aside from other basic information)</i> Sex (M/F) Gender (optional) <i>(this is to apply gender sensitivity, there might be participants who are willing to disclose their gender identity)</i> CP number		
Opening Program (if applicable)		
Closing Program (if applicable)		
List of Resource Speakers/ Facilitators (if applicable)		
Invitation Letters (if applicable)		
Purchase Request (if applicable)		
Menu	N/A (during the quarantine)	
Materials (if applicable)		
Vehicle (if applicable)		
Token/Honorarium (if applicable)		
DURING THE IMPLEMENTATION:		
ICT facility in-charge		
Online Attendance (if applicable)		
Secretariat/Documentation		
Online Host <i>(if applicable- ensures that the participants abide by the online activity guidelines/protocols and serves as moderator in the conduct of the activity)</i>		
POST IMPLEMENTATION:		





Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA

Certificates • Participation • Recognition		
Evaluation		
Activity Completion Report		

Prepared: _____
(Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
(Immediate Head - signature over printed name and position)

Date signed: _____



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Enclosure 7 to DM 018, s. 2022

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

SCHOOL-BASED ACTIVITY REQUEST

School: _____

Date: _____

I.	TITLE				
II.	PROPONENT	(name and position)			
III.	OBJECTIVES				
IV.	DATE/S				
V.	PLATFORM/ VENUE (if face to face)				
VI.	PARTICIPANTS	(Please indicate positions and number of participants – e.g. 30 School Heads)			
		Total number of participants: _____			
VII.	ALIGNMENT TO THE OPCRF (SDO/School)	KRA Objective			
VIII.	MANAGEMENT TEAM/Learning Facilitators/ QATAME in-charge				
IX.	BUDGETARY REQUIREMENTS	Particulars	Unit	Price/unit	Total





Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OFFICE OF ABRA

Grand Total:	
Certified as to the availability of fund: _____ AO V for Budget and Finance	
Prepared by: (Proponent name over signature and position - <i>bold, all caps</i>) Date signed: _____	
Checked and Reviewed: School Head (if the proponent is a teacher, DISREGARD this part if the proponent is a school head) Date: _____	
Reviewed and Approved: (if prepared by a school head) Approved: (if prepared by a teacher)	PSDS Date: _____





Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OFFICE OF ABRA

School _____

CHECKLIST OF ACTIVITY REQUIREMENTS

Title: _____

Date of conduct: _____

ITEMS	IN-CHARGE	REMARKS <i>(indicate complied or not complied/evident or not evident, as relevant in each of the item or status of the requirement)</i>
PRE-IMPLEMENTATION:		
Learning Proposal		
Memorandum		
Training Matrix		
Planning Meeting		
Pre-online Registration (<i>should include sex and gender and cell phone number of the participants aside from other basic information</i>) Sex (M/F) Gender (optional) <i>(this is to apply gender sensitivity, there might be participants who are willing to disclose their gender identity)</i> CP number		
Opening Program (if applicable)		
Closing Program (if applicable)		
List of Resource Speakers/ Facilitators (if applicable)		
Invitation Letters (if applicable)		
Purchase Request (if applicable)		
Menu	N/A (during the quarantine)	
Materials (if applicable)		
Vehicle (if applicable)		
Token/Honorarium (if applicable)		
DURING THE IMPLEMENTATION:		
ICT facility in-charge		
Online Attendance (if applicable)		
Secretariat/Documentation		
Online Host (<i>if applicable- ensures that the participants abide by the online activity guidelines/protocols and serves as moderator in the conduct of the activity</i>)		
POST IMPLEMENTATION:		



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Certificates <ul style="list-style-type: none">• Participation• Recognition		
Evaluation		
Activity Completion Report		

Prepared: _____
(Proponent -signature over printed name and position)

Date signed: _____

Noted: _____
(Immediate Head - signature over printed name and position)

Date signed: _____



Address: Actividad-Economia St., Zone 2(Consiliman), Bangued, Abra
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Enclosure 8 – DM 018, s. 2022

**SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
 HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)**

ACTIVITY COMPLETION REPORT

Date: _____ DIVISION/SECTION/SCHOOL: _____

I.	Title of Activity				
II.	Date/s of Implementation				
III.	Venue				
IV.	Participants	Position	# of males	# of females	Total
V.	Total Expenditure				
Remarks (significant output or issues/concerns, agreements and the like)					

Attachments:

1. Approved Activity Request
2. Registration/Attendance Sheet
3. Evaluation Results
4. Pictorials
5. List of Participants and issued control numbers of certificates of participation (if applicable)
6. List of Speakers/LFs and issued control numbers of certificates of recognition (if applicable)

Prepared by: (proponent)

Signature over printed name
 Position

Noted: (immediate supervisor/division chief/school head)
 Signature over printed name

Copy received: _____ (for SDO activities only)
 SEPS/EPS II – HRDS



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PROCESS OBSERVATION TOOL

(To be accomplished by individual class monitors on per session basis; Observations are to be validated with the session-facilitator evaluation of participants. The observations will be the basis for debriefing sessions for action by the management team.)

GENERAL INFORMATION			
Program/Activity Monitored			
Division/District/School		Learning Area	
Learning Service Provider		Number of Participants	
Venue		Number of Trainers	
Inclusive Dates		Date Observed	

SESSION:	FACILITATOR/RESOURCE PERSON:			
1. Session CONTENT	Strongly Agree	Agree	Disagree	Strongly Disagree
▪ Objectives were presented				
▪ Activities were congruent to objectives				
▪ Substantial input was given				
▪ Key messages were clear				
▪ Objectives were achieved				
2. Session PROCESS	<i>How was the session conducted?</i>			
▪ Methodology was appropriate for adult learners				
▪ Participants were engaged				
▪ Stimulating questions were asked				
▪ Workshop output was processed (if any)				
3. Session ATMOSPHERE	<i>What was the general environment in the group?</i>			
	Informal	<<	>>	Formal
<i>(This refers to participants)</i>	Low energy	<<	>>	High Energy
	Hostile	<<	>>	Supportive
	Inhibited/Tense	<<	>>	Open/Relaxed
4. PARTICIPATION of Trainees	<i>How engaged were participants in the session?</i>			
	Only facilitator/ speaks talked	Few people talked	Most people talked	

	Group was apathetic	<<	>>	Group was involved
	Group was divided	<<	>>	Group was united

Other significant observations: Visual - (I see), Auditory (I hear -Verbatim), I Think (analysis/informed interpretation)/Over-all session observation

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Name and signature of Monitor (Last Name, First Name, MI)

Division/District/School

Date



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Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA
Bangued, Abra

Certificate of Participation

This certificate is awarded to

_____ for her/his active participation during the **(title of the LP/Activity)** conducted on **(Date)** at the at the **(venue)** or via **(online platform)**.

Reference: **(Division/District/School Memorandum No. and series)**
Number of Hours: _____

Given this (date), at the (venue).

For SDO and District-initiated PPAs, to be signed by the SDO
For school-initiated PPAs, PAs



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SCHOOLS DIVISION OFFICE OF ABRA
Bangued, Abra

Certificate of Recognition

This certificate is awarded to

_____ for being the **RESOURCE SPEAKER** during the **(title of the LP/Activity)** conducted on **(Date)** at the **(venue/ platform/for online)**.

Reference: **(Division Memorandum No. and series)**
Number of Hours: _____

Given this (date), at the **(venue)**.

For SDO and District-initiated PPAs, to be signed by the SDS
For school-initiated PPAs, PSDS



Republic of the Philippines
Department of Education
 Cordillera Administrative Region
 SCHOOLS DIVISION OFFICE OF ABRA

SCHOOL GOVERNANCE AND OPERATIONS DIVISION (SGOD)
 HUMAN RESOURCE DEVELOPMENT SECTION (HRDS)

LEARNING JOURNAL

Title of Activity: _____

Date: _____ Venue/Modality: _____

Name: _____ Position: _____ Official Station: _____

Insights/Learnings	WAYS FORWARD <i>(How are you going to apply what you have learned?)</i>

Comments/Suggestions/Recommendations:

Signature over printed name of participant





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Department of Education
 Division Office - Marikina City
SCHOOLS DIVISION OFFICE OF ABRIZO

OXFORD FORM 1
TRAINING PROGRAM DESIGN EVALUATION

Title of the Training Program: _____
Target Participants: _____
Proposer: _____

Division: _____
Number of Participants: _____

Directions: Rate the Training Design along the following statements by ticking/checking the column that corresponds to your rating with 4 as the highest rating. Also, write your comments and suggestions below to further improve the Session Guide. Thank you.

Standard	4	3	2	1
1. The training program is aligned to agency's strategic direction and priorities (IPED, SPPD, WPPD, RPNS)				
2. The training program is based on competency-based needs assessment (e.g. NCBS, SCBS, RMPS)				
3. Training methodologies are appropriate to attainment of the training objectives (KAs, Workshop, etc.)				
4. The training design follows standard format				
5. Identification of participants promotes inclusiveness and equity				
6. Rationale, objectives, competencies being addressed are aligned and relevant to DepEd goals and objectives				
7. Topics cover all competencies to be developed				
8. Content sequence is logical				
9. The resource package/s (session guide, presentation materials/slides, training materials, manuals, etc.) is/are complete, comprehensive and consistent				
10. Schedule of activities is appropriately sequenced and timed				
11. Expected outputs are clear and may be accomplished within reasonable time				
12. Support materials and equipment identified adequately support the program				
13. The training design shows how the participants can apply the KAs learned from the program				
14. The training program is ICT-supported				

Comments and Suggestions to Improve the Program/Training Design:

Overall Rating: _____ Recommended Action: Approval/Disapproval

Name and Signature of Evaluator: _____ Date: _____



Republic of the Philippines
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 Cordillera Administrative Region
SCHOOLS DIVISION OFFICE OF ABRA

QAME Form A
TRAINING PROGRAM DESIGN EVALUATION

Title of the Training Program:
Target Participants:
Proponent:

Duration:
Number of Participants:

Directions: Rate the Training Design along the following standards by ticking/checking the column that corresponds to your rating with 4 as the highest rating. Also, write your comments and suggestions below to further improve the Session Guide. Thank you.

Standard	4	3	2	1
1. The training program is aligned to agency's strategic direction and priorities (IPPD, SPPD, MPPD, RPMS)				
2. The training program is based on competency-based needs assessment (e.g. NCBTS, NCBSSH, RMPS)				
3. Training methodologies are appropriate to attainment of the training objectives (4As, Workshop, etc.).				
4. The training design follows standard format				
5. Identification of participants promotes inclusiveness and equity				
6. Rationale, objectives, competencies being addressed are aligned and relevant to DepEd goals and objectives				
7. Topics cover all competencies to be developed				
8. Content sequence is logical				
9. The resource package/s (session guide, presentation materials/videos, training materials, manuals, etc.) is/are complete, comprehensive and consistent				
10. Schedule of activities is appropriately sequenced and timed				
11. Expected outputs are clear and may be accomplished within reasonable time				
12. Support materials and equipment identified adequately support the program				
13. The training design shows how the participants can apply the KSAs learned from the program				
14. The training program is ICT-supported				

Comments and Suggestions to Improve the Program/Training Design:

Overall Rating: _____ Recommended Action: Approval/Disapproval

Name and Signature of Evaluator: _____ Date: _____



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SESSION EVALUATION

(To be administered every after a session)

Session Topic: _____

Session Facilitator: _____

Date: _____

Directions: Rate the session and the facilitator using the rating scale. Put a check/tick under the column of your response.

SESSION In this session...	Strongly Agree	Agree	Disagree	Strongly Disagree
1. the topic was relevant to our work				
2. the session was well-planned				
3. the objectives of the session were achieved				
4. the time allotment for the topic was adequate				
5. the activities were appropriate for adult learners				
6. time to start and to end was observed				
7. the learning materials were adequate and relevant				
8. the support materials were adequate				
9. the participants were able to demonstrate their learning				
FACILITATOR The facilitator...				
1. exhibited full grasp of the topic				
2. was sensitive to the participants' mood				
3. deepened learning by processing activities and asking stimulating questions				
4. maintained positive learning environment				
5. expressed ideas clearly				
6. used appropriate trainings aids				
7. observed appropriate attire				
8. was able to firm up attainment of objectives of the session				

COMMENTS/SUGGESTIONS: _____

Name of Participant (Optional): _____

School (Optional): _____



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SCHOOLS DIVISION OFFICE OF ABRA

PROGRAM EVALUATION

Respondent Type: Trainee Trainer Program Manager

Name (Optional): _____ Sex: Male Female

Program Title: _____ Date: _____

Directions: Please assess the effectiveness of the training program according to the indicators below. Put a tick/check (/) under the appropriate column.

After the conduct of the training program, I believe that...	Strongly Agree	Agree	Disagree	Strongly Disagree
A. Program Management				
1. the training program was delivered as planned				
2. the training program was managed efficiently				
3. the training program was well-structured				
B. Attainment of Objectives				
4. the program objectives were clearly presented				
5. the program and session objectives were attained				
C. Delivery of Content				
6. program content was appropriate to trainees' roles and responsibilities				
7. content delivered was based on authoritative and reliable sources				
8. the session activities were effective in generating learning				
9. adult learning methodologies were used effectively				
10. management of learning was effectively structured				
11. contribution of all trainees were encouraged				
12. trainees demonstrated a clear understanding of the content delivered				
D. Provision of Support Materials				
13. the support materials provided were appropriate to trainees' needs				
14. support materials were adequate and were given on time				
E. Program Management Team				
15. Program Management Team members were courteous				



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16. Program Management Team was efficient				
17. Program Management Team was responsive to the needs of trainees				
F. Venue and Accommodation				
18. the venue was well lighted				
19. The venue was well-ventilated				
20. the venue was comfortable with sufficient space for program activities				
21. the venue had sanitary and hygienic conditions with adequate comfort rooms				
22. meals were nutritious and sufficient in quantity and quality.				
23. meals were generally well-prepared and tasty				
24. the accommodation was comfortable with sanitary and hygienic conditions				

Please provide your honest response to each of the following questions:

What do you consider your most significant learning from the program?

Briefly describe what you have learned and how it will help you with your work.

What changes would you suggest to improve similar programs in the future?

What further comments do you have?



EVALUATION FORM
(Virtual Activity)

**Note: This form shall be administered through online platform (e.g., Google Forms, Microsoft Forms)*

Privacy Statement	The purpose of this evaluation questionnaire is to assess the quality of the activity/program you have attended and gather feedback about the overall participation experience. Be assured that all information you provide will be kept in the strictest confidentiality.
--------------------------	--

Batch/Schedule Attended: <i>(as appropriate/applicable)</i>	<input type="radio"/> Batch 1 (Inclusive date/s) <input type="radio"/> Batch 2 (Inclusive date/s) <input type="radio"/> Batch 3 (Inclusive date/s) <input type="radio"/> Batch n (Inclusive date/s)
--	--

I. Attendee Information

First Name:	
Middle Name:	
Last Name:	
Sex:	<input type="radio"/> Male <input type="radio"/> Female
Position:	
Office/Division:	
Bureau/Service/Region:	
Mobile Phone Number:	
Email Address:	

II. Program Design/Process (Please assess the following areas):

1. Meeting the learning objectives and participant expectations.					
	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

Note: This form contains minimum standards of information to be gathered. The program manager may insert additional information/question required or necessary for the objectives of the activity. For reference, a sample of this form in Google Forms is available for copying at: shorturl.at/sxIWX

2. Relevance of the activity/program to your job.

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

3. Presentation Materials

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

4. Methodologies

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

5. Opportunities to Participate

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

6. Time Management

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

7. Facilitators/Moderator Performance

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

8. Resource Person/Speaker Performance

	1	2	3	4	
Needs Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

III. Comments & Learning Gains

Note: Include this section for learning and development (L&D) activities. For non- L&D activities, the program manager may replace this section with comments and recommendations.

1. What are the facilitating factors that contributed to the success of your learning experience?

2. What are the hindering factors you encountered during the learning process?

3. Give at least three new knowledge gained from the program/course.

4. What skills did you develop or enhance by completing the program/course?

5. How do you plan to apply your learning from this program/course?

6. Other comments/suggestions:

7. Would you recommend this program to your colleagues and other DepEd personnel?

- Yes
- No
- Maybe

Thank you.

In computing the numerical rate of evaluation result, calculate the mean/average of each indicator on Part II, Program Design/Process. Refer to the below grading scale for the qualitative rating value:

3.50-4.00	=	Excellent
2.50-3.45	=	Very Good
1.50-2.45	=	Fair
0-1.49	=	Needs Improvement

Downloadable Calculator link: shorturl.at/gtBK1

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