



July 30, 2019

DIVISION MEMORANDUM

No. 464 ; s. 2019

**REITERATING THE PROCEDURE ON THE ACTIVITY DESIGN
APPROVAL**

TO: Assistant Schools Division Superintendents
Division Chiefs
Division Education Program Supervisors/Coordinators
Education Program Specialists
Section Heads
Public Schools District Supervisors/Districts-In-Charge
Public Elementary and Secondary School Principals
All Others Concerned

1. To fast track the approval of activities, this office establishes the mechanism and standards for the submission process for all Activity Designs.
2. Attached is the unified Activity Design Template and the step by step process for approval.
enclosure 1- Process 1: Division-Initiated Activities
enclosure 2- Process 2: District/School- Initiated Activities
enclosure 3- Activity Design template
enclosure 4- Activity Completion Report (ACR)
enclosure 5- QUAME tools
3. All Division Education Program Supervisors, Public Schools District Supervisors/ Districts-In-Charge are hereby directed to utilize the said template of Activity Design/s and submit to this office at least two (2) weeks prior to the conduct of the activity. The Activity Designs must be approved at least five (5) to seven (7) days prior to the conduct of the training.
4. All activities are subject to the no-disruption-of-classes policy stipulated in DepEd Order No.9, s. 2005 entitled "Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith" therefore activities must be conducted during Fridays/Saturdays only.
5. Furthermore, the end-user/focal person is directed to submit an Activity Completion Report seven (7) to ten (10) working days after the activity /training thru email address: depednegor.hrtd@gmail.com
6. For information, guidance and compliance.

WILFREDA D. BONGALOS, PhD, CESO V ⁰ 1 AUG 2019
Schools Division Superintendent



Activity Design for

DATE:

VENUE:

Prepared by:

for the

Department of Education
DIVISION OF NEGROS ORIENTAL

DATE: _____

Training Code (TMS) : _____

I. Identifying Information

Program Title : _____

Program Description : _____

Duration : _____

Management Level of Program : _____

Delivery Mode : _____

Target Participants : _____

Number of Participants : _____

Activity Code (WFP) : (for Division Office Only) _____

Training Code (TMS) : _____

Total Budget : _____

Source of Funds : _____

II. Rationale

At the end of the one-day orientation-workshop, it is expected that the following will be achieved:

Objectives:

1. _____
2. _____
3. _____
4. _____
5. _____

Expected Outcome/ Success Indicator:

1. _____
2. _____
3. _____
4. _____

III. The Program Content and Delivery Mode

A. The Program Content and Expected Outputs:

SESSION TITLE	SESSION OBJECTIVES	CONTENT	EXPECTED OUTPUTS

B. Type of Training : _____
Venue : _____
Date : _____
Level : _____

C. Methodology:

D. Details of Budgetary Requirement

Item Expenditure	No. of Persons	No. of Days	Unit Price	Total Amount
Sub-total				
Contingency (10%)				
Over All Cost				

Prepared by:

Submitted by:

(PDSD/DIC for district)

This Activity Design entitled " _____ " has been prepared by
(Name) _____, _____ (Position) _____ on _____ (Date) _____ at
_____ (place) _____.

Recommending Approval:

CID/SGOD Chief Education Supervisor

DAN P. ALAR, Ed.D.
Senior Education Program Specialist
Human Resource Development Section (HRDS)/ Learning & Development (L & D)

DAE P. HABALO
Senior Education Program Specialist
Planning & Research

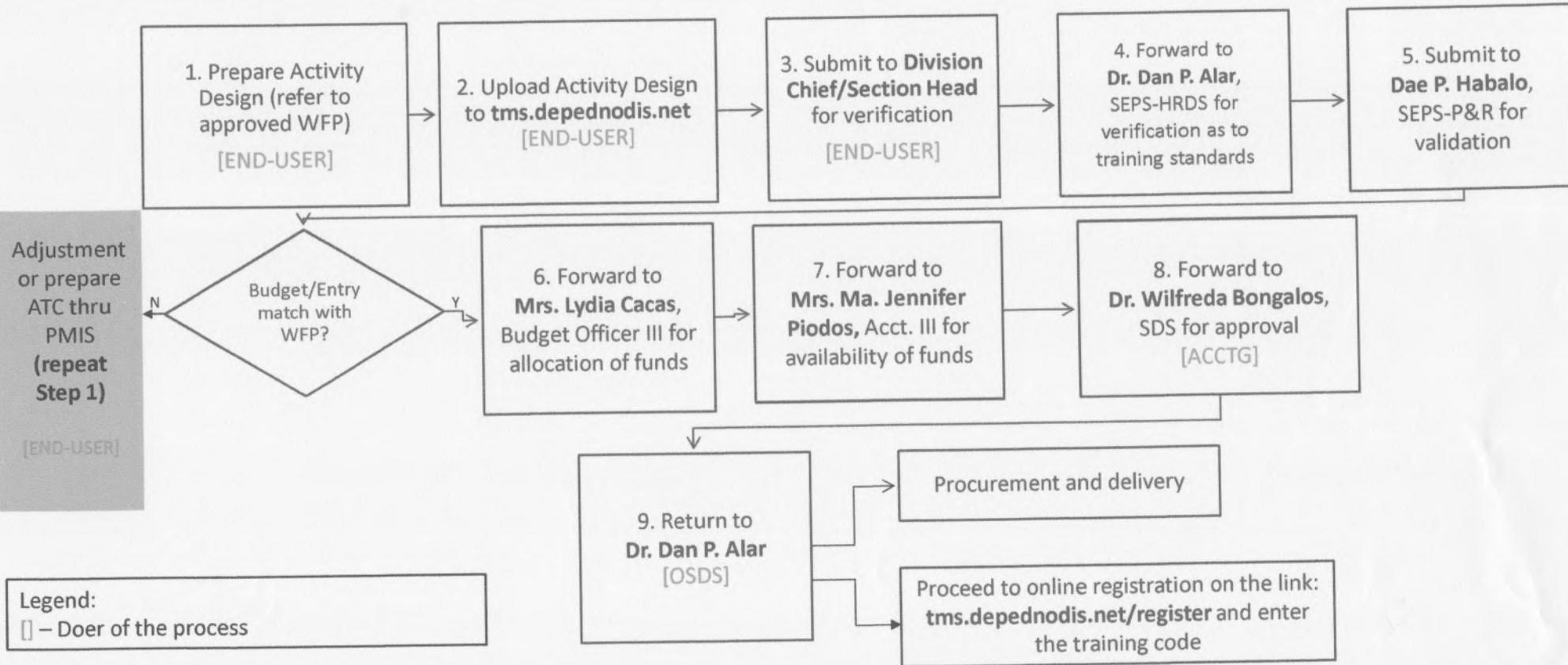
Certifying Availability of Funds:

Accountant III- (for Division Office)
Bookkeeper/s (for District/School Activities)

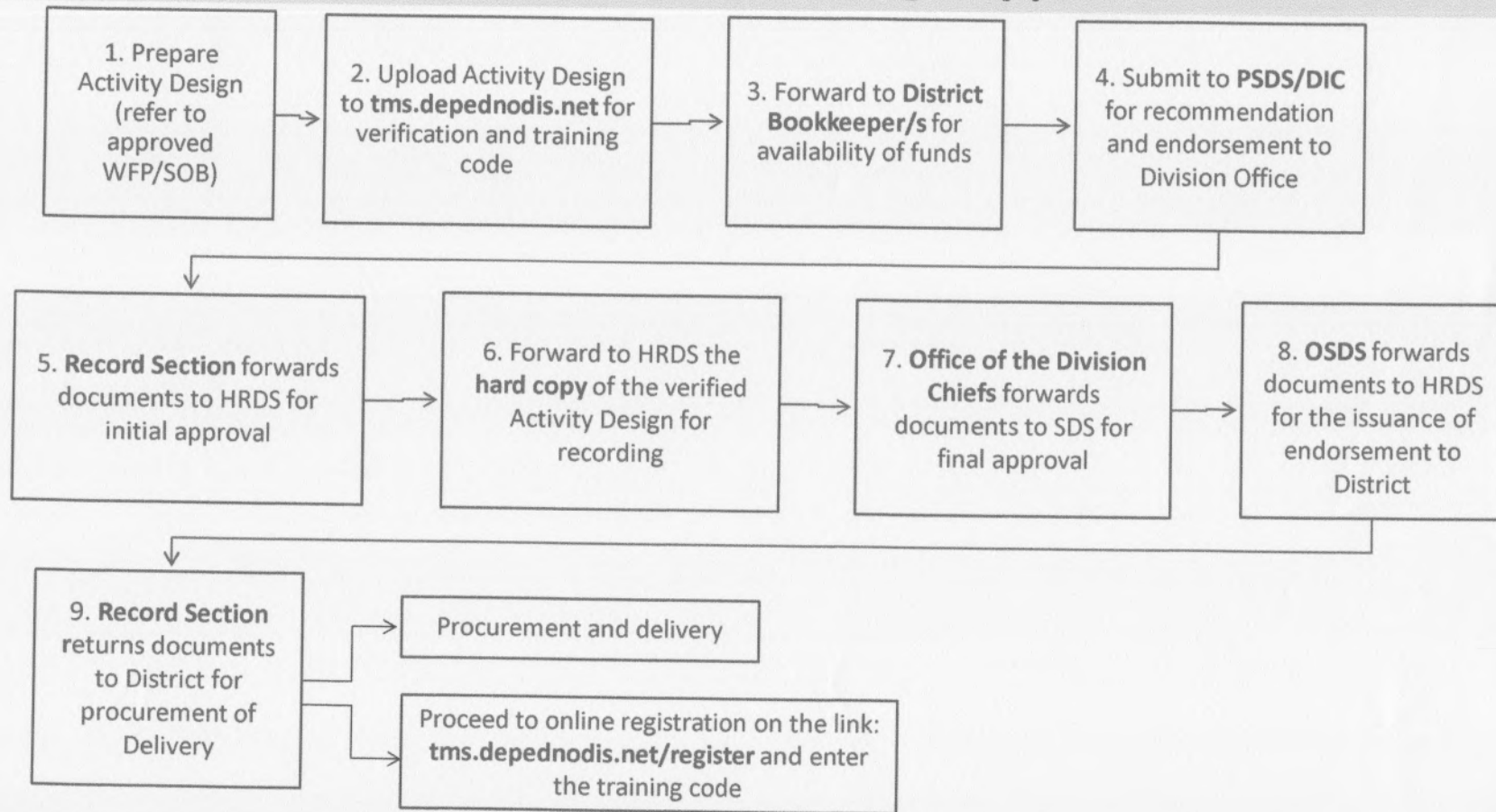
Approved:

WILFREDA D. BONGALOS, Ph.D., CESO V
Schools Division Superintendent

Process 1: Division-initiated Activity Design Approval Process Flow



Process 2: District/School-initiated Activity Design Approval Process Flow





ACTIVITY COMPLETION REPORT

I. ACTIVITY INFORMATION	
TITLE:	
DATE:	
VENUE:	
TOTAL BUDGET:	
SOURCE OF FUNDS:	
PARTICIPANTS' DESCRIPTION	
TOTAL NO. OF PARTICIPANTS	
TRAINING/ACTIVITY FOCAL PERSON:	
POSITION:	
STATION:	

II. PARTICIPANTS: (* PLEASE INDICATE THE ACTUAL NUMBER OF PARTICIPANTS DURING THE TRAINING/ACTIVITY)					
A. GENERAL	ELEMENTARY	JUNIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	NON-TEACHING	TOTAL
MALE					
FEMALE					

B. TEACHING	TEACHER 1	TEACHER 2	TEACHER 3	MASTER TEACHER 1	MASTER TEACHER 2	MASTER TEACHER 2	TOTAL
MALE							
FEMALE							

C. TEACHING RELATED	HEAD TEACHER 1	HEAD TEACHER 2	HEAD TEACHER 3	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4	TOTAL
MALE								
FEMALE								

D. NON-TEACHING	ADA	ADAS	AO	REGISTRAR	GUIDANCE COUNSELOR	PDO	EPS	SEPS	DEPS
(YOU MAY MODIFY BASED ON YOUR PARTICIPANTS)									
MALE									
FEMALE									

Tel. Nos: (035)225-2838 / 225-0667/422-7644 (Division Supt's Office); (035) 225-1622 (CID); (035) 225-1623 (Legal Section); (035)225-6180 (SGOD); (035) 422-7643 (Cash Section); (035) 422-8511 (Planning Section); (035) 225-6987 (Record's Section); (035) 422-5283 (Admin. Section); (035) 422-0267 (Personnel Section); (035) 225-2376 (Guard/Medical/Dental Sections); (035) 225-7012 (Educ. Facilities Section); (035) 225-1640 & (035) 225-1640 (Acct. Budget Section); (035) 422-3921 (Supply Section)



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
 www.depednegor.net

III. RECOMMENDATIONS TO IMPROVE THE ACTIVITY/TRAINING:
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IV. REQUIRED ATTACHMENTS
A. APPROVED TRAINING/ACTIVITY DESIGN
B. MEMORANDUM
C. PROGRAM & MATRIX
D. ATTENDANCE
E. LIST OF TRAINING/ACTIVITY MANAGEMENT TEAM
F. PDS OR PROFILE OF TRAINERS/FACILITATORS
G. CHECKLIST OF FACILITATION SKILLS PER SESSION
H. PICTURES IN ACTION WITH APPROPRIATE DESCRIPTION
I. COMPILED T & D- M & E FORM 1: INDIVIDUAL PROFILE TEMPLATE
J. SUMMARY OF M & E FORM 3: END OF PROGRAM ASSESSMENT
K. OUTPUTS WITH APPROPRIATE DESCRIPTION

SUBMITTED BY: (END-USER/FOCAL PERSON)	ENDORSED BY: (DIVISION CHIEF/DEPARTMENT HEAD/PSDS)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OVER PRINTED NAME	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OVER PRINTED NAME
DATE:	DATE:

Tel. Nos: (035)225-2838 / 225-0667/422-7644 (Division Supt's Office); (035) 225-1622 (CID); (035) 225-1623 (Legal Section);
 (035)225-6180 (SGOD); (035) 422-7643 (Cash Section); (035) 422-8511 (Planning Section); (035) 225-6987 (Record's Section);
 (035) 422-5283 (Admin. Section); (035) 422-0267 (Personnel Section); (035) 225-2376 (Guard/Medical/Dental Sections);
 (035) 225-7012 (Educ. Facilities Section); (035) 225-1640 & (035) 225-1640 (Acct. Budget Section); (035) 422-3921 (Supply Section)



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
 Capitol Area, Dumaguete City

Title of Training Attended:

Date: _____

Venue: _____

T & D- M & E FORM 1: INDIVIDUAL PROFILE TEMPLATE

I PERSONAL DATA (Pls. print legibly)

Name: _____

(Surname) _____ (First Name) _____ (Middle Name) _____

Employee Number: _____ Sex: _____ Male _____ Female (Pls. check)

Date of Birth: _____ Home Address: _____

Contact Number: _____ e-mail address: _____

Office/School: _____ District: _____

Address: _____

Current Position: _____ No. of Years in the Current Position: _____

Other Designations: _____

Highest Education Attainment: _____

II WORK EXPERIENCE (List from current)

POSITION	Main Area of Responsibility (e.g. subjects taught, level of supervision)	LEVEL (e.g. Elem/Sec/ALS School, district, division, region)	INCLUSIVE DATES

III TRAININGS ATTENDED OVER THE LAST THREE YEARS

Title of Training	Management Level/Sponsoring Organization	INCLUSIVE DATES

(You may add another sheet if you need more spaces)

IV TRAINING & DEVELOPMENT EXPERIENCES (Identify the areas you consider your expertise by checking)

- | | |
|--------------------------------|---|
| _____ Program Planning | _____ Competency Assessment |
| _____ Resource Materials Dev't | _____ Program Delivery |
| _____ Program Management | _____ Monitoring & Evaluation of Training |

_____ Date

_____ Signature

F3-M&E Form 3: End of the F3 Program Assessment

Respondent Type: Trainee Trainer Program Manager

Name (Optional): _____ Sex: Male Female

Program Title: _____ Date: _____

Please assess the effectiveness of the entire F3 component of the program according to the indicators below.
Please refer to the following rating scale:

4-Strongly Agree (SA); 3-Agree (A); 2-Disagree (D); 1-Strongly Disagree (SD)

	After the conduct of the F3 component of the program, I believe that ...		Rating			
			1 SD	2 D	3 A	4 SA
A. Program Planning, Management and Preparation	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 session objectives were logically arranged				
	6	the program and session objectives were attained				
C. Delivery of Program Content	7	program content was appropriate to trainees' roles and responsibilities				
	8	content delivered was based on authoritative and reliable sources				
	9	new learning was clearly presented				
	10	the session activities were effective in generating learning				
	11	adult learning methodologies were used effectively				
	12	management of learning was effectively structured e.g. portfolio, synthesis of previous learning, etc.				
D. Trainees' Learning	13	trainees were encouraged to consider how ideas and skills gained during the training could be incorporated into their own practices				
	14	contribution of all trainees, both male and female, were encouraged				
	15	trainees demonstrated a clear understanding of the content delivered				
E. Trainers' Conduct of Sessions	16	the trainers' competencies were evident in the conduct of the sessions				
	17	teamwork among the trainers and staff was manifested				
	18	trainers established a positive learning environment				
	19	training activities moved quickly enough to maintain trainees' interest				

F. Provision of Support Materials	20	training materials were clear and useful				
	21	powerpoint presentations supported the flow of the sessions				
	22	the resources provided were appropriate to trainees' needs				
G. Program Management Team	23	Program Management Team members were courteous				
	24	Program Management Team was efficient				
	25	Program Management Team was responsive to the needs of trainees				
H. Venue and Accommodation	26	the venue was well lighted and ventilated				
	27	the venue was comfortable with sufficient space for program activities				
	28	the venue had sanitary and hygienic conditions				
	29	meals were nutritious and sufficient in quantity and quality.				
	30	the accommodation was comfortable with sanitary and hygienic conditions				
I. Overall	31	I have the knowledge and skills to apply the new learning				
	32	I have the confidence to implement the JEL contract				

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

What do you consider your most significant learning from the program?
What changes would you suggest to improve similar programs in the future?
Briefly describe what you have learned and how it will help you with your work.
What further recommendations do you have?

Observe if the Facilitator has demonstrated the skill. If so, put a check in the appropriate column.

Checklist of Facilitation Skills	√
OBSERVING SKILLS	
1. noted trainees' level of involvement in all activities	
2. monitored the energy level of the trainees during sessions	
3. sensed the needs of the trainees that may affect the learning process	
QUESTIONING SKILLS	
4. formulated questions in a simple manner	
5. asked questions that were clear and focused	
6. formulates follow-up questions to trainees' responses appropriately	
7. asked Higher Order Thinking Skills (HOTS)	
8. acknowledged trainees' responses	
9. solicited, accepted and acted on feedback from trainees	
10. processed responses with probing questions to elicit the desired training	
LISTENING SKILLS	
11. listened and understood the meaning of what had been said	
12. responded positively to trainees insights	
13. clarified and checked my understanding of what was heard	
14. reacted to ideas not to the person	
ATTENDING SKILLS	
15. created the proper environment based on adult learning principles	
16. directed and redirected the trainees to the learning tasks	
17. managed the learning atmosphere throughout the sessions	
18. acknowledged greetings and responses of trainees	
INTEGRATING SKILLS	
19. highlighted important results of the activity that lead to the attainment of the objectives of the session	
20. deepened and broadened trainees outlook on the significance of the outputs	
ORAL COMMUNICATION SKILLS	
21. expressed ideas with clarity, logic and in grammatically correct sentences	
22. spoke with a well-modulated voice	
23. delivered ideas with confidence and sincerity	
SKILL IN USING TRAINING AIDS	
24. employed appropriate and updated training aids	
25. made training aids that were simple and clear	
26. used training aids that were attractive and interesting	
27. utilized training aids that were socially, culturally, and gender-fair	



PROCESS OBSERVATION TOOL

(To be accomplished by individual class monitors on a 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		CLUSTER (Luzon, Visayas, Mindanao, Mixed, etc.)	
REGION		MODULE No.	
DIVISION		BATCH No.	
LEARNING SERVICE PROVIDER		LEARNING AREA	
VENUE		CLASS SECTION	
INCLUSIVE DATES		NUMBER OF PARTICIPANTS	
DATE OBSERVED		NUMBER OF TRAINERS	

SESSION: _____ **Faci/RP:** _____

1. Session CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
▪ 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
(This refers to participants)	Low energy	<<	>>	High Energy
	Hostile	<<	>>	Supportive
	Inhibited/Tense	<<	>>	Open/Relaxed
4. PARTICIPATION of Trainees	<i>How engaged were participants in the session?</i>			
	Only the facilitator/speaker talked	Few people talked	Most people talked	



Department of Education
NATIONAL EDUCATORS' ACADEMY OF THE PHILIPPINES

2nd Floor, Mabini Building, DepEd Complex

Meralco Avenue, Pasig City



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

TIME	I See... (specific person interaction)	I Hear... (verbatim)	I Think... (informed interpretation/analysis)

Session Remarks/Observations:

Name of Monitor (Last Name, First Name): _____

Region: _____ Division/Office: _____



ON-SITE MONITORING AND EVALUATION

(This form is to be accomplished by Program Management monitors on a daily basis. Evaluations are to be validated with the session-facilitator evaluation of participants. The results will be the basis for the debriefing sessions for action by the management team.)

GENERAL INFORMATION		CLUSTER	
PROGRAM/ACTIVITY MONITORED		LEARNING AREA	
REGION		CLASS SECTION/s Monitored	
DIVISION		NUMBER OF PARTICIPANTS	
LEARNING SERVICE PROVIDER		NUMBER OF TRAINERS	
VENUE		DATE MONITORED	
INCLUSIVE DATES			

Please rate the conduct of the program delivery along the following areas:

Standards	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Schedule and Participant Management				
▪ Maximum of 60 participants per class				
▪ Program started according to schedule				
▪ Program ended according to schedule				
▪ Attendance is systematically monitored				
▪ Ground rules were clear				
▪ Compliance of ground rules was monitored				
▪ Modifications in activities and schedule are consulted with the participants				
▪ Modifications in activities and schedule are given ahead of time				
2. Training Site /Venue				
▪ Adequately lit				
▪ Well ventilated				
▪ Adequate soundproofing				
▪ Comfortable temperature				
▪ With sufficient space				
▪ Clean				
▪ Clean comfort rooms				
▪ Equipment were serviceable				
▪ Internet access was usable				
▪ Medical care was available e.g. common medicines, first aid				
3. Accommodations				
▪ With sufficient space				
▪ Clean				
▪ Clean comfort rooms				
▪ Facilities were in good working order				
4. Meals				
▪ Good Quality				