



### Department of Education Region IV-A (CALABARZON)

**Division of Cavite** Trece Martires City, Cavite



July 31, 2018

**DIVISION MEMORANDUM** No. 202 s. 2018

# ADDENDUM AND CORRIGENDUM TO DIVISION MEMORANDUM NO. 202 S, 2018 ENTITLED, "REITERATION ON THE ACCOMPLISHMENT AND SUBMISSION OF **COMPLETION REPORT"**

OIC, Assistant Schools Division Superintendents To: Chief CID, OIC Chief SGOD SDO Cavite Personnel Public Elementary and Secondary School Heads All Concerned

- This is with reference to Division Memorandum No. 202 s, 2018 entitled, "Reiteration on the Accomplishment and Submission of Completion Report".
- For the purpose of standardization, the proponent shall accomplish the activity completion report using the controlled form attached as Annex A, five (5) days after the conduct of the 2. training. Include the copy of approved training program proposal upon submission.
- In addition, format of training proposals to be submitted to the Human Resource Development Section at least 10 working days prior to the target date of implementation shall strictly use the attached form as Annex B.
- Any inconsistencies with the previously issued memorandum shall hereby rescinded. 4.
- Immediate dissemination of this Memorandum is earnestly desired.

M: ELIAS A. ALICAYA, IR. Ed.D. OIC-Assistant Schools Division Superintendent

**\*\*CHERRYLOU D. REPIA** 

Schools Division Superintendent

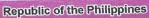
Capitol Compound, Brgy. Luciano, Trece Martires City Cavite

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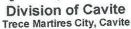
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## Department of Education Region IV-A (CALABARZON)







Department of Education Division of Cavite Trece Martires City, Cavite



#### TRAINING PROPOSAL

- Title of the Training Add Title of Training 1.
- Target Participants and Number of Participants 11.

Kindly specify the total no. of teaching and non-teaching, male and

female participants.

| maic participantes | Male | Female | Total          |
|--------------------|------|--------|----------------|
| Teaching           |      |        |                |
| Non- Teaching      |      |        | -l-mantation a |

- Proposed Date and Venue Add the target date of implementation and the III. exact address of the training venue
- **Funding Source** IV.
- Proposed Budget | Provide breakdown of the proposed budget for the V. conduct of training
- VI. Registration Fee
- VII. Proponent
- Rationale VIII.
- IX. Objectives
- Training Content and Methodologies X.

| Topic | Facilitator |
|-------|-------------|
|       | Topic       |

- **Expected Output** XI.
- List of Management Staff with Corresponding Committee XII.

## PROGRAM MANAGEMENT TEAM

Registration Accommodation Program Technical

\*Documentation

\*QATAME

\*Required committee

Terms of Reference of Program Management Team

Resource Speakers/Facilitators XIV.

| Name of Speaker | Relevant Qualification | Topic Assignment |
|-----------------|------------------------|------------------|
| 100000          |                        |                  |

Prepared by: Proponent Noted by: School Head

Quality Assured by: SEPS/EPS/PDO

Recommending Approval: \*if applicable, Chief, CID or Chief, SGOD

Acknowledged with allotted budget: \*if applicable, Budget and Finance Unit

Approved by: Schools Division Superintendent

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# Republic of the Philippines

#### Department of Education Region IV-A (CALABARZON)

**Division of Cavite** 

Trece Martires City, Cavite

Annex A. Activity Completion Report





# **Activity Completion Report**

- TRAINING PROGRAM TITLE:
- 11. PROPONENT:
- SCHOOL/MUNICIPALITY: 111.
- DATE CONDUCTED: IV.
- V. VENUE:
- VI. NO. OF PARTICIPANTS:

|              | Male                        | Female | Total |
|--------------|-----------------------------|--------|-------|
| Teaching     |                             |        |       |
| Non-Teaching | (2.15 MAZA/K) (1.15 MAZA/K) |        |       |

- VII. OBJECTIVES OF THE TRAINING:
- **EXECUTIVE SUMMARY** VIII.

In paragraph form, include general comments, issues encountered, and how have you solved it.

- M&E ANALYSIS BASED FROM QATAME TOOLS. USED IX. ( g/o QATAME ASSOCIATES)
- X. RECOMMENDATION:

| PREPARED BY: |                     |       |
|--------------|---------------------|-------|
|              | Name with Signature | 11887 |
|              |                     |       |
|              | Designation         |       |
| 5 <u></u>    | School              |       |
|              |                     |       |
| 7            | Date                |       |

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