



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

DIVISION MEMORANDUM
SGOD-2023-301

To: Assistant Schools Division Superintendent
Chief, School Governance and Operations Division (SGOD)
Chief, Curriculum Implementation Division (CID)
Education Program Supervisor, SGOD
Education Program Supervisors, CID
Public Schools District Supervisors
All School Heads
All Others Concerned

Subject: **REITERATION ON THE COMPLIANCE TO STANDARDS AND REQUIREMENTS OF ACTIVITY DESIGN, LEARNING & DEVELOPMENT RESOURCE PACKAGE, LEARNING ACTION CELL (LAC), PROGRAM OF WORKS (POW), AND BRIGADA ESKWELA ACCOMPLISHMENT REPORT (BE Form 7)**

Date: September 13, 2023

1. In line with the mandate of the School Governance and Operations Division (SGOD) and in adherence to the Quality Management System (QMS) of DepEd, the compliance to the standards and requirements in the schools' preparation and submission of Activity Design, Learning & Development (L&D) Resource Package, Learning Action Cell (LAC), Program of Works (POW), Brigada Eskwela Accomplishment Report (BE Form 7) is hereby reiterated.
2. The Activity Design, L&D Resource Package, LAC, and POW have their own unique, standard and prescribed templates, including samples, which shall be strictly utilized by the schools. These templates can be accessed and downloaded via google drive through the link, www.tinyurl.com/ADLDAAttach . In accomplishing the templates, the program owners have to supply the necessary details of their proposals. No part of the templates shall be deleted (if the details asked are not applicable, write N/A).
3. The Activity Design, L&D Resource Package, LAC, and POW also follow certain distinct requirements. The detailed checklists of requirements (action slips of SGOD) are found in enclosure 1, including the important notes, for complete reference of the schools. The required attachments/annexes have to be strictly included in the submission of proposals.
4. The proposals undergo a careful and orderly process with different steps and process owners. No proposal shall proceed to the next steps without full compliance to the standards and requirements of the preceding steps. Any deficiency, error, or lacking/wrong entry/attachment in each step constitutes to the immediate return of the submitted proposals (Activity Design, L&D Resource Package, LAC, and POW) to the schools.



Address: Mankilam, Tagum City, Davao del Norte
Telephone Number: (084) 216 0188
Website: www.depeddavnor.ph | Facebook: DepEd Davao del Norte



5. All proposals and documents submitted to the SGOD shall be appropriately enrolled and monitored in the Data Tracking System (DTS). No proposal/document shall be submitted to the SGOD without proper DTS number.
6. Submission of proposals should be done at least one (1) month prior to the actual conduct of the activity to give ample time for the rectifications and adjustments of designs. Only one (1) copy should be submitted for the Activity Design, L&D Resource Package, and LAC Proposal, while at least two (2) copies should be submitted for the POW and BE Form 7.
7. In accordance with DepEd Order No. 9, s. 2005 (Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith), all activities must be carefully planned not to disrupt classes, hence, "classes should not be suspended even while there are **school celebrations of important historical events or significant occasions**. Discussions on the significance of these events or occasions, such as United Nations Day, Arbor Day, School Nutrition Month, Environment Month, AIDS Awareness Day, etc., **should be integrated in related subject areas during the regular classroom discussions.**"
8. For the Activity Design and L&D Resource Package Proposal, the sample and guide in accomplishing the templates is found in enclosure 2.
9. For the LAC proposal, the sample and guide in accomplishing the templates is found in enclosure 3.
10. For the POW, the sample and guide in accomplishing the templates is found in enclosure 4.
11. For the Brigada Eskwela Accomplishment Report (BE Form 7), the template is found in the enclosure 5 with the updated signatories.
12. The provisions and conditions herein shall take effect immediately upon approval and issuance of this memorandum.
13. In adherence to all policies, everyone is encouraged to continuously support and value the Equal Opportunity Principle (EOP).
14. Immediate dissemination of and strict compliance to this memorandum are directed.


REYNALDO B. MELLORIDA, CESO V
Schools Division Superintendent

Enclosure/s: As stated
sgod/smme



Enclosure 1

L&D PROPOSAL ACTION SLIP		DTS #:
Process Owners	Requirements	
District-assigned Checker:	The proposal follows/has correct/appropriate: <input type="checkbox"/> Template (L&D, trainings for TPs and NTPs) <input type="checkbox"/> School Name (Header) <input type="checkbox"/> Title of Activity <input type="checkbox"/> Date and Venue o with Request letter for the approval and for the grant of service credits (if weekend or holiday) <input type="checkbox"/> KRA <input type="checkbox"/> SIP Page # <input type="checkbox"/> APP Item # <input type="checkbox"/> Participants o by position&gender(with Annex 1: list of pax) <input type="checkbox"/> Rationale o with Mandate of the Organization o with Gaps/Needs o with EOP <input type="checkbox"/> Objectives <input type="checkbox"/> Budgetary Requirements: o Alignment of Budget o Breakdown of Expenses o Supporting Documents (PTA Board Resolution/Deed of Donation, if not from MOOE) <input type="checkbox"/> Activity Matrix: o with time&duration (following DO 9, s.2005) <input type="checkbox"/> Approval Sheet.	
Name & Signature	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
NOTES: <i>Updated Templates are available at tinyurl.com/ADLD. Attach; Submit only 1 copy of proposal. Submit at least 1 month prior to the conduct of the activity.</i>	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
QA Checker:	<input type="checkbox"/> Resource Package in Google Drive (with shortened and accessible link/QR Code) <input type="checkbox"/> QAME Online Evaluation Tool in Google Forms (with shortened responder link/QR Code) Date: Remarks:	
HRD Checker:	<input type="checkbox"/> Annex 2C (Effectiveness) <input type="checkbox"/> Speaker's Profile (w/ field of specialization) <input type="checkbox"/> Facilitator's Guide Date: Remarks:	
GAD Checker:	<input type="checkbox"/> GAD Attribution Date: Remarks:	
SGOD Chief	<input type="checkbox"/> Recommended for Approval Date: Remarks:	

ACTIVITY DESIGN PROPOSAL ACTION SLIP		DTS #:
Process Owners	Requirements	
District-assigned Checker:	The proposal follows/has correct/appropriate: <input type="checkbox"/> Template (Activity Design for activities) <input type="checkbox"/> School Name (Header) <input type="checkbox"/> Title of Activity <input type="checkbox"/> Date and Venue o with Request letter for the approval and for the grant of service credits (if weekend or holiday) <input type="checkbox"/> KRA <input type="checkbox"/> SIP Page # <input type="checkbox"/> APP Item # <input type="checkbox"/> Participants o by position&gender(with Annex 1: list of pax) <input type="checkbox"/> Rationale o with Mandate of the Organization o with Gaps/Needs o with EOP <input type="checkbox"/> Objectives <input type="checkbox"/> Budgetary Requirements: o Alignment of Budget o Breakdown of Expenses o Supporting Documents (PTA Board Resolution/Deed of Donation, if not from MOOE) <input type="checkbox"/> Activity Matrix: o with time&duration (following DO 9, s.2005) <input type="checkbox"/> Approval Sheet.	
Name & Signature	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
NOTES: <i>Updated Templates are available at tinyurl.com/ADLD. Attach; Submit only 1 copy of proposal. Submit at least 1 month prior to the conduct of the activity.</i>	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
GAD Checker:	<input type="checkbox"/> GAD Attribution Date: Remarks:	
SGOD Chief	<input type="checkbox"/> Recommended for Approval Date: Remarks:	

LAC PROPOSAL ACTION SLIP		DTS #:
Process Owners	Requirements	
District-assigned Checker:	The proposal follows/has correct/appropriate: <input type="checkbox"/> Template <input type="checkbox"/> School Name (Header) <input type="checkbox"/> KRA <input type="checkbox"/> SIP Page # <input type="checkbox"/> APP Item # <input type="checkbox"/> Introduction o with brief background o with school context o with EOP <input type="checkbox"/> LAC Matrix o with time (following DO 9, s.2005) <input type="checkbox"/> Budgetary Requirements: o Alignment of Budget o Breakdown of Expenses o Supporting Documents (PTA BOD Resolution/Deed of Donation, if not from MOOE) <input type="checkbox"/> Signatories (HRD-SEPS and SDS) <input type="checkbox"/> QATAME Summary Form Date: Remarks:	
Name & Signature	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
NOTES: <i>Updated Templates are available at tinyurl.com/ADLD. Attach; Submit only 1 copy of proposal. Submit at least 1 month prior to the conduct of the activity.</i>	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
GAD Checker:	<input type="checkbox"/> GAD Attribution Date: Remarks:	
LAC Focal Person	<input type="checkbox"/> Reviewed Date: Remarks:	
SGOD Chief	<input type="checkbox"/> Recommended for Approval Date: Remarks:	

PROGRAM OF WORKS ACTION SLIP		DTS #:
Process Owners	Requirements	
District-assigned Checker:	The POW follows/has correct/appropriate: <input type="checkbox"/> Name of Project <input type="checkbox"/> Approved Budget <input type="checkbox"/> KRA <input type="checkbox"/> SIP Page # <input type="checkbox"/> APP Item # <input type="checkbox"/> Specifications and Cost (Tabl): o Alignment of Specs and Budget o Breakdown of Expenses <input type="checkbox"/> Signatories Date: Remarks:	
Name & Signature	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
NOTES: <i>Updated Templates are available at tinyurl.com/ADLD. Attach; Submit at least 2 copies of POW. Submit at least prior to the repair.</i>	<div style="text-align: right; font-size: small;"> Approved by: _____ Name & Signature Approved by: _____ Name & Signature Approved by: _____ Name & Signature </div>	
POW Checker:	<input type="checkbox"/> Labor Cost (40% maximum of material cost) <input type="checkbox"/> Picture (Before the Proposed Repair) Date: Remarks:	
GAD Checker:	<input type="checkbox"/> GAD Attribution Date: Remarks:	
SGOD Chief	<input type="checkbox"/> Approved Date: Remarks:	

Enclosure 2



Republic of the Philippines
Department of Education

REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE
DISTRICT: _____
SCHOOL: _____

Write District Name (ALL CAPS).

Write School Name (ALL CAPS).

ACTIVITY DESIGN
(Use Activity Design for activities that do not involve Capacity Building for Teachers:
e.g. Brigada Eskwela, Graduation)

LEARNING AND DEVELOPMENT RESOURCE PACKAGE
(Use L and D Resource Package for Capacity Building for Teachers:
e.g Trainings /Workshops)

Activity Title:
Date of Activity:
Venue:
KRA: (Access/Equity/Quality/Resiliency and Well-being/Governance)
SIP Page #:
APP Item #:

Use Activity Design if your proposal is about activities that do not involve Capacity Building for Teachers (e.g. Brigada Eskwela, Graduation)

or

Use L and D Resource Package if your proposal is about Capacity Building for Teachers (e.g Trainings /Workshops).

Input the needed data exactly based and aligned on the SIP & APP. Ensure that all the information asked are provided accurately and truthfully.



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I. Background Information				
Title:				
Participants	Position Title	Male	Female	Total
	TI			
	TII			
	TIII			
	SPET I-III			
	MT I-IV			
	Head			
	Teacher I-VI			
	Principal I-IV			
	Others (please specify)			
(attach the names of participants as annex 1)				
Competency				
Rationale and Description	<ul style="list-style-type: none"> Paragraph 1 - The rationale describes what the organization is doing (mandate) and the role of the target participants in achieving the objectives in the workplace development objectives (WDO) Paragraph 2 - The rationale mentions the need for the development of the competency in the content of the needs assessment results (Contextualize, Gaps) Paragraph 3 - The rationale states how the training program will contribute to workplace development objectives (WDO) Equal Opportunity Principle (EOP) (Division Memo 818, s. 2021) <p>(2 sentences in each paragraph)</p>			
Management Level	School /District/ Division Level			
II. Terminal and Enabling Objectives				
	Terminal Objective : (1)			
	Enabling Objective/s: (3)			
	Notes:			
	<ul style="list-style-type: none"> The program terminal objectives as well as the enabling objectives address the gap/s identified in the rationale The program enabling objectives are logically drawn from and will contribute to the achievement of the program terminal objective. There is a balance of cognitive, behavioral and affective objectives Objectives are stated clearly and follow the SMART principles 			

In here, copy the exact Activity Title in the front page.

Input and classify the participants according to position title and gender. Include the total pax. Then, attach Annex 1: List of Pax.

Provide the competency /ies to be developed by the L&D or Activity Design.

Elaborate the Rationale of the activity or learning and development program. Include the mandates and anchored policies, the BEDP and MATATAG Agenda, the gaps/needs, and the Equal Opportunity Principle.

School Level

Specify the objectives of the activity, from Terminal Objective to Enabling Objectives.



III. Methodologies and Delivery Modes	Sample only <ul style="list-style-type: none"> • Lecture (Face to Face, Online etc...) • Panel • Workshop/Group activities • FGD • Others – please specify 																																								
IV. Assessment of Learning/Activity	<ul style="list-style-type: none"> • Pre Test/ Post Test • The design indicates how learning will be assessed • The design states how the participants will apply their learning in their personal or professional lives <p>(Refer to Annex 2A, 2B and 2C)</p>																																								
V. Budget Requirements	Indicate the following but not limited into : <ul style="list-style-type: none"> - Breakdown of Expenses - Source of Fund (indicate the exact amount chargeable against School MOOE, PTA, other funds) - Board Resolution (for PTA fund) 																																								
VI. Matrix of Activity	<p>(Sample Only)</p> <table border="1" data-bbox="482 913 980 1350"> <thead> <tr> <th>Day</th> <th>Time</th> <th>Duration</th> <th>Topic/Activity</th> <th>Facilitator</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>8:00 a.m. – 8:30 a.m.</td> <td>30 mins.</td> <td>Opening Program</td> <td>TWG</td> </tr> <tr> <td></td> <td>8:31 a.m. – 10:45 a.m.</td> <td>135 mins.</td> <td>Mental Health</td> <td>Dr. RRJ</td> </tr> <tr> <td></td> <td>10:46 a.m. – 12:00 nn</td> <td>75 mins.</td> <td>DO 40, s. 2012</td> <td>Mary Kristine C. Sagot</td> </tr> <tr> <td></td> <td>12:01 p.m. – 1:00 p.m.</td> <td>60 mins.</td> <td>Lunch Break</td> <td></td> </tr> <tr> <td></td> <td>1:01 p.m. – 4:00 p.m.</td> <td>180 mins.</td> <td>Workshop</td> <td>Jillian April A. Casal</td> </tr> <tr> <td></td> <td>4:01 p.m. – 4:15 p.m.</td> <td>15 mins.</td> <td>QAME Online Evaluation</td> <td>QAME Advocate</td> </tr> <tr> <td></td> <td>4:16 p.m. – 4:45 p.m.</td> <td>30 mins.</td> <td>Closing Program</td> <td>TWG</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • 15 minutes before closing program must also be given to QAME for program post- evaluation (for L&D). <p>Use separate sheet, if necessary, for Matrix of Activity (Annex 3)</p> <p>For L&D:</p> <p>Attach Profile of Speakers for Trainings to be conducted and other Annexes and Requirements;</p>	Day	Time	Duration	Topic/Activity	Facilitator	1	8:00 a.m. – 8:30 a.m.	30 mins.	Opening Program	TWG		8:31 a.m. – 10:45 a.m.	135 mins.	Mental Health	Dr. RRJ		10:46 a.m. – 12:00 nn	75 mins.	DO 40, s. 2012	Mary Kristine C. Sagot		12:01 p.m. – 1:00 p.m.	60 mins.	Lunch Break			1:01 p.m. – 4:00 p.m.	180 mins.	Workshop	Jillian April A. Casal		4:01 p.m. – 4:15 p.m.	15 mins.	QAME Online Evaluation	QAME Advocate		4:16 p.m. – 4:45 p.m.	30 mins.	Closing Program	TWG
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	4:01 p.m. – 4:15 p.m.	15 mins.	QAME Online Evaluation	QAME Advocate																																					
	4:16 p.m. – 4:45 p.m.	30 mins.	Closing Program	TWG																																					

Specify the methodologies and delivery modes, including the implementation steps and modes.

Specify the assessment of learning activity, especially for L&D Resource Package where Pre and Post Test are sought.

Present the budgetary requirements of the activity, based on the item descriptions, quantity, breakdown, and total amount from the APP. For PTA funds, attach Board Reso.

Strictly follow the template for the matrix of activity. Ensure that the number of days here is equivalent to the date/s in the front page. Use separate sheet, if necessary, for Matrix of Activity (Annex 3).

For L&D Resource Package, QAME Evaluation should be included before the closing program and make sure to attach the following with the prescribed templates:

- Annex 2C
- Facilitator’s Guide
- Speaker’s Profile



Write the shortened/accessible (bit.ly / tinyurl.com) link of the L&D Resource Package via Google Drive here.

Sample:

L&D Resource Package Link and QR Code:

tinyurl.com/bdcuy5wn



QAME Link: tinyurl.com/jzquo5ka



For L&D Resource Package Proposal:

- Upload all the resource package/resource materials/presentations in the Google Drive, get the link, make it accessible, shorten the link or generate QR Code, and write or insert it below the Matrix of Activities
- Create online evaluation tool, make it accessible, shorten the link or generate QR Code, and write or insert it below the Matrix of Activities.

Approval Sheet for the *(title of activity/training)*

Separate this sheet and input the activity title exactly as the one reflected in the front page.

Prepared by:

PROGRAM OWNER

Noted by:

SCHOOL HEAD

Recommending Approval:

RAMEL M. PILO

Chief Education Supervisor, School Governance & Operations Division

Approved by:

REYNALDO B. MELLORIDA, CESO V

Schools Division Superintendent

These are the only latest signatories in the Activity Design or L&D Resource Package, in compliance with the Ease of Doing Business mandate. Ensure correct inputs herein.



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Enclosure 3



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE
NAME OF DISTRICT: _____
NAME OF SCHOOL: _____

Write District Name (ALL CAPS).

Write School Name (ALL CAPS).

**SCHOOL -BASED LEARNING ACTION CELL (LAC) ACTIVITY PLAN
SY 2023 - 2024**

- I. Introduction
- Brief Background
 - Current situation in the school
 - **Equal Opportunity Principle (EOP)**

Elaborate the Introduction, with brief Background of the LAC Activity Plan, then the school's current situation or context that needs to be addressed, and the equal opportunity principle.

II. Budgetary Requirements

- III. Source of Fund
- PTA (Attach PTA Board Resolution; Minutes of the Meeting; Attendance with signature of PTA Board)
 - Donation (Deed of Donation)
 - School MOOE (Found in the APP)
 - **Personal Fund (STRICTLY NOT ALLOWED)**
 - IGP (Subject for Audit; Shall be deposited to the Bureau of Treasury- Cannot be used for training)

Present the budgetary requirements of the activity, based on the item descriptions, quantity, breakdown, and total amount from the APP. For PTA funds, attach Board Reso.

IV. KRA (Access/Equity/Quality/Resiliency and Well-being/Governance)

V. SIP Page #

VI. APP Item #

VII. Activity Plan/Matrix Exemplar

Input the needed data exactly based and aligned on the SIP & APP. Ensure that all the information asked are provided accurately and truthfully.

Learning Area : Science
Department : Science

Semester : 1st
No. of Teachers : 15

Input the necessary details.



Date	Time and Venue	Learning and Development Focus/Topic	Resource Facilitator/Speaker	Expected Output
January 5, 2022	3:00 - 4:30 School Library	How to prepare Science Investigatory Project	Ms. Can Dor	SIP Action Plan
January 5, 2022	3:00 - 4:00	How to prepare Science Investigatory Project	Ms. Can Dor	Teachers will be able to know how to prepare SIP
		PROJECT WATCH/CI PROCESS		

Input all the needed information, following the standards and policies governing LAC Session. Do not forget to incorporate Project WATCH/CI Process.

Prepared by:

MT/Department Head/School Head

Noted :

School Head

Reviewed by:

GAY P. TAGUIRAN
SEPS - HRD
Division LAC Focal Person

Recommending Approval:

RAMEL M. PILO
SGOD Chief

Approved:

REYNALDO B. MELLORIDA, CESO V
Schools Division Superintendent

Ensure the signatories are strictly followed and correctly reflected. Do not separate the signatories from the matrix.



Enclosure 4



Republic of the Philippines
Department of Education
 REGION XI
 SCHOOLS DIVISION OF DAVAO DEL NORTE
 DISTRICT: _____
 SCHOOL: _____

Write District Name (ALL CAPS).
 Write School Name (ALL CAPS).

PROGRAM OF WORKS

Name of Project : FABRICATION OF CITIZEN CHARTER TARPAULIN FRAME WITH
 STAND (PEDESTAL TYPE) TARPAULIN SIZE - 9'x7' 6 pcs
 Approved Budget : ₱0.00
 KRA :
 SIP Page No. :
 APP Item No. :

Input the needed data exactly based and aligned on the SIP & APP. Ensure that all the information asked are provided accurately and truthfully.

Description (Materials - Complete Specifications)	Unit	Qty.	Unit Cost	
			Unit Cost Material	Total Cost Material
G.I. Pipe 2 Sin x 6m	length	16	-	-
Welding Rod	kg	20	-	-
2in x 2in x 6m Angle bar	length	18	-	-
2 in x 4 in Channel Bar	length	22	-	-
10mm Reinforcing Bars	length	33	-	-
Portland Cement	bag	12	-	-
Washed Sand	cu.m.	6	-	-
Gravel	cu.m.	10	-	-
Red Oxide Paint	lit.	5	-	-
Enamel Paint (Premix)	gal	8	-	-
Paint Thinner	gal	2	-	-
Polytuff	lit.	3	-	-
3mm Longspan Corrugated Pre-Painted Roofing (Red or Green Color)	ln.m.	66.7	-	-
Labor (40% Max Material Cost)				-
GRAND TOTAL (Materials and Labor)				-

Present the budgetary requirements, based on the breakdown of descriptions-specifications, unit quantity, unit cost, total cost, and the total amount from the APP.

Prepared by: _____
 Checked: _____
 School Head

ENGR. ELIELOU P. JUMAWAN
 Division Engineer
 Approved:
RAMEL M. PILO
 SGOD Chief

Ensure the signatories are strictly followed and correctly reflected.



Enclosure 5



Republic of the Philippines
Department of Education
REGION XI
Division of Davao del Norte
(Name of School)
(School Address)
School Year _____

BRIGADA ESKWELA
SCHOOL ACCOMPLISHMENT REPORT

DIVISION: Davao del Norte	REGION: XI
SCHOOL:	SCHOOL ID:
SCHOOL ADDRESS:	
(Please check appropriate box)	
Level: <input type="checkbox"/> Elementary <input type="checkbox"/> High School	Type of School: <input type="checkbox"/> Central School <input type="checkbox"/> Non- Central School (Complete) <input type="checkbox"/> Multi-grade <input type="checkbox"/> Primary School (Complete) <input type="checkbox"/> Integrated
SCHOOL HEAD:	CONTACT NO.:
PTA PRESIDENT:	CONTACT NO.:

D. ESTIMATED COST OF VOLUNTEER SERVICES RENDERED			
Type of Service	Total Number of Volunteers	Total Number of Hours Rendered	Total Estimated Costs
Carpentry			
Masonry			
Gardening/ Landscaping			
Painting			
Welding			
Electrical/ Electronics			
Plumbing			
Ordinary Labor			
Brigada Pagbasa			
TOTAL			

E. SIGNIFICANT EVENTS / EXPERIENCES			
What happened?	Who were involved?	When?	What is/are important contribution to the operation to the school or to existing needs of the school?

F. LESSONS LEARNED

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G. SUGGESTIONS TO STRENGTHEN BRIGADA ESKWELA PROJECT

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<p>Prepared by: _____ School Head Date: _____</p>	<p>Checked and Validated by: ROMELA T. PANGANDYON Division BE/ASP Focal Date: _____</p>	<p>Noted by: RAMEL M. PILO Chief Education Supervisor, SGOD Date: _____</p>	<p>Noted by: REYNALDO B. MELLORIDA, CESO V Schools Division Superintendent Date: _____</p>
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