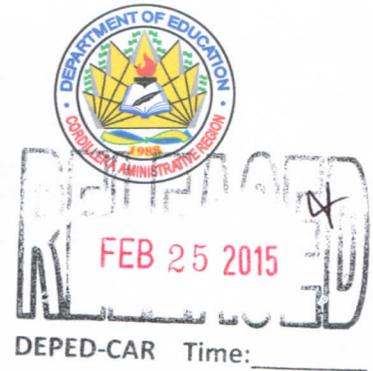




Republic of the Philippines
 Department of Education
 CORDILLERA ADMINISTRATIVE REGION
 Wangal, La Trinidad, Benguet



REGIONAL MEMORANDUM

No. 047.2015 s.2015

MONITORING/VALIDATION TOOL FOR THE EARLY IMPLEMENTATION OF SENIOR HIGH SCHOOL SY-2015-2016

**TO: Schools Division Superintendents
 All Divisions**

1. Attached is a Monitoring/Validation Tool for the Early Implementation of Senior High School SY-2015-2016 in the Region. This instrument aims to:
 - Determine the capability of the identified schools to offer early implementation of Senior High School;
 - Gather data on actions undertaken by SHS implementation team of the school;
 - Identify school partnerships;
 - Identify Tracks/Strands to be offered;
 - Identify teacher needs and qualifications;
 - Identify status of academic classrooms, laboratory workshops and tools and equipments;
 - Determine the Physical Development Plan of the school.

2. Respondents public and private schools should be based on the final listing of the Divisions Senior High School Implementation Team for Early Implementation of SHS, SY-2015-2016.

3. Please send the accomplished form with signatures to depedcarregional09@mail.com on or before **March 31, 2015**, submit a print-out copy to your respective Schools Division Offices.

4. Immediate dissemination and compliance of this memorandum is desired.


ELLEN B. DONATO, Ed. D., CESO III
 Regional Director

Telephone Numbers:

Office of the Director IV	-422-1318	Budget and Finance Division	-422-5155	Cash Section	-309-3017	Record Section	-309-3015
Fax Machine	-422-4074	Elementary Education Division	-422-7096	Physical Facilities Unit/ICT	-309-3011	Payroll Services Unit	-424-3993
Office of the Director III	-309-3013	Alternative Learning System	-422-5187	Regional Planning Unit	-309-1234	Special Services Division	-424-5167
Administrative Division	-422-1804	Secondary Education Division	-309-3014	Supply Unit	-422-2198	Commission on Audit	-422-7434

**MONITORING/VALIDATION TOOL FOR THE
Early implementation for Senior high school
SY-2015-2016**

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School ID

This form shall be accomplished by the head of the school or its representative/s. Likewise, the school head shall certify the correctness of the data, and shall be responsible and accountable for any inaccuracy/ies or false data/information reported. He/she shall submit the accomplished form to the REGIONAL SHS IMPLEMENTATION TEAM, headed by the Regional Director in hard copy for information and reference or send it through email at email add depedcarregional09@gmail.com . The data will be used to validate the capability of the interested schools in implementing the Senior High School program for SY 2015-2016 and beyond.

SCHOOL INFORMATION

<p>Name of School : _____ (Official Name/ If renamed, please indicate old name)</p>	<p>Region : _____ Division : _____ Legislative District: _____ Tel. No. : _____ Fax No. : _____ E-mail Address : _____</p>
<p>Address : _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Street Barangay </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Municipality Province/City </div> </p>	

<p>1. Category of School</p> <p>_____ Tech-Voc. School _____ Gen. Sec. School</p>	<p>2. Type of Tech-Voc School</p> <p>_____ Arts and Trade _____ Agriculture _____ Fisheries _____ others, Pls. specify _____</p>	<p>3. School Site area in Square meters/hectares _____</p> <p>4. Buildable space in square meters/hectares _____</p>
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QUICK COUNT DATA : Male _____ Female _____ Total _____
(SY-2014-2015) (Total Enrolment) (Total Nationally-Funded Teaching Personnel) (Total Instructional Rooms)

Certified True and Correct by: School Head: _____ **Designation:** _____ **Date:** _____

EARLY SENIOR HIGH SCHOOL IMPLEMENTATION PLAN FOR SY 2015-2016

a. Did you create a School Senior High School Implementation Team? Please check YES _____ NO _____
 If NO, Why? _____

b. ACTIONS UNDERTAKEN BY THE SHS IMPLEMENTATION TEAM OF YOUR SCHOOL. (Please Check YES or NO)

1. Prepared Project Proposal and discussed/presented to stakeholders. YES _____ NO _____
 (If NO, Why? _____)

2. Endorsed the project proposal through PTA board Resolution /LGU Board Resolution . YES _____ NO _____ (If NO, Why? _____)

3. Signed Memorandum of Understanding/Agreement on Immersion Partnership. YES _____ NO _____ (If NO, Why? _____)

4. Signed Memorandum of Agreement on Higher Education Institution Partnership. YES _____ NO _____ (If NO, Why? _____)

5. Conducted aptitude test for screening enrollees for the early implementation of SHS, SY-2015-2016. YES _____ NO _____ (If NO, Why? _____)

c. LISTING OF PARTNERSHIP (e.g. HIGHER EDUCATION INSTITUTION, TVE SCHOOLS, LGUs, and INDUSTRIES NGOs. Etc.)

NAMES OF PARTNERS (Specify LGUs, NGOs, TVEs schools, Industries, GOs etc.,)	PLEDGES AND COMMITMENT (e.g. Training, Immersion, Employment, Tertiary Education etc.,)
1.	
2.	
3.	
4.	

d. LIST OF POSSIBLE EMPLOYMENT OPPORTUNITIES IN THE LOCALITY	
1.	4.
2.	5.
3.	6.

Please check on the box provided on the right for each Track/Strand to be offered			
e. Academic Tracks		f. Arts and Design Track	<input type="checkbox"/>
• GAS (General Academic Strand)	<input type="checkbox"/>	g. Sports Track	<input type="checkbox"/>
• ABM (Accountancy, Business and Management Strand)	<input type="checkbox"/>		
• STEM (Science, Technology Engineering and Mathematics Strand)	<input type="checkbox"/>		
• HUMSS (Humanities and Social Sciences Strand)	<input type="checkbox"/>		

h. TECHNICAL-VOCATIONAL-LIVELIHOOD TRACK (Please Write in the blank provided your TVL strand offering for SHS early Implementation SY 2015-2016, GRADE 11)

Agri-Fishery Arts	Home Economics	ICT	Industrial Arts
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

i. List of catchment schools public or private, for SY-2015-2016 SHS early implementation		
Names of School	Grade 9 total enrollment	Expected number of students to enroll In your school for SY 2015-2016 (Grade 11)
1.		
2.		
3.		
4.		
5.		

j. STUDENT DATA on Enrollment, Repeaters and Transferees

Particulars	SY-2010-2011			SY-2011-2012			SY-2012-2013			SY-2013-2014			SY-2014-2015		
	Male	Female	Total												
Enrollment															
Repeaters															
Transferees In															

k. Number of Graduates

SCHOOL YEAR	Male	Female	Total	SITE INFORMATION (Site Ownership)			
				<input type="checkbox"/> Titled under the name of	<input type="checkbox"/> Tax Declaration	<input type="checkbox"/> Deed of Donation	<input type="checkbox"/> Pres. Proclamation
SY-2011-2012				<input type="checkbox"/> DepEd	<input type="checkbox"/> DepEd	<input type="checkbox"/> Contract of Usufruct	<input type="checkbox"/> Others
SY-2012-2013				<input type="checkbox"/> LGU	<input type="checkbox"/> LGU	<input type="checkbox"/> Deed of Sale	
SY-2013-2014				<input type="checkbox"/> Others			
SY-2014-2015							
Number of Dropouts							
SY-2011-2012							
SY-2012-2013							
SY-2013-2014							
SY-2014-2015							

I. Number of Sections per Year Level (SY-2014-2015)		Number of Existing Classrooms being utilized for SY 2014-2015	
Grade 7		Grade 7	
Grade 8		Grade 8	
Grade 9		Grade 9	
4th Year		4 th year	
Total		Total	

m. EXISTING NUMBER OF ROOMS IN THE SCHOOL, SY- 2014-2015 (INSTRUCTIONAL ROOMS)						
Used as academic classrooms	Used as Science Laboratories	Used as H.E. Rooms	Used as Ind. Arts Workshop	Used as Computer Rooms	Not currently used	Total Instructional Rooms

n. EXISTING NUMBER OF ROOMS IN THE SCHOOL, SY-2014-2015 (NON-INSTRUCTIONAL ROOMS)						
Used as Libraries	Used as clinic	Used as canteen	Used as offices	Other uses	Not Currently Used	Total Non-Instructional Rooms

o. ACADEMIC TEACHERS PROFILE						
Name of Academic Teacher	Age	Bachelors Degree		Highest Educational Attainment (MA,Ed.D.,Ph.D.,etc)	# of Years Teaching Experience	NC Qualification If any
		Major	Minor			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.Pls. use additional sheet of paper if necessary.						

p. TECHNICAL-VOCATIONAL LIVELIHOOD TEACHERS PROFILE

Name of Shop Teacher	Age	# of years Teaching Experience	NC Qualification	LABORATORY SHOP/S (Functional in School)	SHOP STATUS (Pls. Check)		
					Permanent	Temporary	Size /Area
Ex. Josefa Arroyo	46	20 yrs.	Bread and Pastry NC 11	Bread and Pastry Lab.	/		8meters by 12 meters
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

q. Number of Classrooms available for the Early Implementation of SHS, SY 2015-2016 _____

r. Number of Teachers available for the Early Implementation of SHS, SY 2015-2016 _____

x. List of tools & equipment in TVL Strand, Biology, Chemistry, Physics and Computer Units.

(Pls. indicate if it is Adequate or In adequate)

TVL Strands- Tools and Equipments (Pls. indicate the TVL strand offerings)						
1.ex.Carpentry	2.	3.	4.	5.	6.	7.
<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate

Biology <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Chemistry <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Physics <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	Computer Units <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
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y. BEST PRACTICES,STRATEGIES AND MODALITIES: (Identity of your school/community in terms of Enterprising Products, Income Generating Projects, etc.,)

1. _____
2. _____
3. _____

z. CHALLENGES MET AND SOLUTIONS UNDERTAKEN. (In particular to the planning stages of SHS early implementation)

ISSUES/CONCERNS	ACTIONS TAKEN/SOLUTIONS
1.	
2.	
3.	
4.	

z.1. PHYSICAL DEVELOPMENT PROPOSAL/PLAN FOR THE SHS EARLY IMPLEMENTATION and BEYOND.

Title of Projects	Approximated Cost	Funding Agency	Expected Month of Construction	Purpose of the Proposed Project

