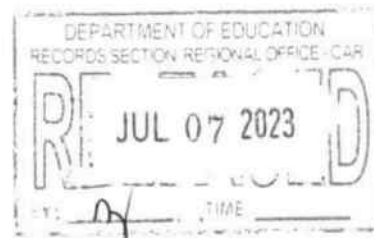




Republic of the Philippines  
**Department of Education**  
CORDILLERA ADMINISTRATIVE REGION



04 Jul 2023

**REGIONAL MEMORANDUM**

No. 339-2023

**IMPLEMENTATION OF JOINT DELIVERY VOUCHER PROGRAM (JDVP)  
SCHOOL YEAR 2022-2023**

To: Assistant Regional Director  
Schools Division Superintendents ) Abra, Baguio, Benguet, Tabuk  
Heads, Public Senior High Schools  
All Others Concerned

1. In reference to DepEd Order 006, s. 2023 and Regional Memoranda 553, s. 2022 and 192, s. 2022, concerning the **Implementation of the Joint Delivery Voucher Program for Senior High School - Technical Vocational Livelihood Specializations (SHS - TVL) for the School Year 2022-2023**, the Department of Education-Cordillera Administrative Region (DepEd-CAR) was given a total slots of 2037 learner beneficiaries.

2. In view of the above, implementing schools from the four (4) Schools Division Offices are listed with the details as attached in Enclosure 1.

3. Concerned SDOs through the Division JDVP Focal Persons are requested to facilitate the completion of the following annexes as attached:

Enclosure 2: Annex 1 Application Form for JDVP-TVL Partner

Enclosure 3: Annex 2 Certificate of Eligibility

Enclosure 4: Annex 3A List of Learners Excluded from the Program

Enclosure 5: Annex 3B Consolidated list of Number of Learners Excluded from the Program SY 2022-2023

Enclosure 6: Annex 4 Certification of Learner's Mastery

Enclosure 7: Annex 5 JDVP-TVL Voucher Certificate

Enclosure 8: Annex 6 Summary of Learner's Competencies and Equivalent Rating

Enclosure 9: Annex 7 Narrative Report

Enclosure 10: Annex 8 Billing Statement

Enclosure 11: Annex 9 Certification

Enclosure 12: Annex 10 Authorization by Students

Enclosure 13: Annex 11 Monitoring and Evaluation Tool

4. The hard copies of Annexes 8, 9, and 10 signed by the concerned authorities



shall be submitted in four copies to the Regional Office through the JDVP Regional Focal Person on or before July 31, 2023.

5. For inquiries, please contact the OIC-CLMD Rosita C. Agnasi or the SHS Regional Focal Person Jonalyn C. Ambrona at the DepEd-CAR Curriculum and Learning Management Division (CLMD) through this landline number: (074) 422-7096.
6. Wide dissemination of and compliance with this Memorandum is directed.

  
**ESTELA P. LEON-CARIÑO EdD, CESO III**  
Director IV / Regional Director 

Encl: As stated.

References: DepEd Order 006, s. 2023; Regional Memorandum 553, s. 2022 and Regional Memorandum 192, s. 2022

CLMD/RCA/jca  
0000/July 6, 2023

Enclosure 1 to RM No. **339-2023**

JDVP Implementing Schools for SY: 2022-2023

Division	School	Specialization	Number of Learner-Beneficiaries	JDVP-TVI Partner
<b>Original Slot</b>				
Abra	Cristina B. Gonzales Memorial NHS	ACP NC II	71	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Langiden NHS	OAP/ACP NC II	19	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Western Abra NHS	ACP NC II	19	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Western Abra NHS	OAP/ACP NC II	6	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Western Abra NHS	ACP NC II	14	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Rosalio Eduarte NHS	OAP/ACP NC II	61	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Dalit NHS	ACP NC II	33	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Dalit NHS	BPP NC II	5	Data Center College of The Philippines
Abra	San Quintin NHS	ACP NC II	31	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Tagodtod NHS	CSS NC II	12	Data Center College of the Philippines
Abra	MYBBMNHS	CSS NC II	13	Data Center College of the Philippines
Abra	MYBBMNHS	BPP NC II	15	Data Center College of the Philippines
Abra	Baay NHS	ACP NC II	26	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Pulot NHS	ACP NC II	13	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Manabo NHS	Cookery NC II	20	Data Center College of the Philippines
Baguio	Baguio City National Science HS	Animation NC II	72	Informatics Baguio
Baguio	Baguio City National Science HS	AS NC I	40	Kings College of the Philippines
Baguio	Mil-an NHS	BPP/FBS/Cookery NC II	30	PICA
Baguio	Joaquin Smith NHS	Tourism Promotion Services NC II	10	Data Center College of the Philippines
Baguio	Pines City NHS	EPAS NC II	43	Baguio College of Technology
Baguio	Pines City NHS	Technical Drafting NC II	27	Informatics Baguio
Baguio	Pines City NHS	BPP/FBS/Cookery NC II	106	Data Center College of the Philippines
Baguio	Baguio City NHS	AS NC I	44	BSBT College
Benguet	Loacan NHS	AS NC I	15	BVS College
Benguet	Loacan NHS-Tocmo Extension	AS NC I	14	BVS College
Benguet	Alejo M. Pacalso Memorial NHS	BPP/FBS/Cookery NC II	38	Blue Phenix
Benguet	Alejo M. Pacalso Memorial NHS	CSS NC II	28	Blue Phenix

Benguet	Alejo M. Pacalso Memorial NHS	SMAW NC II	13	BVS College
Benguet	Alejo M. Pacalso Memorial NHS	AS NC I	40	BVS College
Benguet	Benguet NHS	AS NC I	112	BVS College
Benguet	Benguet NHS	Caregiving NC II	60	Blue Phenix
Benguet	Benguet NHS	Hairdressing NC II	14	Blue Phenix
Benguet	Benguet NHS	SMAW NC II	16	BVS College
Benguet	Benguet NHS	EIM NC II	7	Kings College of the Philippines
Benguet	Twin Peaks NHS	Cookery NC II	16	Blue Phenix
Benguet	Twin Peaks NHS	EIM NC II	6	Kings College of the Philippines
Tabuk	Tabuk CNHS	FBS/HK/EMS	79	BEST Inc
Tabuk	Tabuk CNHS	CSS NC II	61	St. Tonis College
Tabuk	Cudal NHS	CSS NC II	51	St. Tonis College
Tabuk	Kalinga NHS	BPP/FBS/Cookery NC II	21	BEST Inc
Tabuk	Kalinga NHS	CSS NC II	16	St. Tonis College
Tabuk	Balawag NHS	ACP NC II	21	Ayuma Aggani Training & Assessment Center
Tabuk	Agbannawag NHS	ACP NC II	61	Ayuma Aggani Training & Assessment Center
<b>Sub-Total</b>			<b>1419</b>	
<b>Additional Slot</b>				
Abra	A. Bersamina NHS	ACP NC II	59	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Tineg NHS	ACP NC II	41	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Manabo NHS	ACP NC II	15	Mt. Carmel Agri.Tourism & Trng Cntr
Abra	Manabo NHS	Cookery & BPP	23	Data Center College of the Philippines
Baguio	Sto. Tomas NHS	BPP/FBS/Cookery	21	PICA
Baguio	Sto. Tomas NHS	AS NC II	35	Kings College of the Philippines
Baguio	Sto. Tomas NHS	CSS NC II	10	Informatics Baguio
Baguio	Baguio City NHS	BPP/FBS/Cookery	153	Blue Phenix
Baguio	Guisad Valley NHS	BPP/FBS/Cookery	97	Blue Phenix
Baguio	Baguio City NHS	AS NC II	47	BSBT College
Benguet	Benguet NHS	Technical Drafting NC II	18	GMS
Benguet	TCNHS	FBS NC II	21	Blue Phenix
Benguet	Twin Peaks NHS	EIM NC II	8	Kings College of the Philippines
Benguet	Twin Peaks NHS	CSS NC II	11	Blue Phenix
Benguet	Twin Peaks NHS	BPP NC II	18	Blue Phenix
Benguet	Benguet NHS	CSS NC II	36	BVS College
<b>Sub-Total</b>			<b>613</b>	
<b>TOTAL</b>			<b>2032</b>	

Annex 1



JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVLS)

**APPLICATION FORM FOR JDVP-TVLS PARTNER  
SY 2022-2023**

Region:	
Division:	
School Name:	
School ID (if applicable):	
School Address:	(Number/Block/Street)
	(Subdivision/Village/Barangay)
City or Municipality:	
Province:	
Contact Number/s:	
Email:	
TESDA Accreditation Number	
No. of Kilometers to the nearest and accessible Public DepEd SHS:	
TVLS Specializations/Training Offered	

**Attach the following documents:**

1. For private SHS/non-DepEd public SHS, certified true copy of the Provisional Permit to offer SHS-TVLS issued by DepEd;
2. For private TVLS, certified true copy of TESDA accreditation;
3. For both, Board Resolution indicating the intention to participate and to comply with SHS-TVLS Curriculum Learning Standards, including absorptive capacity of 25 learners per class, Pedagogical Requirements, and Policies on Assessment and Rating System based on DepEd Order No. 8, s. 2015; and
4. For both, attestation that there is a maximum four-kilometer distance between the listed qualified DepEd public SHS and the applicant partner.

**ATTESTATION**

I certify that my answers are true and complete to the best of my knowledge.

I am aware that the information supplied in this document shall be retained by DepEd on a database and shall be processed in compliance with the Data Protection Act of 2012.

I consent that the information herein may be used for reports both internally and to the Department of Education.

**School Head/  
Authorized Representative**

**Date Signed**

*[Signature]*

Enclosure 3 339-2023

Annex 2



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP- TVL)**

**CERTIFICATE OF ELIGIBILITY**

This is to certify that

\_\_\_\_\_  
*(Name of School)*

\_\_\_\_\_  
*(School ID / TESDA Accreditation Number)*

is eligible to participate as a JDVP-TVL Partner in the  
Joint Delivery Voucher Program for Senior High School Technical Vocational Livelihood Specializations  
(JDVP-TVL)

for SY 2022-2023.

Issued this \_\_\_\_\_ of \_\_\_\_\_, 2022 at \_\_\_\_\_.

\_\_\_\_\_  
Schools Division Superintendent/  
Authorized Representative

*[Handwritten signature]*

Enclosure 4 339 - 2023

Annex 3A



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP- TVL)**

**LIST OF LEARNERS EXCLUDED FROM THE PROGRAM  
SY 2022-2023**

Region: \_\_\_\_\_ School: \_\_\_\_\_  
Division: \_\_\_\_\_ School ID: \_\_\_\_\_  
Contact Details: \_\_\_\_\_

LRN	Name of Learner	Reason for exclusion

Prepared by:

Certified by:

\_\_\_\_\_  
**TVL Teacher**  
(Signature over Printed Name)

\_\_\_\_\_  
**School Head/  
Authorized Representative**  
(Signature over Printed Name)

*Signature*

Enclosure 5 **339-2023**

Annex 3B



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP- TVL)**

**CONSOLIDATED LIST OF NUMBER OF LEARNERS EXCLUDED  
FROM THE PROGRAM SY 2022-2023**

Region: \_\_\_\_\_  
Division: \_\_\_\_\_

Name of School	School ID	No. of Learners

PREPARED BY:

\_\_\_\_\_  
JDVP Focal Person- Division Level  
Signature over Printed Name

CERTIFIED:

\_\_\_\_\_  
Schools Division Superintendent/  
Authorized Representative  
(Signature over Printed Name)

*Handwritten signature*





JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL-VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP-TVLS)

Annex 4

Public Senior High School – TVL: \_\_\_\_\_  
ID Number: \_\_\_\_\_

**CERTIFICATION OF LEARNER'S MASTERY**

*This is to certify that*

(Name of Student/Grade & Section/ LRN)

*of*

(Name of School / School ID)

*has mastered the competencies in*

(TVL Specialization)

*The learner's least mastered competencies shall be the focus of the education and training under the Joint Delivery Voucher Program – Technical Vocational Livelihood (JDVP-TVLS) SY 2022-2023.*

*This certification is being issued for the tracking of his/her competencies.*  
Certified by:

TVL Teacher  
(Signature over printed name)  
Date:

Noted:

School Head / Authorized Representative  
(Signature over printed name)  
Date:

**LEARNING COMPETENCIES MASTERED**

LO3. Lay-out electrical drawings and details

LO4. Submit complete drawings

LO 2. Draft mechanical details of conveyor system

LO3. Lay-out plumbing and sanitary drawings and details

LO2. Prepare and set-up tools and materials for drawing

LO3. Lay-out mechanical detailed drawing

**LEAST MASTERED LEARNING COMPETENCIES**

LO 1. Operate CAD software and computer hardware

LO 1. Draft electrical plans and layouts

LO 2. Draft mechanical details of conveyor system

Signature of the Voucher Holder: \_\_\_\_\_

Annex 5



JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATIONS  
(JDVP - TVL)

Voucher No. \_\_\_\_\_

Valid for School Year 2022-2023

**JDVP -TVL VOUCHER CERTIFICATE**

\_\_\_\_\_, LRN \_\_\_\_\_, is a Learner - Beneficiary of the Joint Delivery  
(Name of Student)

Voucher Program for Senior High School Technical Vocational Livelihood Specializations

(JDVP- SHS TVL) for School Year 2022-2023.

*The Learner-Beneficiary is a bonafide student of \_\_\_\_\_*  
Public SHS

*of \_\_\_\_\_*  
School ID \_\_\_\_\_ Municipality/City \_\_\_\_\_

*which is one of the qualified public Senior High Schools to participate in the JDVP-SHS TVL,  
and therefore entitled to the benefits and privileges covered by JDVP-SHS TVL Voucher.*

*This Certificate is issued on \_\_\_\_\_ at \_\_\_\_\_.*

\_\_\_\_\_  
Regional Director/ Authorized Representative

Non-Transferrable

*Handwritten signature*

Annex 6



JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL TECHNICAL AND  
VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP-TVL)

SUMMARY OF LEARNER'S COMPETENCIES AND EQUIVALENT RATING  
SY 2022-2023

Region : \_\_\_\_\_  
Division : \_\_\_\_\_  
School Name : \_\_\_\_\_  
School ID : \_\_\_\_\_  
School Address : \_\_\_\_\_

LEARNER BENEFICIARIES	SPECIALIZATION	NC TO BE TAKEN	ASSESSMENT TAKEN

Prepared by:

Certified Correct:

**Trainer**

(Signature over Printed Name)

**School Head/Authorized Representative**

(Signature over Printed Name)

Validated by:

**Schools Division Superintendent/  
Authorized Representative**

(Signature over Printed Name)

*[Handwritten Signature]*

Annex 7



JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL TECHNICAL AND  
VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP-TVLS)

**NARRATIVE REPORT**  
SY 2022-2023

School Name : \_\_\_\_\_

School ID : \_\_\_\_\_

School Address : \_\_\_\_\_

Specialization/s Offered: \_\_\_\_\_

No. of Learner Beneficiaries per Specialization: \_\_\_\_\_

Assessment Center/ Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Details (email/mobile number) : \_\_\_\_\_

**HIGHLIGHTS OF THE IMPLEMENTATION**

- A. STRENGTHS OF THE PROGRAM/ POSITIVE EXPERIENCES/ COMMENTS
- B. ISSUES, CHALLENGES AND RESOLUTIONS
- C. LESSONS LEARNED/ INSIGHTS

Prepared by:

\_\_\_\_\_  
[JDVP-TVLS Partner Coordinator  
(Signature over Printed Name)]

Certified by:

\_\_\_\_\_  
School Head/Authorized Representative  
(Signature over Printed Name)

*[Handwritten signature]*



**BILLING STATEMENT**  
**SY 2022-2023**

All supporting documents regarding this billing statement are with the Schools Division Offices.

Billing to: Department of Education		Billing Statement No.:	Date:
JDVP-TVL Partner School:			
JDVP-TVL School ID/TESDA Accreditation Number:	JDVP-TVL Partner School Contact Number:	Gov't. Recognition No.:	Year Issued:
Region:	Division:	Municipality:	
Assessment Center:			

DepED Public SHS	No. of Grantees	Summary		Training Cost	Assessment Cost	Total Amount
		No. of Specializations Trained under the IDVP-TVL Partner	Specialization Assessed			
				TOTAL AMOUNT:		

[illegible]

Faculty Association President/Representative

JDVP-TVL Partner School Head

Note: Affix signature over printed name.



## JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP - TVL)

Kindly deposit payment to the JDVP-TVL partner school's bank account, the details of which are as follows:

Account Name	:	_____
Bank Name	:	_____
Bank Account Number	:	_____
Branch	:	_____
Amount Due	:	_____

**Requirement:** Please attach an IM11 or ST11 printout signed by the bank's branch manager.

<p>Certified</p>  <p>_____ Schools Division Superintendent/ Representative</p>	<p>Endorsed for processing</p>  <p>_____ DepEd Regional Director/ Representative</p>	<p>Endorsed for payment</p>  <p>_____ Director IV Bureau of Curriculum Development</p>
--	--	--

*Note: Affix signature over printed name.*

*[Signature]*

Annex 9



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP- TVL)**

**School Year 2022-2023**

**CERTIFICATION**

This is to certify that

---

*(Name of JDVP-TVL Partner)*

has submitted the complete year-end reports and billing statement in four (4) copies and such  
were found to be in order.

Issued this \_\_\_\_\_ of \_\_\_\_\_, 2023 at \_\_\_\_\_,

---

**Schools Division Superintendent/  
Authorized Representative**

*[Handwritten signature]*

ANNEX 10



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF EDUCATION



Region : \_\_\_\_\_  
Division : \_\_\_\_\_  
School : \_\_\_\_\_  
ID Code : \_\_\_\_\_

I, \_\_\_\_\_, qualified JDVP-TVL recipient with Voucher  
No. \_\_\_\_\_ for SY 2022-2023 per D.O. No. \_\_\_\_\_ s. 2022, hereby authorize the following subject to  
the provision of the said D.O.

- 1) (JDVP-TVL Partner), (ID Code) to collect from the Department of Education the assessed value/cost of my education and training provided by the cited institution, and
- 2) for the Department of Education to pay the cited institution the value of my voucher, representing the validated value/cost of my education and training provided by the cited institution

\_\_\_\_\_  
Signature over Printed Name

LRN \_\_\_\_\_

Voucher No. \_\_\_\_\_

Certified

\_\_\_\_\_  
Signature over Printed Name  
Class Adviser

Conforme

Approved

\_\_\_\_\_  
Signature Printed Name  
Parent/Guardian

\_\_\_\_\_  
Signature over Printed Name  
School Head

2023



Annex 11



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVLS)**

**Monitoring and Evaluation Tool  
School Year 2022-2023**

Division: \_\_\_\_\_  
 Name of School: \_\_\_\_\_  
 Name of School Head: \_\_\_\_\_  
     Contact Number: \_\_\_\_\_  
 Name of School JDVP Focal Person: \_\_\_\_\_  
     Contact Number: \_\_\_\_\_  
 Total Number of Learner Beneficiaries: \_\_\_\_\_  
 Specialization: \_\_\_\_\_  
 Name of JDVP Partner: \_\_\_\_\_  
     Contact Number: \_\_\_\_\_

Direction: Fill in the required data with accuracy.

**PART I. QUALIFICATIONS**

**A. PARTICIPATING SCHOOL**

INDICATORS	YES	NO
1. The School offers Technical Vocational Livelihood Track since 2016.		
2. The School has been ascertained to have inadequate facilities, equipment, tools and teachers for an TVL Specialization since 2016.		
3. The school is located in areas where there are accessible Private SHSs, Non-DepEd Public SHS or Private TVIs.		

**B. JDVP PARTNERS**

INDICATORS	YES	NO
1. The JDVP Partner offers Technical Vocational Livelihood Track since 2016.		
2. The JDVP Partner submitted the following documentary requirement upon application.		
a. Certified True Copy of Provisional Permit to Offer SHS/ TESDA Accreditation.		
b. Letter of Intent		
c. Board Resolution		
d. Application Form (Annex 1)		
3. The JDVP Partner must be within the 8-kilometer radius. If not		
a. Must provide Mobile TVL Laboratories		
b. Must provide Free Dormitories		
c. Must provide Free Transportation with Insurance coverage		
d. Application Form (Annex 1)		

**PART II: PRE IMPLEMENTATION**

2023



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)**

ACTIVITIES	MODE OF VERIFICATION	YES	NO
<b>For Participating Schools</b>			
1. Secured copy of the DepEd Order ____ series of ____	DepEd Order ____ series of ____		
2. Attended Division Orientation on the conduct of Joint Delivery Voucher Program.	Certificate of Appearance.		
3. Conducted an orientation to the learner beneficiaries with their respective parents in the school level.	Narrative Report (Program, Attendance, Photos).		
4. Crafted flexible education and training schedule.	Training Schedule		
5. Secured parental consent.	Completed Parental Consent		
6. Assigned School JDVP-TVL Focal Person.	Designation		
7. Assigned teacher to regularly confer with the trainer.	Designation		
8. Submitted the Annex 3A to the SDO.	Receiving Copy of Annex 3A		
9. Provided Annex 4 to the JDVP Partner(s).	Receiving Copy of Annex 4		
10. Forwarded Annex 5 to the SDO.	Receiving Copy of Annex 5		
11. Submitted Annexes 11 and 14 to the SDO and provided copy to the JDVP Partner.	Receiving Copy of Annexes 11 and 14		
<b>For JDVP Partners</b>			
1. Submitted application with complete documentary requirements.	Annex 2		
2. Attended Division Orientation on the conduct of Joint Delivery Voucher Program.	Certificate of Appearance		
3. Received a copy of the List of Learner Beneficiaries.	Annex 11		
4. Furnished a copy of the training schedule.	Training Schedule		
5. Assigned trainers per school per specialization.	Designation		
6. Conducted orientation prior to the training proper.	Narrative Report		

**PART III: IMPLEMENTATION PROPER**

ACTIVITIES	MODE OF VERIFICATION	YES	NO
1. Monitored the delivery of the training	Monitoring Plan		
2. Checked attendance	Attendance Sheets		
3. Reported the improvement of learners beneficiaries	Report Card		

2024



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)**

**AVAILABILITY OF RESOURCES**

INDICATOR	Available?		Remarks
	Yes	No	
1. Sufficient Tools and Equipment a. 1:1 Ratio b. Updated Tools c. Complete Consumables d. Met the Set Standard			
2. Competent Trainer a. 25:1 Learner: Trainer Ratio b. Management Skill			
3. Safety Precautionary Measure a. Poster/ Signage b. Protective Gear			
4. Students' Participation a. Complete Attendance b. Present JDVP Focal Person			

**PART IV: POST IMPLEMENTATION**

ACTIVITIES	MODE OF VERIFICATION	YES	NO
1. The JDVP Partner prepared Annex 6.	Annex 6		
2. The JDVP Partner guided and assisted the learner-beneficiaries as regards to their choice of NC and Assessment Centre	Assessment Result		
3. The JDVP Partner completed Annex 7.	Annex 7		
4. The JDVP Partner submitted Annexes 8A and 8B with accurate data.	Annexes 8A and 8B		
5. The JDVP Partner secured Annex 9.	Annex 9		

**PART V: INPUT ASSESSMENT**

AREA OF CONCERN	BEST PRACTICE	PROBLEMS MET
APPLICATION		
ORIENTATION		
TRAINING SCHEDULE		

*signature*



**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL,  
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)**

<b>TRAINING PROPER</b> Learners' Participation a. Attendance b. Performance Trainers' Competencies Resources' Sufficiency		
<b>MONITORING</b>		
<b>NC ASSESSMENT</b>		
<b>BILLING</b>		
Other Concern: _____		

	Monitor:	Respondent (Participating School)	Respondent (JDVP Partner)
Signature			
Name:			
Position:			
Date:			

2025