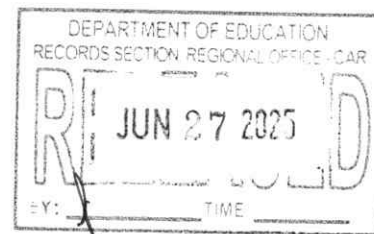




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



26 June 2025

REGIONAL MEMORANDUM

No. 450.2025

**CALL FOR NOMINATIONS FOR SEAMEO REGIONAL CENTRE FOR
QITEP IN MATHEMATICS (SEAQIM) REGULAR COURSES**

To: Assistant Regional Director
Schools Division Superintendents
All Other Concerned

1. Relative to DM-OUHROD-2025-1642 re: Call for Nominations for the Nomination for SEAMEO Regional Centre for QITEP in Mathematics (SEAQIM) Regular Courses, this office calls for nominations for the SEAQIM.
2. The Asian Ministers of Education Organization Regional Centre for Quality Improvement of Teachers and Education Personnel in Mathematics (SEAQIM) announces its call for nominations for its regular course with course details as follows:

Regular Course	Clinical Supervision in Mathematics Education
Course Schedule	08-21 October 2025
No. of Slots	One (1) slot
Modality	Online
Target Participants	School Principals and Supervisors
Qualifications	a. Must be a previous Mathematics classroom teacher b. Under fifty (50) years old c. With at least three (3) years of teaching experience d. Proficient in English e. In excellent health (supported by a medical certificate) f. Not currently pregnant (for female participants)
Program Description	See Attached Enclosure 3
E-copy Forms	Enclosure 1, 2 and 4 can be accessed to the link: https://tinyurl.com/2025SEAQIM

3. Each SDO shall recommend one (1) nominee after evaluation by the SDO Personnel Development Committee (PDC) following the qualifications



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indicated in Enclosures 1 to 4. The deadline for submission of an e-copy of requirements will be on **July 18, 2025** to **carneapr@deped.gov.ph**.

4. For queries and clarifications, please contact the Human Resource Development Division – National Educators Academy of the Philippines in the Region (HRDD-NEAPR) through Rosita C. Agnasi, OIC-HRDD-NEAPR or Elvernice S. Fanged, Scholarship Focal Person through email address at car.neapr@deped.gov.ph.

5. Immediate and widest dissemination of this Memorandum is directed.


Digitally signed by ESTELA P. LEON-CARINO EdD, CESO III
Date: 2025.06.27 10:56:28 +08'00'
ESTELA P. LEON-CARINO EdD, CESO III
Regional Director, Director IV 

//HRDDNEAPCAR/RCA/ESF /2025seameoqitep



Address: DepEd-CAR Complex, Wangal, La Trinidad, Benguet, 2601
Telephone No: (074) 422 – 1318
Email Address: car@deped.gov.ph



DepEd Tayo Cordillera



<https://depedcar.ph>





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(Enclosure 1 to RM No. **450.2025**)

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

Name:	
Scholarship Program:	
Sponsoring Agency/Organization:	
Region/SDO:	
Work Station:	

Remarks (✓, X, others)	Eligibility	Documentary Requirements
	a. Must be a Filipino citizen.	Updated Personal Data Sheet
	b. Must have obtained a very satisfactory (VS) performance rating for two (2) consecutive years.	Latest rated performance rating with approved IDP
	c. Must present his/her Individual Development Plan (IDP) that is validated by the head of the office.	
	d. Must be holding a permanent item.	Updated Service Record
	e. Must have no master's degree (for those who will apply for a master's degree) and shall have no doctoral degree (for those who will apply for a doctoral degree).	Updated Personal Data Sheet
	f. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	
	g. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be complied with after being officially nominated)
	h. Must have no pending administrative, civil, or criminal case, and must not have been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges
	i. Educational Attainment	Photocopy of diploma of highest educational attainment/transcript of records
	j. Passport	Photocopy of VALID Passport
	k. Medical Result	ECG/Urinalysis/X-ray/Feccalysis and Medical Certificate that you are physically fir to undergo foreign training



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(Enclosure 2 to RM No. **450-2025**)

SCHOLARSHIP CLEARANCE

I. NAME		
II. Position/Designation		
III. Permanent Station		
IV. Has availed any scholarship program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fill out sections V-X, as applicable.
V. Scholarship Program	Program Type	Title of the Program
	<input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	
VI. Scholarship Duration		
VII. Status	<input type="checkbox"/> Completed the course (Submit a copy of Certificate of Completion)	<input type="checkbox"/> Withdrawn from the Course (State the reason below)
VIII. Reason/s for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
IX. Service Obligation	No. of Months/Yrs Required	No. of Months/Yrs Completed
X. Reason for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
<i>I hereby attest that the information in this form and the supporting documents attached hereto are true and correct</i>		

Name and Signature of the Scholar <i>This is to certify that the information in this form and the supporting documents attached hereto are true and correct</i>	Date and Time
Name and Signature of the Recommending Authority (SDO - HRDD)	Date and Time
APPROVED	
Name and Signature of the Recommending Authority (RO-HRDD)	Date and Time



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(Enclosure 3 to RM No. 450.2025)

PROGRAM DESCRIPTION

3. Course on Clinical Supervision in Mathematics Education for School Principals and Supervisors (8 – 21 October 2025) – **Online Mode**

Having strong educational leadership is known to be a major factor in improving student learning. By providing vision and development opportunities, educational leaders can help facilitate the conditions necessary for teachers to perform at their best.

Realising that to improve the quality of mathematics education in Southeast Asia there needs to be strong leaders, SEAQiM developed the course on Clinical Supervision.

At the end of the course participants should be able to:

- a. explain the characteristics of mathematics education, characteristics of mathematics learning, current trends in mathematics teaching, methods suitable for teaching a particular mathematics topic, and the importance of clinical supervision in mathematics education;
- b. design a supervision programme and instruments for clinical supervision in mathematics education;
- c. conduct clinical supervision to improve the quality of mathematics education.

Course Contents

- a. Sharing session on Clinical Supervision on Southeast Asia
- b. Current Issues and Trends in Mathematics Education
- c. Concept and Theory of Academic Supervision
- d. Basic Concept of Clinical Supervision
 - 1) Definition and Approach Assumption in Clinical Supervision (CS)
 - 2) Principles of Clinical Supervision
 - 3) Characteristics of Clinical Supervision
 - 4) Steps in Clinical Supervision



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- 5) Comparing Clinical Supervision to Teacher Evaluation
- 6) Assessment in Clinical Supervision
- e. Basic Knowledge of Mathematics Instructions
 - 1) Concept, Principles, and Characteristics of Mathematics Instructions
 - 2) Learning and Teaching Strategies
 - 3) HOTS in Mathematics Education
- f. Clinical Supervision in Mathematics Learning
 - 1) Case Study of CS in Mathematics classroom
 - 2) Designing/Developing Supervision Instruments
 - 3) Simulation of Clinical Supervision
- g. Implementing Clinical Supervision in Schools
- h. ICT utilization in improving supervisor competence
- i. School Action Research
- j. Action Plan
- k. Pre Test and Post test



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(Enclosure 4 to RM No. **450.2025**)



Southeast Asian Ministers of Education Organization (SEAMEO)
Regional Centre for Quality Improvement of Teachers
and Education Personnel (QITEP) in Mathematics
 Jl. Kaliurang Km. 6 Sambisari, Condongcatur, Depok, Sleman, Yogyakarta, Indonesia.
 Phone: +62274889955, Fax: +62274887222, Email: secretariat@qitepinmath.org
 Website: www.qitepinmath.org



Application form
(name of the Course)

Photo 3x4 cm

Full Name : _____

Title (Dr/Mr/Ms/Mrs/Others) : _____

Gender (male/female/prefer not to disclose) : _____

Date and Place of Birth : _____

Designation : _____

Home Address : _____

Mobile / Whatsapp Number : _____

Email : _____

Institution

Address : _____

Phone Number : _____

Email : _____

Position (Teachers/School Principals/Supervisors/Others) : _____

Teaching Level : _____

(Primary/Secondary Level)

Contact in case of emergency

Name : _____

Relationship : _____

Mobile / Whatsapp Number : _____

Email : _____

Do you need additional provisions or support?

(Prayer : _____

Room/Lactation/Nursing : _____

Room/Others) : _____

CONSENT FOR MEDIA RELEASE

(Do you agree to grant permission to the organiser to : _____



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use, exhibit, display, and
create derivative works of
photographed or filmed
images and presentations of
the participants during the
course?)

AGREE/DISAGREE

_____ 2025