

#### Republic of the Philippines

## Department of Education

REGION VIII - EASTERN VISAYAS

February 21, 2024

#### REGIONAL MEMORANDUM

HRDD-2024- 185

CORRIGENDUM AND ADDENDUM TO REGIONAL MEMORANDA NOS. 354
AND 403, S. 2023 RE: GUIDELINES ON THE CRAFTING OF ACTION
PLAN/RE-ENTRY ACTION PLAN/JOB-EMBEDDED LEARNING/
IMPACT PROJECT - APPLICATION OF EDUCATION AND
APPLICATION OF LEARNING AND DEVELOPMENT

To:

Schools Division Superintendents Regional Office Division Chiefs

Public Elementary and Secondary School Heads

All Others Concerned

1. Pursuant to DepEd Order No. 7, s. 2023 titled Guidelines on Recruitment, Selection, and Appointment in the Department of Education, the Head of Office refers to the highest authority within each governance level, as follows:

Governance Level	Head of Office		
Central Office	Secretary		
Regional Office	Regional Director		
Schools Division Office, Schools, and Community Learning Centers	Schools Division Superintendent		

2. Paragraphs 4 and 5 of RM No. 354, s. 2023 which refer to the Review Committee Composition and Approving Authorities of the crafted Action Plan/Re-Entry Action Plan/Job-Embedded Learning/Impact Project are hereby revised as shown in the tables below.

	Review Committee Composition							
Governance Level	Chairperson/ Co-Chairperson	Members						
Regional Office (RO)	Chairperson: Assistant Regional Director (ARD) Co-Chairperson: Chief, HRDD	Chief, Administrative Division Chief, CLMD Chief, PPRD Chief, QAD HRMO						
		Secretariat: NEAP Focal Person and HRDD SEPS						



Address: Government Center, Candahug, Palo, Leyte

Schools Division	Chairperson: Assistant	CID Chief
Office (SDO),	Schools Division	Administrative Officer V
Schools, and	Superintendent (ASDS)	SEPS, Planning and Research
Community		HRMO
Learning Centers	Co-Chairperson: SGOD	
(CLCs)	Chief	Secretariat: HRDS SEPS

	Approving Authorities						
Governance Level	Recommending Approval	Approval Regional Director (RD)					
Regional Office (RO)	Assistant Regional Director (ARD)						
Schools Division Office (SDO), Schools, and Community Learning Centers (CLCs)	Assistant Schools Division Superintendent (ASDS)	Schools Division Superintendent (SDS)					

- 3. Attached are the revised and new templates for the Professional Development Program/Impact Project/ Work Application Plan (WAP)/Job-Embedded Learning (JEL)/Re-Entry Action Plan (REAP)/Action Plan (AP) for School Administration, Teaching, Related-Teaching, and Non-Teaching Personnel.
- 4. Also attached are the templates for the accomplishment report and certification of utilization or adoption of the Applications of Education and Learning and Development.
- 5. The immediate head of the concerned employee shall affix his/her initial below the name of the recommending authority as reflected in the template.
- 6. Immediate dissemination of and compliance with this Memorandum are desired.

EVELYN R. FETALVERO CESO IV
Regional Director

Enclosures: As stated References: As stated

To be indicated in the Perpetual Index under the following subjects:

ACTION PLAN
APPLICATION OF EDUCATION
APPLICATION OF LEARNING AND DEVELOPMENT
CERTIFICATION
IMPACT PROJECT
JOB-EMBEDDED LEARNING
PROFESSIONAL DEVELOPMENT PROGRAM
RE-ENTRY ACTION PLAN
WORKPLACE APPLICATION PLAN



HRDD-CDPA





Address: Government Center, Candahug, Palo, Leyte

Enclosure 1 to Regional Memorandum No. 185, s. 2024

# PROFESSIONAL DEVELOPMENT PROGRAM/IMPACT PROJECT TEMPLATE FOR SCHOOL ADMINISTRATION, TEACHING, AND RELATED-TEACHING PERSONNEL

nent's Profile
nt's Name:
chool:
e Office/School Adress:
Number:
mail address:
am/Project Profile  e the following components to describe the program/project you would like to be  nted.)
Itle Indicate the proposed program/project title.
Discuss in no more than 600 words the reasons for proposing this program/project. A substantially written rationale shall capture the following:  a. The context of the program/project: where, when, and how it was conducted.
b. The significant results of the program/project: specific targets for development.  c. Relevant legal bases (if applicable) such as but not limited to
DepEd issuances supporting the need for the proposed program/project.  d. Relevant local and international literature validating the identified professional development needs and the selected key contents and methodologies.
state in no more than 350 words the main intention of the proposed program/project highlighting the main task to be accomplished or the key content to be delivered, knowledge and skills to be learned and how they will benefit the participants.
State the following task/learning objectives:  Result Objective: As a result of the participants' improved competence and performance:  (State what the program/project will be able to contribute to the attainment of organization goals as a result of participants improved competency and performance.)  Application Objective: Back in the workplace, the participants will be able to:  (State what the participants will be able to perform back in their workplace as a result of their improved competence.)  Terminal Objective: By the end of the program/project, the participants/persons responsible will be able to:
Terminal





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Profess Standar spec Doma	rd with	Doma	ain/s	Strai	nd/s	Inc	licat	tor/s	
Strand, Indica	/s, and								
		group, pos		ct area, grad	de level, on criter	ria.	eer s	stage, job	
Target Participants		Total number of target participants :	How many participa nts does this program /project	Number of batches per implement ation (if applicable)	To ho many batche do yo plan i delive this progra / proje propos	y es u to er Number Implemen		How many times do you plan to impleme nt this	
		proposal plan to cater?	Number of participants per batch:	Hou man partici nts w there in a batch	y pa ill be		program /project proposal ?		
	Platform	Indicate th	ne delivery p	olatform her	re.				
Impleme	ve Dates of entation	From Start Date to End Date							
(List down		activities in	the table be ACTIVITY			etailed desc	ripti	on of each	
Course/ Activity No.		Title		Funct Profess Stand Cove  (Compen Function PPST, F	ions/ sional lards ered adium of s/KRAs,	В		Modality  (Training Course, Seminar, Conference, nchmarking,	





					PPSS with specific domain/s and strand/s, indicator/s)		Job-Embedded Learning, Learning Action Cell, Coaching and Mentoring)	
	1							
	3							
10	0.000	u to ada	1 cours	es/activitie	98			
	. Course/							
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S	Duration:	Topic/	Task	Session/	Methodology	Outputs	Learning	
on // Trask	Determine time allocation for each session/ task, considering the session/ task objectives and output to be accomplish ed.	List co areas/ essent attainin learn object (product outpu	ntent tasks ial to ng the ting tives ing the	Task Objectives  State in behavioral terms what participant will be to do right after a learning session/ task.	Describe in detail or step-by- step procedure the task/s shall be done or how the assigned Resource Speaker will deliver content and engage the participants.  Indicate the resources or learning resources that will be used to support accomplishment of the task/s or the delivery of content and the attainment of the task/session objectives.  Incorporate the use of varied formative assessments such as multiple checks for understanding, guided practice, independent practice, etc.	Identify concrete outputs (e.g. recommendat ions, lesson exemplars, proposals, TA Plan, reflection journal, instructional material, etc.) that will be produced by the participant or person responsible during and by the end of each task or session.	Facilitator/ Resource Speaker/ Person Responsible  Indicate the appropriate Resource Speaker/ Learning Facilitator/ Person responsible wh will deliver the session or who will accomplish the task.	
2								
A	ENGLISHED STORMAN TOWNSHIP BEING THE STORMAN			ions/tasks				
		nding Source: (Hou		low the gram will funded?)	Budget Requirements:	(Provide details on ho the funds will be allocated. If registration how much will be collected in each course?)		
B	udget Est	imate						
	ource of F				Registration Fee per Participant:			





Total Targe	ted						Numb	er o	f			
Participants							Batch	es:				
Target Date							Propose Venue/		tion:			
Budget Brea	kdown	per B	atch				VCHUCI	Doca	LIOII.			
	culars			of		No	. of	U	nit	Tota	al Estimate	d Cost
			Pa	1X		Da	ıys	C	ost			
Board and L												
Transportati		oject										
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Supplies and		als				_						
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Contingency				_								
Total Estim												
VI. Monitor	ing and	Evalu	ation	Plan	l		41. ***	1	uist P	1	an 1/2 J-11	
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		Concer	uata: j	evide			• • •		don		M and E	Butter
				indic	he	·3)					activities?)	
Level 4 -				muic	ator	31)						
Results												
(The degree to which targeted												
outcomes as a result of the												
training and												
support and accountability												
package.)  Level 3 -					-							
Behavior												
(The degree to												
which participant apply what they												
learned during training when												
they are back on the job. This can												
be found in the												
application objective.)												
Level 2 -												
Learning (The degree to												
which participants												
acquire the												
intended knowledge,												
skills, attitude, confidence, and												
commitment												
based on their participation in												
the training.)		-		-								
Level 1 - Reaction												
(The degree to												
which participant find the training												
favorable, engaging, and												
		-					***					





#### DEPARTMENT OF EDUCATION REGION VIII - EASTERN VISAYAS

relevant to their jobs.)								
Declaration:								
I hereby deck there have be misinterpreta	een no 1	misleading :	provide stateme	nts,	omission o	ation is true of any releva	and correct nt facts not	r and
I agree that t gathered and	he Depa the cop	ertment of E pyright of an	ducatio y publi	n (E catio	epEd) to be on of the us	e the co-own e of these da	er of all the ata.	data
Sign off by th	ie Progra	am/Plan/Pr	oject Pr	opo	nent:			
Program/Pla Proponent	an/Proje	ect						
Signature					<del></del>			
Date								
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Prepared by:								
Program/Pro	ject Pro	ponent Sign	ature o	ver ]	Printed Nan	ne		
Recommend	ing Appr	roval:						
ARD for RO Signature ov	/ <b>ASDS</b> i	for SDO, Sc	<b>hools,</b> the Cha	<b>and</b> urpe	<b>CLCs</b> erson of the	Review Com	mittee	
Approved:								
RD for RO/S Signature ov						ty		





Enclosure 2 to Regional Memorandum No. \_\_\_\_\_\_, s. 2024

## PROFESSIONAL DEVELOPMENT PROGRAM / IMPACT PROJECT TEMPLATE FOR NON-TEACHING PERSONNEL

I. Proponent's Profi	ile
Proponent's Name:	
Office/School:	
Complete Office/Sch	lool Adress:
Contact Number:	
DepEd email addres	
II. Program/Project	t Profile
	ng components to describe the program/plan/project you would like
to be implemented.)	
Title	Indicate the proposed program/project title.
Rationale	Discuss in no more than 600 words the reasons for proposing this PD program/project. A substantially written rationale shall capture the following:  a. The context of the program/project: where, when, and how it was conducted.
	<ul> <li>b. The significant results of the program/ project: specific targets for development.</li> <li>c. Relevant legal bases (if applicable) such as but not limited to DepEd issuances supporting the need for the proposed program/project.</li> </ul>
Program/Project Description	d. Relevant local and international literature validating the identified professional development needs and the selected key contents and methodologies.  State in no more than 350 words the main intention of the proposed program/project highlighting the main task to be accomplished or the key content to be delivered, knowledge and skills to be learned and how they will benefit the participants.
	State the following task/learning objectives:
Program/Project Objectives	Result Objective: As a result of the participants' improved competence and performance:  (State what the program/project will be able to contribute to the attainment of organization goals as a result of participants' improved competency and performance.)  Application Objective: Back in the workplace, the participants will be able to:  (State what the participants will be able to perform back in their workplace as a result of their improved competence.)  Terminal Objective: By the end of the program/project, the participants/persons responsible will be able to:



	immediate	ly after th	ne program/pl			
	(Identify menabling kenabling kenabl	ajor task nowledg uire/acc specific	c or learning be or skill/s p omplish in ord behavioral te	y, the participal plocks. Each be participants/per to attain the rms what pay the end of e	lock shal ersons re terminal articipants	l focus on esponsible objective. s/persons
Target Professional	Profession	al Stand	ard:			
Standard with specific Domain/s,	Domai	n/s	Strai	nd/s	Indic	eator/s
Strand/s, and Indicator/s						
	group, pos	e target ition, sub			r career	stage, job
Target Participants	Total number of target participants	How many particip ants does this progra m/proje	Number of batches per implementation (if applicable):	To how many batches do you plan to deliver this program/pro ject proposal?	Number of Impleme ntations:	How many times do you plan to implemen this
		ct proposa l plan to cater?	Number of participants per batch:	How many participants will there be in a batch?		program/ project proposal?
<b>Delivery Platform</b>	Indicate th	ne deliver	y platform her	re.		
Indicative Dates of Implementation	From Star	t Date to	End Date			
III. Activities List						
(List down activities in t	he table below	and provid	de detailed descri	ption of each acti	vity on the	ACTIVITY
DESIGN table.)				/s Covered Functions/KRAs)	Schedule (From Star Date to	rt (Job- Embedde
Activity Number	Activity		-	9	End Date	) d Learning Coaching and Mentoring)
1 2						
(Add more rows to		s.)				
IV. Activity Design (Provide a detailed of the control of the cont		of each ac	ctivity by break	king it into disc	erete task	s. You ma





create a	conu of th	uis table belo	w if you h	nave two	or more ac	tivities.)		ы
Activity		tio tobic beto	g god r			name and the second		
Activity	1	=74	, 1 - VI - 1	Thate.				
	sk/s	Outputs	Durat		Person/s	Res	ources	Source of Fund
k ta (May be of mair u m b e r 1 2	ribe its sk. a listing it tasks.)	Describe what employees' outputs to achieve the different tasks.	Date		Responsible  Identify the Person responsible fo this task.	Financial		
V. Moni	toring a	nd Evaluati	on Plan	Ot.				
	Indicato	Definition	Baseline	Target	Data Source	Frequency	Person Responsible	Reporting
		How is it calculated?	What is the current status?	What is the target?	How will it be measured?	How often will it be measured?	Who will measure it?	Where will it be reported
Goal				進率				
Outcomes				19 54				
Outputs								

#### Declaration:

I hereby declare the information provided in this program/plan/project is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

I agree that the Department of Education (DepEd) to be the co-owner of all the data gathered and the copyright of any publication of the use of these data.

Sign off by the Program/Plan/Project Proponent:

Program/Plan/Project Proponent	, _ Ju. 474
Signature	
Date	The rate and
This Form is not valid if not	signed.
Prepared by:	- * Nd.1

Program/Project Proponent Signature over Printed Name





Address: Government Center, Candahug, Palo, Leyte

Recommending Approval:	
ARD for RO/ASDS for SDO, Schools, a	nd CLCs
Signature over Printed Name of the Chair	rperson of the Review Committee
Approved:	
RD for RO/SDS for SDO, Schools, and Signature over Printed Name of the Appr	



Enclosure 3 to Regional Memorandum No. \_\_\_\_\_\_, s. 2024

## WORKPLACE APPLICATION PLAN (WAP) / JOB-EMBEDDED LEARNING (JEL) TEMPLATE

Title of PD Program/s  Name of Immediate Supervisor Background and Rationale of WAP/JEL Plan:  Expected Performance Improvement Competencies for Development  Rey Result Improvement In Performance Indicator  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Job Ratadowing Job Expansion Job Rotation  Stretch Assignments  Stretch Assignments  WAP Implementation  WAP Implementation  Competency  (Please specify)  WAP Implementation  Condition-Degree guidelines.  Support/ Facilitator  Resources  (Office Order information, eight carring pacific to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the learner will be able to do by the end of the end of an activity learning objective)  Repeted the ward to and point able to do by the end of the learner will be able to do by the end of the end of an activity learning objective)  Condition-Degree guidelines.  Support/ Resources  (Office Order information, eight carring pacific paci								
Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Job Expansion  Briefly describe the intervention  (e.g. type of special project, nature of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.  Application Objective  (What learner be able to do by the end of an activity) learning objectives  (What learner be intervention (Plearing a bit intervent) (Start-end of earner will clearning objective)  (Position Date of Delivery PD Program Provider Delivery PD Program Provider Office and Position Degree guide learner)  Date of Delivery PD Program Provider Office and Position Position  Position Delivery PD Program Provider Delivery PD Program Provider Office and Position Posit								
Name of Immediate Supervisor Background and Rationale of WAP/JEL Plan:  Expected Performance Improvement  Competencies for Development  Area(s)  Expected Improvement in Performance Indicator  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work  Job Shadowing Special Project, Assignments  Special Project  Job Rotation  Briefly describe the intervention  (e.g. type of special project, adure of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate, Use one to two paragraphs.  Application Objectives  (What learner be able to do by the end of the learner will engage in to meet each end of an activity) learning objectives (Start-end of each activity) engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Activities that learner will objectives (Start-end of each activity) engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Activities that learner will engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Activities that learner will engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Activities that learner will engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Confictor Ordition-Degree guidelines.  Confictor Ordition-Degree guidelines.  Activities that learner will engage in to meet each end of an activity plearning objectives (Start-end of guide learner)  Activities that learner will engage in to meet each end of an activity plearning objectives (Start-end of guide learner)								
Name of Immediate Supervisor Background and Rationale of WAP/JEL Plan:  Expected Performance Improvement Competencies for Development  Committee Work  Job Expansion  Job Expansion  Job Expansion  Stretch Assignments  Briefly describe why the WAP/JEL will be addressed and current performance level on key result area(s).  Expected Improvement in Performance Indicator  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work  Job Expansion  Job Rotation  Briefly describe  Informal JEL Activities (Please specify)  WAP Implementation  Others (Please specify)  Others (Please specify)  Stretch Assignments  Assignments  Assignments  Application Objective  Learning Objectives  (What learner be able to do by the end of the carcher will engage in to meet each end of an activity) learning a conception and conception of the process of the carcher will engage in to meet each end of an activity (learning a poincetive)  Expected Wap JEL will be addressed and current performance level on key result area(s).  Weath a way Improvement  Improvement in Performance Improvement in Performance Indicator  Wap Improvement  Wap Implementation  Others (Please specify)  Others (	earner/Employee							
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Supervisor   Background and Rationale of WAP/JEL   Briefly describe why the WAP/JEL will be implemented. Identify the competency gaps that will be addressed and current performance level on key result area(s).   Expected Performance Improvement   Competencies for Development   Area(s)   Expected Improvement in Performance Indicator   Werification	itle of PD Program	ı/s				_		
Supervisor  Background and Rationale of WAP/JEL be implemented. Identify the competency gaps that will be addressed and current performance level on key result area(s).  Expected Performance Improvement  Competencies for Development  Competencies for Development  Competencies for Development  Competencies for Development  Respected Improvement   Expected Improvement in Performance Indicator  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work   Job Shadowing   Informal JEL Activities (Please specify)  Job Rotation   Stretch Assignments   WAP Implementation  Briefly describe the intervention (of glearners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.  Application Objective   WAP/JEL, following ABCD (Audience-Behavic Condition-Degree) guidelines.  Learning Objectives ((Nat learner be able to do by the end of the each activity) (Immediate Supervisor or Peer assigned to guide learner)   Office Order information, elearning objectives (Activities that learner will earning objective)   Office Order information, elearning objective)   Office Order information, elearning objective)					-			
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Identify the competency gaps that will be distributed accurrent performance level on key result area(s).   Identify the competency gaps that will be distributed accurrent performance level on key result area(s).   Improvement   Expected   Improvement	upervisor	1	Briefly de	escribe	why the	WAP/JEL	will be	implemented.
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Competencies for Development  Rea(s)  Rea(s)  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work  Job Expansion  Job Rotation  Stretch Assignments  Priefly describe intervention  (e.g. type of special project, nature of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.  Application Objective  Learning Objectives  (What learner be able to do by the end of an eactivity/learning believily) elearning activity/learning objectives  (What learner be able to do by the end of an activity/learning objective) each activity/learning objective one to define the condition of		(	current pe	erformar	ice level	on key resuu	ureu(s).	
Competencies for Development Area(s)    Please add more rows as needed.   Improvement in Performance Indicator   Indicator	lan:	nce Im	provemo	ent				
Development  Area(s)  Improvement in Performance Indicator  Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work  Job Shadowing Job Expansion  Special Project Job Rotation  Briefly describe the intervention (e.g. type of special project, nature of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.  Application Objective  Learning Objectives  (What learner be able to do by the end of the condition-Degree) guidelines.  (Activities that learner will be able to do by the end of the condition-Degree) guidelines.  (Activities that learner of each activity)  (Activities that learner will be able to do by the end of the condition-Degree) guidelines.  (Activities that learner of each activity)  (Activities that learner will be able to do by the end of the condition-Degree) guidelines.  (Activities that learner will be able to do by the end of the condition-Degree) guidelines.  (Activities that learner will be activity)  (Activities that learner)	Competencies for	or	Kev 1	Result			1	
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Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work Job Shadowing Job Shadowing Job Expansion Special Project Please specify Please	Development			•		in		
Please add more rows as needed.  Type of Intervention (Please tick the box that applies.)  Committee Work								
Committee Work   Job Shadowing   Informal JEL Activities (Please specify)   Job Expansion   Special Project   Stretch Assignments   WAP Implementation   Wap Implementation						Indicator		
Committee Work								
Committee Work								
Committee Work	Di add more ro	us as ne	eeded.					
Job Expansion   Special Project   Please specify   Please specify   Please specify	Please and more roll	on (Plea	se tick th	e box th	at applie	s.)		
Job Expansion   Special Project   Please specify   Stretch   Assignments   WAP Implementation	Type of Intervence	OII (1 tea	Job Shado	wing				Others
Stretch   Assignments   WAP Implementation					(Please	specify		A Commence of the Commence of
Briefly describe the intervention  (e.g. type of special project, nature of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.    Application Objective   State what learner will be able to do by the end of the WAP/JEL, following ABCD (Audience-Behavior Condition-Degree) guidelines.    Learning Objectives   Activities   Timeline   Learning Facilitator   Resources	Job Expansion			ojece				specify
intervention  (e.g. type of special project, nature of Committee, and role of learners, etc.), and specify duration and offices where learner will be assigned, if appropriate. Use one to two paragraphs.  State what learner will be able to do by the end of the WAP/JEL, following ABCD (Audience-Behavior Condition-Degree) guidelines.  Learning Objectives  (Mat learner be able to do by the end of the Condition-Degree) guidelines.  (Activities that learner will engage in to meet each activity)  (Activities that learner will engage in to meet each learning objective)  (Office Order information, enguide learner)  (Office Order information, enguide learner)	Job Rotation			nts	WAP In	plementation		
(What learner be able to do by the end of an activity/learning activity/learning (Activities that learner will engage in to meet each learning objective) (Start-end of each activity) (Immediate Supervisor or Peer assigned to guide learner) (Office Order information, expression of peer assigned to guide learner)	intervention (e.g. type of special nature of Committee role of learners, etc. specify duration and where learner us assigned, if appropriate to two paragraphs.  Application Object  Learning	project, ee, and c.), and d offices vill be date. Use hs.  ctive	Condit	JEL, tion-Deg <b>Tim</b>	followin gree) gui <b>eline</b>	delines.  Learni	ng	Support/
	able to do by the end of an activity/learning	learne engag meet lear	er will e in to each ning			Superviso Peer assign	or or ned to	information, e
		1						





#### DEPARTMENT OF EDUCATION REGION VIII - EASTERN VISAYAS

Prepared by:	
Signature over Printed Name of the Propo	onent
Recommending Approval:	
ARD for RO/ASDS for SDO, Schools, a Signature over Printed Name of the Chair	
Approved:	
RD for RO/SDS for SDO, Schools, and Signature over Printed Name of the Appr	



Enclosure 4 to Regional Memorandum No. \_\_\_\_\_\_,

## RE-ENTRY ACTION PLAN (REAP)/ACTION PLAN (AP) TEMPLATE

			Position Titl	le/Designation:		
Name:			rostdon 110		220!	
Work Station (School/Office				Schools Divis	ion Office:	
Region:	, ome					
	der (name of T	OSP/LSP) if applica	able:			
Became of C	course Title (if	annlicable!:	20101			
Course Date		аррисанеј.				
Workplace	Situationer	Date of	Expected	Expected	Success	Remarks
Development Objective	Describe current situation problem or opportunity in your workplace that you need to address through your REAP or AP.	Implementation	Output	Beneficiaries	Indicators: What will serve as evidence of success of the REAP or AP?	
	dd more rows o	1 1				
Prepared by Signature o		Name of the Pr	oponent			
Recommen	ding Approv	al:				
ARD for Re Signature of	O/ASDS for over Printed	SDO, Schools Name of the Cl	, and CLC nairperson	<b>s</b> of the Reviev	v Committe	ee
Approved:						
RD for RO Signature	/SDS for Sl over Printed	Name of the A	nd CLCs pproving A	uthority		





Address: Government Center, Candahug, Palo, Leyte

Enclosure 5 to Regional Memorandum No. \_\_\_\_\_\_\_, s. 2024 Certification of the Utilization/Adoption (Application of Education)

#### **CERTIFICATION**

THIS IS TO CERTIFY that the app	lication of education	on of
(Applicant's Name)	(Position)	(Office/School)
was duly utilized/adopted that led to sig	nificant positive re	sults in Mr./Ms./Mrs.
current or pre-	vious work.	
(Applicant's Surname)		
Issued this day	of(Mo	onth & Year)
at		for
(Office & Complete	Address of the Of	fice)
whatever purpose it may serve.		
Signature over Printed	Name of the Head	of Office



Enclosure 6 to Regional Memorandum No.	, s. 2024
Certification of the Utilization/Adoption (Ag	plication of Learning and Development)

### **CERTIFICATION**

THIS IS TO CERTIFY that	t the application of Lea	rning and Development of
(Applicant's Name)	(Position)	(Office/School)
was duly utilized/adopted by	(Specify the Office)	at the (Specify the level)
that led to significant positive re	sults in Mr./Ms./Mrs.	(Applicant's Surname)
or previous work.		
Issued this	day of	(Month & Year)
at		for
(Office &	Complete Address of the	he Office)
whatever purpose it may serve.		
Signature over	r Printed Name of the I	Head of Office



Enclosure 7 to Regional Memorandum No	, s. 2024
Accomplishment Report Template for Applica	ation of Education and Application of

## ACCOMPLISHMENT REPORT

Purpose:		
Date	Target	Output/Accomplishment
***************************************		
Prepared by:		
Frepared by.		
Applicant's Signature o	ver Printed Name	
Approved:		
Signature over Printed	Name of the Head of Office	2



Website: region8.deped.gov.ph