




Republic of the Philippines  
**Department of Education**

National Educators Academy of the Philippines  
 Office of the Director

MEMORANDUM  
 OSEC-NEAP-OD-MEMO-2021-71



TO : **Bureau Directors  
 Regional Directors  
 NEAP R - Focal Persons  
 Authorized Learning Service Providers  
 All Others Concerned**

FROM :   
**JOHN ARNOLD S. SIENA**  
 Director IV - National Educators Academy of the Philippines

SUBJECT : **Updating of the Professional Development (PD)  
 Implementation Tracker**

DATE : **18 June 2021**

Relative to DepEd Order no. 001, s. 2020 titled **Guidelines for National Educators Academy of the Philippines (NEAP) Recognition of Professional Development Program and Courses for Teachers and School Leaders**, the Department of Education (DepEd) through NEAP-Quality Assurance Division (QAD) announced the Call for Submission of Professional Development Program and Course Proposals for Public School Teachers and School Leaders for Batches 1 and 2 on April 29, 2020 and April 19, 2021 respectively.

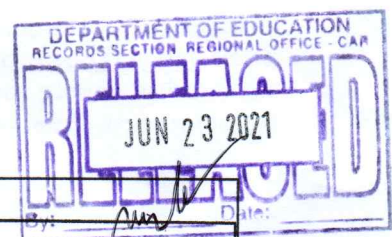
In this regard, we would like to request the Authorized Learning Service Providers (LSPs) and DepEd Service Providers (DSPs) that have NEAP-Recognized Programs to accomplish the tracker form online at <http://bit.ly/PDImplementationTracker> on or before June 30, 2021. If your program(s) have been implemented, please submit the "Program Completion Report" using the template attached as Annex 1 and upload it to the link provided.

The data that will be gathered will help us in the following:

1. for monitoring and evaluation arrangements
2. for updating of the calendar
3. for submission of completion report

For clarifications or concerns, please contact us through email at [askneap@deped.gov.ph](mailto:askneap@deped.gov.ph).

2/F Mabini Building, DepEd Complex, Meralco Avenue, Pasig City 1600 Telefax No. 638-8638 email add: [askneap@deped.gov.ph](mailto:askneap@deped.gov.ph)  
 Grow. Empower. Transform.



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

June 22, 2021

To: **All Schools Division Superintendent  
 All Divisions  
 All Others Concerned**

For information and dissemination.

  
**ESTELA L. CARIÑO EdD, CESO III**  
 Director IV/ Regional Director




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**PROGRAM COMPLETION REPORT**

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<b>Learning Service Provider:</b>		
<b>LSP Authorization No.:</b>	<b>Expiry Date:</b>	
<b>Contact Person:</b>	<b>Designation:</b>	
<b>Contact No.:</b>	<b>Email Address:</b>	
<b>Program/Course Title:</b>		
<b>PD Recognition No.:</b>	<b>Date of Recognition:</b>	
<b>Date/s of Conduct:</b>		
<b>Venue:</b>		
<b>Total No. of Participants:</b>	<b>Male:</b>	<b>Female:</b>
<b>Executive Summary:</b> <i>May include the program description and its objectives, and the daily proceedings of the conduct of the program.</i>		
<b>M and E Analysis</b> <i>Analysis should include:</i> <ul style="list-style-type: none"><li>• Results from the participants' evaluation of the program</li><li>• Results from the participants' learning of the program</li><li>• Results from the facilitators review of the program</li><li>• Results from the program managers review of the program</li></ul> <i>Strengths and areas for improvement should be identified in this section</i>		
<b>General Comments and Issues Encountered</b> <i>In this section make any general comments about the program and identify any issues encountered in relation to:</i> <ul style="list-style-type: none"><li>• its delivery<ul style="list-style-type: none"><li>- resource persons/learning facilitators</li><li>- participants</li><li>- content of program</li><li>- delivery strategies</li><li>- training materials</li></ul></li><li>• its management<ul style="list-style-type: none"><li>- prior to delivery</li><li>- during the training proper</li></ul></li></ul> <i>Other issues</i>		





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**Recommendations**

*In this section discuss any recommendations you may have to improve future programs and for policy actions. Suggestions may cover program management, facilitation, session guides, resource materials, other concerns)*

I hereby declare the information provided in this program completion report is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made. I further allow DepEd-NEAP to investigate the authenticity of all the documents submitted.

I agree that DepEd-NEAP 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/Course Manager or its equivalent

**P/C Manager:**

**Signature:**

**Date:**

Program Report Attachments:

Program Report Attachments:

1. Registration Sheets
2. Attendance Sheets
3. Summary of Evaluation Results
4. Financial Report
5. Outputs from the training
6. Pre test and Post test Result
7. Summative Assessment
8. Photo Documentation

