*Enclosure 4*

**TEMPLATE FOR SCHOOL/DIVISION/REGION LEVEL ASSESSMENT TOOL**

**Validated Practices Using DOD (Document Analysis - Observation - Discussion)**

*Note: Please be informed that personal information provided will be treated with utmost privacy and will not be shared to the public, in compliance with the Data Privacy Act of the Philippines. Email addresses and contact number will only be used during activities related to SBM validation. If you wish not to provide personal information through this form, please contact us at ftad.depedcar@gmail.com.*

|  |  |  |  |
| --- | --- | --- | --- |
| Division: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | District: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of School: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-mail Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of School Head: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of SBM Coordinator: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDICATOR** | **LEVEL** | **PERCENTAGE** | | **SBM TOOL 40%** |
|  |
| **A. LEADERSHIP AND GOVERNANCE** |  | N / n | 30% |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
|  |  |  |  |  |
| **B. CURRICULUM AND INSTRUCTION** |  |  | 30% |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
|  |  |  |  |  |
| **C. ACCOUNTABILITY AND CONTINUOUS IMPROVEMENT** |  |  | 25% |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
|  |  |  |  |  |
| **D. MANAGEMENT OF RESOURCES** |  |  | 15% |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | | |  |  |
| **IMPROVEMENT OF LEARNING OUTCOMES 60%** | | | | |
| **LAST THREE YEARS** |  |  |  |  |
| **1. ACCESs** | | | | **10%** |
| % of attendance |  |  |  |  |
|  |  |  |  |  |
| **2. EFFECIENCY** | | | | **40%** |
| a. Retention Rate |  |  |  |  |
| b. Dropout Rate |  |  |  |  |
| c. Failure Rate |  |  |  |  |
| d. Graduation rate |  |  |  |  |
| e. Promotion Rate |  |  |  |  |
|  |  |  |  |  |
| **3. QUALITY** | | | | **50%** |
| General Weighted Average (SF-5) |  |  |  |  |
|  | | | | |
|  | **SBM TOOL (40%)** | | |  |
|  | **IMPROVEMENT OF LEARNING OUTCOME (60%)** | | |  |
|  | **TOTAL RATING** | | |  |
|  | The resulting level described as follows: | | | |
|  |  | 0.50 - 1.40 | | Developing |
|  |  | 1.50 - 2.40 | | Maturing |
|  |  | 2.50 - 3.50 | | Advanced |

**Comments/Suggestions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VALIDATED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Position) (Position) (Position)

Date: Date: Date:

*Enclosure 5*

**LIST OF RECOMMENDED SCHOOLS FOR REGIONAL VALIDATION**

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*Please complete name of schools, no to abbreviations; follow format for names shall be First Name, Middle Initial, Last Name; use DepEd emails only and indicate priority needs as guide for the assignment of validation team.*

**Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | **Category** | **School Details** | | | | **School Head Details** | | | **School SBM Coordinator** | | | **Recommended Mode of Regional Validation (Please check)** | | **PRIORITY NEEDS** |
| **Name** | **School ID** | **Level of Practice** | **Rating** | **Name** | **DepEd email address** | **Contact Number** | **Name** | **DepEd email address** | **Contact Number** | **ONSITE** | **ONLINE** |  |
| 1 | Secondary | Field National High School | 305000 | 2 | 1.80 | Juan A. Santos | juan.santos@deped.gov.ph | 09108057805 | Maria V. Clara | maria.clara@deped.gov.ph | 09108057805 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Prepared by: Certified Correct: Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division SBM Coordinator Chief Education Supervisor, SGOD Schools Division Superintendent

**Enclosure 7**

**CERTIFICATION**

**AUTHENTICITY AND VERACITY OF SCANNED DOCUMENTS**

This is to certify that (name of School) of the Schools Division of (name of division) has met the criteria of School-Based Management Level (SBM) 2/3 of Practice and has passed the validation conducted by the Division SBM Task Force on    (date)     . Hence, said school is recommended for regional level validation.

Further, this is to attest the authenticity and veracity of all evidence supporting the level of practice submitted to Department of Education-Cordillera Administrative Region Regional Office (DepEd-CAR RO).

The undersigned hereby authorize the DepEd-CAR RO SBM Task Force to verify the authenticity of all the documents submitted.

   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          Name and Signature                       Name and Signature

    School Head     Division SBM Coordinator

        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_            Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Name and Signature     Name and Signature

      of Validation Team Member of Validation Team Member   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature

Division SBM Focal Person

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_