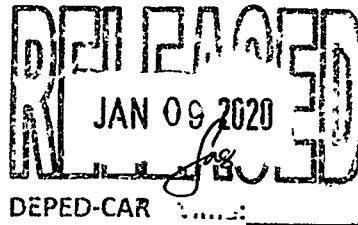
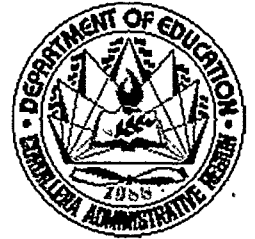




Republic of the Philippines  
DEPARTMENT OF EDUCATION  
CORDILLERA ADMINISTRATIVE REGION  
Wangal, La Trinidad, Benguet



January 9, 2020


**REGIONAL MEMORANDUM**

No. 015.2020

**SUBMISSION OF THE 2020 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)**

To; Schools Division Superintendents  
Chiefs of Divisions/Unit Heads  
All others concerned

1. In line with the implementation of the Results-Based Performance Management System and to properly address the professional needs of the staff & personnel of the Department, the following are enjoined to submit their 2020 Individual Professional Development Plan (IPDP) :
  - a) All Regional Office Personnel
  - b) Division Office Personnel (Chiefs of SGOD & CID, EPS, SEPS, EPS II, PSDS and School Heads)
2. Individual Professional Development Plan (IPDP) shall be based from the core competencies required in the RPMS following the attached contextualized format. Results of the IPDP will be consolidated per Division and shall serve as inputs to the Learning and Development Plan to be addressed by the Schools Division Office/Regional Office.
3. The consolidated IPDP shall be submitted at the Regional Office c/o HRDD or email at [hrdd.depedcar@gmail.com](mailto:hrdd.depedcar@gmail.com) on or before February 20, 2020.
4. For compliance

  
**MAY B. ECLAR, PhD., CESO V**  
Regional Director



## General Quality Form

### Individual Professional Development Plan



Document Code: CAR-GQF-HRDD-37

Revision: 00

Effectivity date: 08/05/2019

Name of Office: DepEd CAR - HRDD

Name of Employee: \_\_\_\_\_  
 Position Title: \_\_\_\_\_

Division Unit: \_\_\_\_\_  
 Date Plan Developed: \_\_\_\_\_

Potential Areas to Developed/Explore /Enhance	Performance Goal or Target Competency	Method/ Activity to Achieve Goal	Resource Needed (Human/Non Human)	Timeline	Expected Results	Actual	Success Indicator

### CERTIFICATION AND COMMITMENT

This is to certify that my competency assessment and development plan has been discussed with me by my immediate superior. I further commit that I will exert time and effort to ensure that my individual Development Plan is achieved according to agreed time frames.

Name & Position \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have objectively completed the competency assessment of my staff. Furthermore, I commit to support and ensure that this agreed Individual Development Plan of my staff

SUPERVISOR NAME AND SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

I commit to support and ensure that this agreed Individual Development Plan is achieved according to agreed time frames.

HEAD OF OFFICE NAME AND SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_