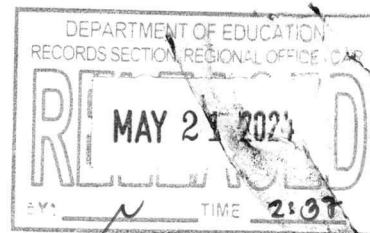




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



20 May 2024

REGIONAL MEMORANDUM

No. **309.2024**

**ONLINE MEETING ON PROFESSIONAL DEVELOPMENT (PD) LEVELS 3 AND 4
MONITORING AND EVALUATION (M&E) REQUIREMENTS**

To: Assistant Regional Director
All Schools Division Superintendents
All Others Concerned

1. Pursuant to DepEd Memorandum No. 044, s. 2023, titled Interim Guidelines for the Quality Assurance and Monitoring and Evaluation of the National Educators Academy of the Philippines Core Programs and DepEd Order No. 009, s. 2021 (Institutionalization of a Quality Management System) this Office shall conduct an **Online Meeting on PD Levels 3 and 4 M&E Requirements** at 1:30 PM on May 22, 2024.
2. This meeting shall serve as platform to provide Technical Assistance on documented information on the implementation of PD M&E plan.
3. Specifically, the meeting shall:
 - a. address issues and provide detailed explanations on the Workplace Application Plan (WAP) and WAP Accomplishment Report for Level 3 M&E of the Kirkpatrick Model of Evaluation;
 - b. re-orient participants on completing the evaluation of training effectiveness for Level 4; and
 - c. encourage a collaborative and proactive approach towards implementing and evaluating conducted PDs.
4. Participants (Enclosure 1) to this meeting shall populate issues and concerns on the above-mentioned documents through <http://tinyurl.com/MTGissues> as part of the pre-work to ensure that meeting objectives are anchored to the needs for TA.
5. In addition, the following forms can be downloaded from <http://tinyurl.com/WAPdown> for perusal, viz:
Enclosure 2: Workplace Application Plan;
Enclosure 3: WAP Accomplishment Report; and
Enclosure 4: Training Effectiveness Evaluation.
6. Should there be queries and/or clarifications, please contact Rosita C. Agnasi, OIC-HRDD through email address at car.hrdd@deped.gov.ph.
7. Immediate and widest dissemination of this Memorandum is directed.

ESTELA P. LEON-CARIÑO
EdD, CESO III
2024.05.21 13:25:57 +08'00'

ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/ Regional Director

HRDD/RCA/Lau RM - Online Meeting - SDO on WAP
May 20, 2024



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>

List of Participants

Office	Position	Number of Participants
Regional Office	HRDD	6
Abra	1 SGOD/ CID Chief	3
Apayao	1 SEPS	3
Baguio City	1 EPS II	3
Benguet		3
Ifugao		3
Kalinga		3
Mt. Province		3
Tabuk City		3
TOTAL		30

Indicative Matrix of Activities

Time	Activity/ies	Personnel In-Charge
1:30	Prayer and Preliminaries	AVP
1:45	DM 044 Enclosure 4 M&E Plan	Dexter B. Andres
2:00	Workplace Application Plan; WAP Accomplishment Report; and Training Effectiveness Evaluation.	Rosita C. Agnasi
2:15	Current Status of WAP Submission <ul style="list-style-type: none"> • Non-Teaching • Teaching with IMPACT • HOTS-PLP • ABC+ 	Laureen B. Likigan Dexter B. Andres Elvernice S. Fanged
2:30	Presentation of Issues and Concerns	Laureen B. Likigan
2:45	Open Forum	
2:55	Ways Forward	Rosita C. Agnasi
3:00	Health Break	



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Work Application Plan (WAP)

A. Context

Title of the Activity/Program/ Training attended:	
Name	
Region, Division, District	
Name of Office	
Key changes in my office as a result of this project	<i>What key changes do you want to see in your workplace as a result of having attended this activity? What are your verifiable indicators of these changes</i>
Target Competency Improvement	<i>What competency needs that you want to be addressed through your application of L & D project?</i>
Current Situation	<i>State issues and/or concerns or opportunity in your workplace that you that you would like to work on through your application project.</i>
Title of Application Project	<i>Brief Title of the project as application of your L & D</i>
PROJECT OBJECTIVE/S:	<i>SMART-Specific, measurable, attainable, result-oriented and with timeframe</i>
Time Duration	<i>When will you start the application of your L&D and when will it end</i>
Expected Outputs	
Beneficiary/ies	<i>Who benefits from solving the problem?</i>
Identify Success Indicators or measures of success	<i>Specify indicators to be achieved and verified to measure that the project be a success</i>

B. Action Steps (*Identify significant milestone target that could be achieved by the end of the set timeframe. Milestones are the significant changes achieved; major steps taken towards achieving the desired improvement in the workplace*) **and C. Required Resources** (*provide specific details of physical and human resources required to successfully implement the project*)

Target Milestone	Actions	Responsible Person/ Persons involved	Support Needed from:	Target Date (When will this be accomplished)	Resources Needed	Budget	Approvals needed
Milestone 1							
⋮							
Milestone 4							
TOTAL ESTIMATED COST							

Prepared by:	Printed Name Proponent	Signature	Date
Approved by:	Head of Office		



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WAP ACCOMPLISHMENT REPORT

Project/ Activity Information	<i>Project/ Activity Proponent Proponents' Office Location Duration</i>
Title	<i>Enter the title of the Project/ Activity</i>
Duration	<i>Specify the start and end date</i>
Executive Summary	<i>Provides an overview and rationale of the project/ activity. Highlights the summary of the result, findings, conclusion and recommendations.</i>
Objectives	<i>Specific objectives of L&D activities which should be aligned with the organization's goals</i>
Key accomplishment	<i>Details of significant accomplishments on the application of L&D activities and outcomes achieved during the project/ activity vis-à-vis workplace application plans</i>
Challenged Faced and Solutions Applied	<i>Describe the challenges or obstacles encountered during the project/ activity and how they were addressed or overcome</i>
Lessons Learned	<i>Share Valuable lessons from the project/ activity including insights gained, best practices identified, or areas for improvement</i>
Skills enhancement	<i>Describe how employee's skills have improved, including examples of specific skills gained or enhance</i>
Feedback and Stakeholders Comment	<i>Include feedback and comments from stakeholders team members, or participants</i>
Recommendations for Replicability and Sustainability	<i>Discuss the methods used to evaluate the success of the project/ activity.</i>
Next Steps	<i>Outline the follow up actions or recommendations resulting from the project/ activity accomplishment including adjustment or enhancements to existing projects/ activities</i>
Annexes	<i>Approved Re-Entry Plan/Work Application Plan Pictures Other Relevant documents</i>
Certification	<i>- That the L&D intervention was used/adopted by the office at the local level</i>

Prepared by:

Employee

Noted:

Head of Office



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TRAINING EFFECTIVENESS EVALUATION

As a management tool in initializing programs for improvement and development, kindly evaluate the effectiveness of the training which your employee has attended.

Name of Employee	
Position	
Division	
Training Attended	
Inclusive Date/s	

Please check the number that corresponds to the **extent the training enhanced the job performance** of your employee as:

- 1 – no improvement
- 2 – minimal improvement
- 3 – acceptable improvement
- 4 – above average improvement
- 5 – exceptional improvement

Areas	1	2	3	4	5	n/a
Knowledge Enhancement <i>Level of Enhancement on the employees' awareness/ knowledge as a result of the training</i>						
Behavioral Change <i>Change in behavior of the employee to the job because of the training</i>						
Application of the Learned Skills/ Knowledge on the Job <i>Degree of application of gained skills/ knowledge from the training</i>						
Confidence <i>Level of confidence of the employee in doing the tasks as a result of the training</i>						

Evaluated by:

Immediate Supervisor

Date of Evaluation