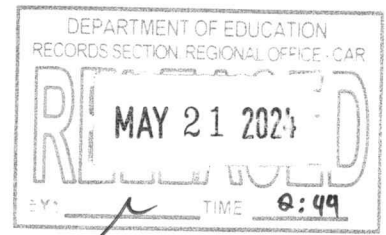




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



20 May 2024

REGIONAL MEMORANDUM

No. 311.2024

SUBMISSION OF PROFESSIONAL DEVELOPMENT (PD) LEVELS 3 AND 4 REQUIREMENTS FOR TEACHING WITH IMPACT

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 requires the **Submission of PD Levels 3 and 4 Requirements for Teaching with IMPACT (Instituting Modern Pedagogy and Creative Teaching) Batch 1** conducted on March 6-8 and 14-16, 2023, listed in Enclosure 1.

2. This endeavor generally aims to provide a basis for monitoring and evaluation of effectiveness of training program by assessing the extent to which participants successfully apply the concepts and skills learned.

3. Specifically, the submission shall:
a. ensure the practical application and effective implementation of newly acquired skills and knowledge in the workplace; and
b. measure the degree to which participants apply what they learned during training when they are back on the job, focusing on the attainment of behavioral changes outlined in the application objective.

4. Participants identified in the same enclosure shall download and accomplish the following forms through **<http://tinyurl.com/WAPdown>** and seek respective approval per form, viz:
Enclosure 2: Workplace Application Plan;
Enclosure 3: WAP Accomplishment Report; and
Enclosure 4: Training Effectiveness Evaluation.

5. An **Online Self-Paced Orientation** can be accessed at **tinyurl.com/neapCARhome** for guidance in the accomplishment of the above forms.

6. Each Schools Division Office SEPS-HRD shall facilitate the provision of needed technical assistance in the preparation of the aforementioned requirements to ensure submission of complete documents via **<http://tinyurl.com/WAPup>** before **May 31, 2024**.

HRDD/RCA/Lau RM - Submission of WAP - teaching with IMPACT
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>

7. Should there be queries and/or clarifications, please contact Rosita C. Agnasi, OIC-HRDD through email address at car.hrdd@deped.gov.ph.
8. Immediate and widest dissemination of this Memorandum is directed.



Digitally signed by ESTELA P.
LEON-CARIÑO EdD, CESO III
Date: 2024.05.21 13:29:40
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ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/ Regional Director

List of Teaching with IMPACT Batch 1 Completers

Office	Name	Sex
SDO Abra	Blaquera, Charlon G.	M
	Aquino, Fely C.	F
	Guillermo, Jimmy Ann B.	F
	Borja, Marcela P.	F
	Gumidam, Marissa R.	F
	Balneg, Maritess L.	F
	Buslotan, Michelle J.	F
	Cadiz, Ruby May S.	F
SDO Apayao	Cafirma, Aida A.	F
	Daligcon, Erleech C.	F
	Bunay, Fabian B.	M
	Baysa, Geraldine M.	F
	Cabalang, Renante C.	M
	Sabado, Rogie R.	M
SDO Baguio City	Walsiyen, Carina G.	F
	Badi, Eva Jackie Lou	F
	Pablo, Ferdinand G.	M
	Tudlong, Genevieve C.	F
	Pascaden, Jackelene A.	F
	Alcabedos Jr., Julian J.	M
	Domngal, Nellie D.	F
	Yangyang-Toribio, Nieves Domay S.	F
	Alicda, Sandralyne	F
	Sotelo Jr., Victor U.	M
	Chan, Yolanda B.	F
SDO Benguet	Siloy, Bona C.	F
	Gawidan, Daisy Lorena O.	F
	Paing, Efagenia L.	F
	Banagui, Heather G.	F
	Sab-It, Leah K.	F
	Yangken, Mariliese C.	F
	Valenciano, Mark Aljon E.	M
	Pacio, Mary Ann S.	F

Office	Name	Sex
	Bayeng, Mary Jane B.	F
	Cirilo, Raquel O.	F
SDO Ifugao	Chalajchaj, Anet	F
	Alindayo, Ariston	M
	Bayangan, Freddie P.	M
	Gohaod, Judith	F
	Pallay, Marietta M.	F
	Catama, Ofelia	F
	Gano, Sharon O.	F
	Butale, Shirlyнна V.	F
	SDO Kalinga	Bawer, Abigail Ruth O.
Almazan, Blessilyn C.		F
Kotoken, Crystal Claire		F
Romero, Jinky S.		F
Guitering, Jonalyn P.		F
Acosta, Judith C.		F
Wandaga, Karen B.		F
Ibarra, Maricar F.		F
SDO Mt. Province		Pagusan, Adoracion W.
	Mendoza, Divina K.	F
	Bay-On, Jaqueline D.	F
	Ayawan, Kathleen Joy D.	F
	Damitan, Nabel G.	M
	Biangdan, Nellie B.	F
	Fakingas, Nicasia M.	F
	SDO Tabuk City	Apaling, Angeline R.
Balacang, Armilene B.		F
Pao-Iton, Brenda V.		F
Messakaraeng, Elenor May Chantal L.		F
Pasalosdos, Joy Rosario L.		F
Ay-En, Marizza D.		F
Yumul, Marylyn A.		F
Salvador, Myline L.		F



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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