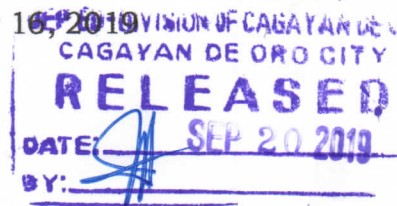


September 16, 2019

DIVISION MEMORANDUM
No. 742, s. 2019



SUBMISSION OF COLEGA CLASSROOM OBSERVATION/TECHNICAL ASSISTANCE REPORTS

To :

Chief Education Supervisors
Public Schools District Supervisors/District-In-Charge
Education Program Supervisors
Elementary/Secondary School Principals/Head Teachers

1. Relative to the Division Memorandum No. 490, s. 2019 re: Unified Implementation of the Pilot Project-COLEGA Manual on Teaching the Rights of Children for elementary and secondary, the field is hereby informed on the submission of the hardcopies of the COLEGA Classroom Observation/Technical assistance reports (July-September 2019) on or before September 27, 2019 through Dr. Joel D. Potane, Division ESP Coordinator, CID Office.
2. Public Schools District Supervisors/School Heads/Principals and learning area coordinators are advised to facilitate the submission of the aforesaid reports prior to the Phase 2 Implementation review which will be conducted by Bureau of Curriculum Development (BCD) personnel.
3. Enclosed are the COLEGA report templates.
4. Widest dissemination of this memorandum is desired.

JONATHAN S. DELA PEÑA, PhD, CESO V
Schools Division Superintendent

Ref.: as stated
To be indicated in the Perpetual Index
Under the following subjects

INDIVIDUAL SCHOOL HEAD TECHNICAL ASSISTANCE FORM

Project COLEGA

Program/Project/Activity Monitored

Name of School Head: _____ Monitoring Date: _____

Position: _____ School: _____

Project Colega	STRENGTHS	AREAS FOR IMPROVEMENT	TECHNICAL ASSISTANCE GIVEN	POLICY RECOMMENDATION

Name/Signature of School Head

Name and Signature of PSDS/EPS

Name and Signature of CID Chief

LOGO OF THE
SCHOOL

Republic of the Philippines
Department of Education
Region X. Northern Mindanao
Division of Cagayan de Oro City
(Name of the District)
(NAME OF THE SCHOOL)



COT-RPMS

RATING SHEET

OBSERVER: _____

DATE: _____

NAME OF TEACHER OBSERVED: _____

SUBJECT & GRADE LEVEL TAUGHT: _____

OBSERVATION 1 ___ 2 ___ 3 ___ 4 ___

DIRECTIONS FOR THE OBSERVER:

1. Rate each indicator on the checklist according to how well the teacher performed during the classroom observation. Mark the appropriate column with a (✓) mark.
2. Each indicator is assessed on an individual basis, regardless of its relationship to other indicators.
3. Attach your Observation Notes Form to the completed rating sheet.

THE TEACHER:		3	4	5	6	7	NO
1.	Applies knowledge of content within and across curriculum teaching areas						
2.	Uses a range of teaching strategies that enhance learner achievement in literacy and numeracy skills						
3.	Applies a range of teaching strategies to develop critical and creative thinking, as well as other higher-order thinking skills						
4.	Manages classroom structure to engage learners, individually or in groups, in meaningful exploration, discovery and hands-on activities within a range of physical learning environments						
5.	Manages learner behavior constructively by applying positive and non-violent discipline to ensure learning-focused environments						
6.	Uses differentiated, developmentally appropriate learning experiences to address learners' gender, needs, strengths, interests and experiences						
7.	Plans, manages and implements developmentally sequenced teaching and learning processes to meet curriculum requirements and varied teaching contexts						
8.	Selects, develops, organizes, and uses appropriate teaching and learning resources, including ICT, to address learning goals						
9.	Designs, selects, organizes, and uses diagnostic, formative and summative assessment strategies consistent with curriculum requirements						
OTHER COMMENTS:							
<i>Note: For schools with only one observer (i.e. Principal), this form will serve as the final rating sheet.</i>							

Signature over Printed Name of the Observer

Signature over Printed Name of the Teacher

Name and Signature of PSDS/EPS

Name and Signature of CID Chief

LOGO OF THE
SCHOOL

Republic of the Philippines
Department of Education
Region X, Northern Mindanao
Division of Cagayan de Oro City
(Name of the District)
(NAME OF THE SCHOOL)



RATING SHEET

COT-RPMS

Observation Notes Form

OBSERVER: _____
NAME OF TEACHER OBSERVED: _____
SUBJECT & GRADE LEVEL TAUGHT: _____

DATE: _____
TIME STARTED: _____
TIME ENDED: _____

OBSERVATION 1 2 3 4

GENERAL OBSERVATIONS:

Remarks:

School Head

Name and Signature of PSDS/EPS

Name and Signature of CID Chief