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REGION X
DIVISION OF CAGAYAN DE ORO CITY
Office of the Schools Division Superintendent

Division Memorandum
No. $\qquad$ s. 2020

Submission of Authenticated, Verified and Validated Documents for the SY 2020-2021 Ranking of Teacher I Positions

To: Public Schools District Supervisors
Public Elementary \& Secondary School Heads
School Screening Committee
Division Selection Committee
This Division

1. To systematize the submission of authenticated, verified and validated application documents for the SY 2020-2021 Ranking of Teacher I Positions, schools (both elementary and secondary) shall forward all application documents with attached Teacher Applicant's Summary of Rating (see Enclosure 1) to the District Offices on or before March 3, 2020.
2. The Central School Principals shall prepare a Consolidated List of Teacher I Applicants (see Enclosure 2) and submit the same with the application documents on or before March 4, 2020.
3. Further, the Central School Principals shall e-mail the Consolidated List of Teacher I applicants, in excel format, to adepededo@gmail.com.
4. Soft copies of the Teacher Applicant's Summary of Rating and the Consolidated List of Teacher I Applicants shall be downloaded from http://deped.in/summaryoftemplate. No other templates shall be used.
5. All school heads are enjoined to strictly follow the timelines stipulated in Division Memorandum No. 85, s. 2020.
6. For compliance.


## TEACHER APPLICANT'S SUMMARY OF RATING

Name of Applicant:
Address:
School Applied:
Baccalaureate Degree:
Major :

Applicant No. $\qquad$
Contact No.
$\square$ Elementary
$\square$ Secondary

## A. School Screening Committee

Checklist of required documents:

| $\square$ | Letter of Intent |
| :---: | :--- |
| $\square$ | CSC Form 212 (Revised 2005) in two copies with the latest 2x2 ID picture |
| $\square$ | Certified photocopy of PRC professional identification card or a PRC certification <br> showing the teacher's name, LET rating, and other information recorded in the PRC <br> Office. |
| $\square$ | Certified photocopy of ratings obtained in the Licensure Examination for Teacher <br> (LET)/Professional Board Examination for Teachers (PBET) |
| $\square$ | Certified copy of transcript of records. |
| $\square$ | Copies of service records, performance rating, and school clearance for those with <br> teaching experience. If unavailable, the applicant must submit a justification citing <br> the reason/s for unavailability. |
| $\square$ | Certificates of specialized training. |
| $\square$ | Certified copy of the Voter's ID and/or any proof of residency as deemed acceptable by <br> the School Screening Committee. |
| $\square$ | NBI Clearance |
| $\square$ | Omnibus certification of authenticity and veracity of all documents submitted, signed <br> by the applicant. |

We verify and certify the completeness, veracity, accuracy and authenticity of the above listed documents:

$\overline{\text { (Chairman) }}$| (Member 1) |
| :--- |
| (Member 2) |

B. Division Selection Committee

1. Education ( 20 pts.) POINTS

GPA MA M_ PhD
2. Teaching Experience ( $\mathbf{1 5} \mathbf{~ p t s}$.)

Years Months $\qquad$
3. LET/PBET Rating ( $\mathbf{1 5} \mathbf{~ p t s}$.)

Rating $\qquad$
4. Specialized Training Skills ( 10 pts .)
5. Interview ( $\mathbf{1 0} \mathrm{pts}$.)
6. Demonstration Teaching ( 15 pts .)
7. Communication skills ( $\mathbf{1 5} \mathbf{p t s}$.) Percentage Score $\qquad$
TOTAL
We certify to the correctness of the documents evaluated:
$\overline{\text { (Chairman) }} \cdots$ (Member 1) $\quad$ (Member 3)

Applicant's Name \& Signature

| No. | DISTRICT: |  |  |  |  |  |  |  |  |  |  |  |  |  | Old/New Applicant | Retention / Upgrading (f) old applicant) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | NAME |  |  | Sex | Person With Disability (Yes or No) | $\begin{array}{\|c\|} \hline \hline \text { Member of } \\ \text { any } \\ \text { indigenous } \\ \text { group } \\ (\text { Yes or } \mathrm{No}) \\ \hline \end{array}$ | Solo Parent (Yes or No) | Contact Number | School Applied | Address in Cagayan de Oro City | Legislative District | Cours | Major | $\begin{gathered} \text { Unique } \\ \text { Application } \\ \text { Number (If any) } \end{gathered}$ |  |  |
|  | LAST NAME | FIRST NAME | MIDDLE NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| DISTRICT: |  |  | SEX | Person With Disability (Yes or No) | Member of any indigenous group (Yes or No ) | Solo <br> Parent <br> (Yes or <br> No ) | Contact Number | School Applied | Address in Cagayan de Oro City | Legislative District | Course | Major | UniqueApplicationNumber (if any) | Old/New Applicant | Retention / Upgrading if old applicant |
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SUMMARY OF TEACHERI APPLICANTS FOR SY 2020-2021 (SENIOR HS LEVEL)
DISTRICT:

| . | NAME |  |  | Sex | Person With Disability (Yes or No) | Member of any indigenous group (Yes or No) | Solo Parent (Yes or No) | Contact Number | School Applied | Address in Cagayan de Oro City | Legislative District | Course | LET PASSER NON- LET | Unique Application Number (if any) | Category | Upgrading <br> if old applicant |
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