



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

16 September, 2022

DIVISION MEMORANDUM

No. 370, s. 2022

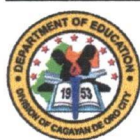
**GUIDELINES FOR NEAP RECOGNITION OF PROFESSIONAL DEVELOPMENT
PROGRAMS AND COURSES FOR TEACHERS AND SCHOOL LEADERS**

To: Lorebina C. Carrasco - OIC ASDS
Jean S. Macasero - OIC - CID Chief
Rosalio R. Vitorillo - SGOD Chief
All Education Program Supervisors
All Public Schools District Supervisors
This Division

1. The Department of Education (DepEd), through the National Educators Academy of the Philippines (NEAP), is committed to the professional growth and lifelong learning of its teachers and school leaders as a key foundation to the upgrading of the quality of basic education. Hence, appropriate professional development programs or courses that address their development needs using various platforms and modalities that include formal training and workplace learning, shall be made available at all levels.

2. The quality of professional development programs and courses shall be assured through a Recognition System that requires alignment to professional standards for teachers and school leaders, responsiveness to identified professional development priorities, promotion of dynamism, innovation and application at the classroom level, and transparency and consistency. Anchored on D.O. 32, s. 2011, Learning/Training Design is crucial because it keeps you focused, and it provides the necessary steps to provide good quality instruction from the beginning of the process, through the development, design, implementation, and finally when you evaluate the overall project.

3. In light of the above, DepEd issues the enclosed Guidelines for NEAP Recognition of Professional Development Programs and Courses for Teachers and School Leaders to ensure that all programs and courses, whether internally or



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048
Email: cagayandeoro.city@deped.gov.ph

externally provided, are aligned, integrated, and consistent with the wider NEAP Professional Development Framework.

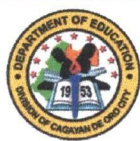
4. In this regard, all program holders are required to submit proposed trainings using the attached prescribed template to NEAP Regional Office for evaluation. A Recognized PD programs by the NEAP Central Office will be given appropriate PD credit units which will be used by the teachers for their career progression. Program holders with recognized PD program may avail of the HRD fund (DepEd Order No. 30, s. of 2021).
5. Deadline for submission will be on September 30, 2022.
6. The following annexes are attached for reference.
 - Annex 1 – Form R.1 Course Recognition Application Form
 - Annex 2 – Learning Service provider profile
 - Annex 3 – Program Profile
 - Annex 4 – Course List
 - Annex 5 – Course Design
 - Annex 6 – Course Implementation Plan
 - Annex 7 – Monitoring & Evaluation
 - Annex 8 – Session Guide
 - Annex 9 – Template Budget Matrix
 - Annex 10 – Template CV
7. Immediate and wide dissemination of this Memorandum is desired.


CHERRY MAE L. LIMBACO-REYES
Schools Division Superintendent

Encl : none
Reference: D.O. No. 1, s. 2020
To be included in the Perpetual Index
Under the following subjects:

GUIDELINES

DMSA/DO- guidelines for neap recognition
September 16, 2022





Republic of the Philippines
Department of Education

National Educators Academy of the Philippines

FORM R.1 Professional Development Program/Course Recognition Application Form

INSTRUCTIONS: Input the necessary details. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

LEARNING SERVICE PROVIDER PROFILE(Annex 2)

Learning Service Provider			
Complete Office Address	DepEd Division of Cagayan de Oro City		
Contact Person	Type the complete name:	Mobile No.	Type the mobile no.
Telephone No.	Type the office telephone no.	Email Address	Type Email address.
NEAP Authorization Number	For Authorized Learning Service Provider only.		

PROGRAM PROFILE (Annex 3)

You will need to complete the following components to describe the program you would like to be recognized.

<p>¹Title</p>	<p>Type the Program Title here.</p>		
<p>²Rationale</p>	<p>300-350 minimum words (Outline the reasons for offering this program. You should consider the need this program addresses for teachers and include an overview of how relevant and reliable research relates to the content and/or delivery of the program. Include citations in your overview. Also, provide references to the sources outlined.)</p>		
<p>³Program Description</p>	<p>100-150 minimum words (Provide a brief description of the program. State the Terminal Objective/s and Enabling Objective/s of the program by referring to what participants will gain in terms of their professional knowledge, professional practice and/or professional engagement. Objectives should follow the SMART principle.)</p> <p><i>Terminal Objective</i> is defined as what the participants will achieve upon successful completion of a program or course.</p> <p>STEM STATEMENT/S:</p> <p>By the end of this Program, participants will be able to:</p> <p><i>Enabling Objectives</i> are the specific objectives that support the Terminal Objective/s.</p>		
<p>⁴Professional Development Priorities</p>	<p>(State the DepEd Professional Development Priorities this program covered or DM 50 s. 2020 and/or other emerging needs of the Department.)</p>		
<p>⁵Target Participant</p>	<p>(Please specify your participants based on their career stage, subject area, grade level, etc.)</p>	<p>⁶PRC Program Accreditation No.</p>	<p>(For Non-DepEd LSPs)</p>
<p>⁷Delivery Platform</p>	<p>Identify delivery platform here.</p>	<p>⁸Indicative Date of Implementation</p>	<p>From Start Date to End Date</p>

COURSE LIST (Annex 4)

Learning Service Providers can attach one or more courses in a program for recognition. You are required to list courses you are applying for recognition in the table below and then provide a detailed description of each course on the **COURSE DESIGN** page.

⁹ Course	¹⁰ Title	¹¹ Professional Standards Covered	¹² Schedule	¹³ Modality
1	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s, indicator/s)	From Start Date to End Date	Choose an item.
2	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s, indicator/s)	From Start Date to End Date	Choose an item.
3	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s, indicator/s)	From Start Date to End Date	Choose an item.
4	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s, indicator/s)	From Start Date to End Date	Choose an item.
5	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s, indicator/s)	From Start Date to End Date	Choose an item.

Add more rows to add courses.

COURSE DESIGN (Annex 5)

Provide a **detailed** description of each of the courses by breaking it into discrete sessions/modules. You may create a copy of this page if you have two or more courses.

¹⁴ Course Title		Type the Course Title here.					
¹⁵ Course Description		Provide a brief description of the course.					
	¹⁶ Duration	¹⁷ Topic	¹⁸ Session Objectives	¹⁹ Methodology	²⁰ Assessment Strategies	²¹ Outputs	²² Resource Person/ Learning Facilitator
1	State its duration, e.g. 90 minutes	Describe its topic (focus, content and key learning points or <i>what</i> teachers will be learning about). (May be a listing of main topics or key messages)	Describe its session objectives. (30-50 words)	Explain, in detail, the professional development activities including the learning resources that teachers/school leaders will engage in, clearly describing <i>how</i> the presenter will facilitate each session and <i>how</i> the participants will engage with the content and meet the domain/s, strand/s and indicator/s in the selected Professional Standards. (100-150 words)	Explain how the learning outcomes will be assessed; if possible attach an assessment tool. (50-75 words)	Describe what teachers/school leaders' outputs to achieve learning outcomes. (50-75 words)	Identify the Resource Person/ Learning Facilitator responsible for this session. Use attached CV Template as reference.
2	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
3	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
4	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
5	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.

Add more rows to add sessions.

PROGRAM IMPLEMENTATION PLAN (Annex 6)

²³ Funding Source	How will the program be funded?	²⁴ Budget Requirements	Provide details on how the funds will be allocated. If registration, how much will be collected in each course? Use attached budget estimate template as reference.
------------------------------	---------------------------------	-----------------------------------	---

Monitoring and Evaluation Plan (annex 7)

This is a sample M and E Plan following the Kirkpatrick Evaluation Model, if you have an existing M and E Plan you may use that instead.

Levels of M and E	Indicators	Methods and Tools	Data Sources	Schedule of M and E	Person/s Responsible	Resources	User of M and E Data
²⁵ Results	What will be measured?	What methods/tools will be used to collect data?	Who and/or what documents will provide data or evidence on the indicators?	When will M and E activities be undertaken?	Who will be accountable for ensuring that M and E activities are done?	What resources are needed to implement M and E activities?	Who will use the data gathered?
²⁶ Behavior	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
²⁷ Learning	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.

28 Reaction	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
-------------	------------	------------	------------	------------	------------	------------	------------

Declaration:

I hereby declare the information provided in this application is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

I agree that the DepEd-National Educators Academy of the Philippines to be the co-owner of all the data gathered and the copyright of any publication of the use of these data.

Sign off by the Program/Course Manager or its equivalent

Program Manager	
Signature	
Date	

This Form R.1 is not valid if not signed.

Quality Assured:

SEPS, HRD	DERROLD MARL S. AVES
Signature	
Date	

Recommending Approval:

SGOD Chief	ROSALIO R. VITORILLO	CID Chief	JEAN S. MACASERO
Signature		Signature	
Date		Date	

Acknowledged with allotted budget and resources:

Budget Officer	ROMMIEL S. VALLENTE	Division Accountant	ARNEL A. CALUBAG
Signature		Signature	
Date		Date	
Division Supply Officer			
Signature			
Date			

Approved:

Schools Division Superintendent	CHERRY MAE L. LIMBACO-REYES
Signature	
Date	

Required Attached Documents:

Detailed Course Design

Sample Learning Resources (Modules, Worksheets, etc.)

Sample Session Guides

Sample Assessment Tools

CVs of Primary, Secondary, or Alternate Resource Persons

Budget Estimate Form

Monitoring and Evaluation Plan



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

(annex 8)

SESSION GUIDE

Title of the Training Course/ Program:	
Title of the Session:	
No. of Participants and Participants' Profile:	
Professional Standards Covered:	
Duration of Session:	
Objectives:	Terminal Objective: Enabling Objectives: Specifically, participants shall enable themselves to:
Expected Outputs:	
Key Content:	
References:	



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048

Document Reference Code:
DOC-HRD-FR-018
Revision No.:
Rev.00



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

Session Flow					
Day _____, Session _____					
OBJECTIVE (The participants should be able to...)	KEY LEARNING POINTS	METHODOLOGY/ ACTIVITIES	OUTPUTS	MATERIALS (Slide Number)	DAY/ TIME/ DURATION

Prepared by: <<FULL NAME AND SIGNATURE OF RP/ LF>>
 <<Position/ Designation of RP/ LF>>
 <<School/ Office/ Unit/ Section of RP/ LF >>

**Form adopted from National Educators Academy of the Philippines-Central Office*

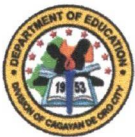


Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048

Document Reference Code:
DOC-HRD-FR-018
Revision No.:
Rev.00





Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048

Document Reference Code:
DOC-HRD-FR-018
Revision No.:
Rev.00

	Department of Education National Educators Academy of the Philippines	
	BUDGET ESTIMATE TEMPLATE	

(Annex 9)

PROFESSIONAL DEVELOPMENT PROGRAM/COURSE TITLE:	
LEARNING SERVICE PROVIDER:	
DELIVERY PLATFORM:	
SOURCE OF FUNDS:	REGISTRATION FEE PER PARTICIPANT:
TOTAL TARGETED PARTICIPANTS:	NUMBER OF BATCHES:
TARGET DATE/S:	PROPOSED VENUE/LOCATIONS:

BUDGET BREAKDOWN PER BATCH				
PARTICULARS	NO. OF PAX	NO. OF DAYS	UNIT COST	TOTAL ESTIMATED COST
Board and Lodging				
Transportation of Project Management Team				
Supplies and Materials				
Honorarium				
Contingency				
Total Estimated Cost per Batch				



Declaration:

I hereby declare the information provided in this application is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

I am agreeing to the NEAP Privacy Notice and giving my consent to the collection and processing these data in accordance thereto.

 Signature of the Program Manager
 Over Printed Name

 Date

	<h2 style="margin: 0;">Department of Education</h2> <h3 style="margin: 0;">National Educators Academy of the Philippines</h3>	
<h3 style="margin: 0;">CURRICULUM VITAE OF RESOURCE PERSON</h3> <p style="margin: 0;">(Submit no more than three (3) pages.)</p>		

(annex 10)

PROFESSIONAL DEVELOPMENT PROGRAM / COURSE TITLE:
LEARNING SERVICE PROVIDER:
ARE YOU A NEAP CERTIFIED LEARNING FACILITATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO

RECENT 2X2
PICTURE (color
photo with white
background)

Principal
 Alternate
 Substitute

Part I. Personal Circumstances

Name:	
Residence Address:	Contact Details
Business Address:	Landline No.:
	Mobile No. 1:
	Mobile No. 2:
	Email Add.:
Nationality/Citizenship:	

Note: NEAP shall be informed of any change/s on resource person/s at least 10 days before the Professional Development program/course offering. Substitute resource person may submit this duly accomplished form three (3) days from the completion of the Professional Development program/course.

Part II. Track Record

Major Competency Areas	Specialization	Sub-Specialization

Relevant Seminars/Training Programs Conducted in the last five (5) years		Relevant Seminars/Training Programs Attended in the last five (5) years	
Date	Title of the Program	Date	Title of the Program

Major Achievements, Citations, Recognition and Awards		
Date	Title	Awarding Body

Educational Background	Name of School/University	Address	Inclusive Dates	Degree Earned
Undergraduate				
Post-Graduate				
Work Experience: Five (5) most recent	Position	Agency/Company		Inclusive Dates

Part IV. Other Relevant Information (Use separate sheet for additional information.)							
Profession/s		License No.		Issued on:		Valid until:	
Other Major Affiliations (Professional, Civic, etc.)		National/Chapter		Position:		Date	

<p>I hereby certify that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize NEAP and other agencies to investigate the authenticity of all the documents presented.</p> <p>I am agreeing to the NEAP Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.</p> <p style="text-align: center;">_____ Signature Over Printed Name</p> <p style="text-align: center;">_____ Date</p>	<p>[Electronically paste here your scanned ID with photo for professionals or other government-issued or company ID]</p>
--	--