



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region IX, Zamboanga Peninsula
DIVISION OF ZAMBOANGA DEL NORTE
Dipolog City



RELEASED

JUN 04 2018
June 4, 2018

To: All Junior and Senior High School Principal
This Division

Dear Sirs/Mesdames,

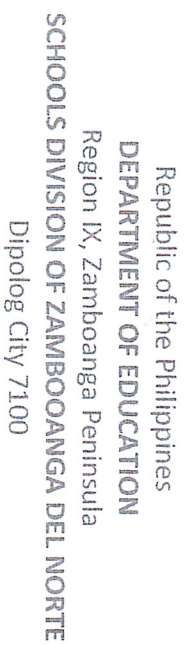
You are hereby required to accomplish and submit ASAP the herein Attached SY 2018 – 2019 TECHVOC/TVL/TLE School Profile Template, for strict compliance.

Kindly submit your accomplished template through email address: acaylar_ervie67@yahoo.com at the earliest possible opportunity.

Thank you and Mabuhay.

Very truly yours,

PEDRO MELCHOR M. NATIVIDAD, CSEE
Schools Division Superintendent



Name of School:		Address:	
TESDA Accreditation : <input type="checkbox"/> Assessment Venue <input type="checkbox"/> Training Venue <input type="checkbox"/> Training & Assessment Venue		Fiscal Status: <input type="checkbox"/> With Autonomy <input type="checkbox"/> Without Autonomy	
Education Level: <input type="checkbox"/> Junior High School <input type="checkbox"/> Stand-Alone Senior High School <input type="checkbox"/> Both JHS and SHS		<input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Alternative Learning	
Name of School Head:		Designation:	
Contact Details	Landline: Mobile No.: Fax:	Email:	Website:

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II. COMPETENCY ASSESSMENT

School Year	No. of Grade 10 Students		No. of SHS Students		No. of Passers by National Certification			Exit Pathways			
	Takers	Passers	Takers	Passers	COC only	NC I	NC II	Employed	Enrolled to College	Middle-Level Employment	Business
SY 2015-2016											
SY 2016-2017											
SY 2017-2018											
Total											

III. TECHVOC /TVL/TLE TEACHERS AND THEIR QUALIFICATIONS/SPECIALIZATIONS.

No.	Names	Position	Specialization(s) being taught	Please indicate the qualification (COC, NC I, NC 2, NC III, Assessor/Trainer)	No. of trainings attended related to the area of specialization	Other Training Needs of Teachers
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

IV. STATUS OF FACILITIES. Please rate them by 5 being highest, 1 being lowest

Specialization	Tools and Equipment					Workshop Laboratory					
	Sufficient	Functional	Accessible to students	Regular inventory	Well-maintained	Properly utilized	Meets the minimum standards	Observes safety measures	Accessible to students	Functional	Well-maintained
1.											
2.											
3.											

V. INDUSTRY PARTNERS

No.	Name and Address of Industry Partners	Form of Agreement (MOA, MOU, ETC)	Provisions / Project Title	Duration		Accomplishments
				Start	End	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Please use additional sheet, if necessary

VI. REMARKS:

Prepared by: _____

Validated by: _____

Name and Signature of School Head

Name and Signature of Division Supervisor

Date submitted: _____

Date prepared: _____

Please email to:

acaylar_ervie67@yahoo.com

DepEd Regional Office-Senior High TVL Data

DIVISION:

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