



Republic of the Philippines  
**Department of Education**  
 Region IX, Zamboanga Peninsula  
**SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE**  
 Dipolog City 7100



OFFICE OF THE SCHOOLS DIVISION SUPERINTENDENT  
 SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE  
 7100

**MEMORANDUM**

To : **PSDSs**  
**Concerned Principals/ School Heads**  
**All Others Concerned**

From : **Office of the Schools Division Superintendent**

Subject : **Conduct of Mobile Clustered-District Grade 11 and 12 Career Guidance Program (CGP) Manual Roll-out Training**

Date : **April 24, 2018**

**RELEASED**  
 APR 25 2018  
 DATE

- Pursuant to the DepEd Memorandum No. 165 s. 2017, Re *Implementation of the Grade 11 Career Guidance Program for School Year 2017-2018*, mandated the conduct of Career Guidance Program (CGP) in all senior high schools. For this purpose, the Division announces the conduct of the Mobile Clustered-District Grade 11 and 12 Career Guidance Program (CGP) Manual Roll-out training to capacitate untrained senior high school advisers and guidance counselors/designates to implement the CGP.
- The CGP roll-out training aims to acquaint the senior high school teachers and guidance counselors/designates about the Grade 11 and 12 Career Guidance Program manual, process of the delivery of the CGP manual and successful implementation of the CGP. Hereunder is the schedule of the CGP manual roll-out training in the five clustered-districts (*refer to the official clustering of schools in the Division Memo No. 3, series of 2018*), viz:

Date	CGP Roll-Out Training	Venue
April 30 – May 1, 2018	CD3-B	Miranda Function Hall, Gutalac, ZDN
May 3 – 4, 2018	CD3-A	Liloy National High School
May 10 – 11, 2018	CD2-B	Sindangan National Agricultural School
May 15 – 16, 2018	CD1	Piñan National High School
May 17 – 18, 2018	CD2-A	Manukan National High School

- Participants are required to bring laptop, flashdrive, pentel pens, scissors, double-sided tape, crayon and other art materials. They also need to pre-register online through this link: [bit.ly/MobileCGP](http://bit.ly/MobileCGP)
- Per diems and travel expenses will be charged to their respective school Local Fund/ MOOE subject to the usual accounting and auditing rules and regulations. For inquiries, you may contact the CaGA Chairperson of your respective clustered-districts, to wit:

CD1	Joshua S. Azucenas	0995 253 9556
CD2-A	Fhebe S. Selorio	0950 187 7328
CD2-B	Maria Girlie Hope B. Duay	0926 558 7916
CD3-A	John Mark P. Lomoljo	0920 979 3446
CD3-B	Claire G. Miranda	0916 644 1188

- Facilitators are required to submit the following:
  - During the training: 1 folder for Session guide and on the top are checklists
    - Program/activity preparedness checklist
    - Program/activity closure checklist
    - Evaluation of session guide
  - After the training: 1 folder for Terminal report (see enclosed template) with attachments
    - Annex 1 – Approved proposal
    - Annex 2 – Action plan and job-embedded learning
    - Annex 3 – Photodocumentation and attendance
- For guidance and compliance.

  
**PEDRO MELCHOR M. NATIVIDAD, CSEE**  
 Schools Division Superintendent



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**TERMINAL REPORT FROM  
 MOBILE CLUSTERED-DISTRICT GRADE 11 & 12 CGP MANUAL ROLL-OUT TRAINING**

Date: \_\_\_\_\_, 2018

Venue: \_\_\_\_\_

**Rationale**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (1-2 paragraphs)

**Objectives:**

- a. \_\_\_\_\_;
- b. \_\_\_\_\_;
- c. \_\_\_\_\_

Activity	
Date: Day 1 - Grade 11 CGP Manual	Date: Day 2 - Grade 12 CGP Manual
<ul style="list-style-type: none"> <li>- Arrival</li> <li>- Registration</li> <li>- Welcome Remarks &amp; Statement of Purpose</li> <li>- Module 1,2 ...</li> <li>- Module 3,4 ...</li> </ul>	<ul style="list-style-type: none"> <li>- Arrival</li> <li>- Registration</li> <li>- Welcome Remarks &amp; Statement of Purpose</li> <li>- Module 1,2 ...</li> <li>- Module 3,4 ...</li> </ul>

**Summary of Observation;**

- Total expected participants and percentage of participants in attendance
- Training delivery setting.
- Important lessons and tips discuss in the training.
- What did the participants do and their outputs? Activity highlights
- Issues and concerns, resolutions and agreements

**Recommendation**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by:

_____ Facilitator	_____ Facilitator	_____ Facilitator
_____ Facilitator	_____ Facilitator	_____ Facilitator

## Program/Activity Preparedness Checklist

### (L & D System)

PROGRAM TITLE: \_\_\_\_\_

	REQUIREMENTS	Please Check	MEANS OF VERIFICATION
A	Authority to Conduct/ Activity Request		
B	Financial Requirements/ Cash Advance		
C	Logistical Requirements		
D	Management Arrangement and Manpower Requirement (Include Internal QATAME Associates) with TOR		
E	Information Dissemination/Issuance of Memorandum		
F	Registration and Confirmation Mechanism		
G	List of Participants		
H	Orientation of Management Team including QATAME associates		
I	Trainers'/Learning Facilitators' Package		
J	Learners'/Participants' Training Package		
K	Orientation and Training of Trainers/LFs		
L	Venue Inspection and Certification of Compliance with Training Requirements		

Note: Readiness to implement means all of these items have been complied with, checked and validated. Provide Means of Verification (MOVs) for each item.

Prepared by:

\_\_\_\_\_  
Program Manager/Focal Person/Chairman

Noted:

\_\_\_\_\_  
Division Chief

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**PROGRAM/ACTIVITY CLOSURE CHECKLIST**  
**(L & D System)**

ITEM	Please Check	REMARKS
1. Has conducted program/activity debriefing		
2. Has paid financial obligations including honoraria, TEV, board and lodging, etc.		
3. Has liquidated cash advances and submitted for approval		
4. Has submitted financial reports, whenever necessary		
5. Has submitted program completion report including QATAME report including summary of end-of-program evaluation		
6. Has submitted rating of Program Management Team including the Program Focal Person		
7. Submitted inventory of materials, if any		
8. Submitted list of participants issued with certificate of participation indicating control number		

Note: provide Means of Verification (MOVs) for each of the item.

Prepared by:

\_\_\_\_\_  
Program Manager/Focal Person/Chairman

Noted:

\_\_\_\_\_  
Division Chief

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## EVALUATION OF SESSION GUIDES

(will be accomplished for individual SGs)

Session No : \_\_\_\_\_

Session Title : \_\_\_\_\_

Learning Facilitator: \_\_\_\_\_

After the training/activity, would you recommend improvements for rollout purposes?

Components	Yes, major changes (Please specify and indicate reasons)	Yes, but minor changes (Please specify and indicate reasons)	No suggested improvements	Other Comments
1. Objectives				
2. Content				
3. References				
4. Structure of Methodologies				
5. Choice of Activities				
6. Flow of Activities				
7. Procedural Details				
8. Materials				
9. Time Allotment				
10. Facilitation				
11. Other Concerns (Please Specify)				

EVALUATOR : \_\_\_\_\_

DATE : \_\_\_\_\_