

Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY

Office of the Schools Division Superintendent

September 2, 2024

DIVISION MEMORANDUM
No. 336, s. 2024

**SUBMISSION AND MONITORING OF THE POST TRAINING EVALUATION
AND LEARNING IMPACT ASSESSMENT**

To: **Division Chiefs**
Education Program Supervisors
All Elementary School Heads
All Secondary School Heads
All Others Concerned
This Division

1. Regarding RM 576, s.2024, *Re: Submission and Monitoring of The Post Training Evaluation And Learning Impact Assessment*, this Office informs the school and education leaders who attended regional and national assemblies and conferences of the submission of the required Post Travel Evaluation and Learning Assessment until Level 4 on or before December 9, 2024.
2. The regional and national activities across the country shall apply to the following:
 - a. 1st Regional Assembly of Education (RAEL) of the Department of Education-Region 10,
 - b. 3rd Philippine Elementary School Principals Association (PESPA) Convention,
 - c. 10th National Principals' Congress of the National Association of Public Secondary Schools of the Philippines (NAPSSPHIL), and,
 - d. 6th Assemblies of Public Secondary School Heads of the National Association of Public Secondary Schools of the Philippines (NAPSSPHIL).
3. Please see Attachment 1 for the impact assessment template. Submission of the aforesaid documents shall be done via email through the Human Resource Development (HRD) section: karenrose.serrania@deped.gov.ph.



Address: Zone 3, Poblacion, El Salvador City
Telephone No: (088) 882-6326
Website: www.depedelsalvadorcity.net
Email Address: elsalvador.city@deped.gov.ph


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4. Further, this research activity adheres to the Equal Opportunity Principle (EOP) in observing all policies and protocol of the said activity. Hence, all actions shall be based solely on guidelines set with no discrimination on the account of age, gender identity, sexual orientation, civil status, disability, religion, ethnicity or political affiliation.
5. For dissemination, guidance, and strict compliance.


RANDOLPH B. TORTOLA
Schools Division Superintendent

To be indicated in the Perpetual Index
under the following subjects:

SGOD/KRAS/hrd

Impact Assessment



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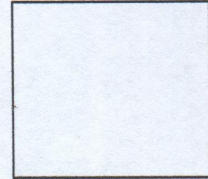
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**2024 POST-TRAINING EVALUATION AND
 LEARNING IMPACT ASSESSMENT FORM**



Name: **Maria Lucinita T. Mantawil**

Position: **Principal II**

Functional Division: **Oroquieta City**

Age and Sex: **60/Female**

Rater: **Jean G. Veloso**

Rating Period: _____

Individual Learning and Development Needs (from the IPCR/OPCR):

Prioritize work tasks and schedules (through Gantt charts, checklists, etc.) to achieve goals.

Job Summary:

- _____
- _____
- _____

KEY RESULT AREAS (KRAs) <i>vis-à-vis</i> DUTIES AND RESPONSIBILITIES	
KEY RESULT AREAS	DUTIES AND RESPONSIBILITIES
Leading Strategically	Instructional Leader
Managing School Operations and Resources	Administrative Manager
Focusing on Teaching and Learning	Curriculum Implementer
Developing Self and Others	Personnel Manager
Building Connections	Community Linkage Coordinator



Address: DepEd Regional Office X, Zone 1, Upper Balulang, Cagayan de Oro City
 Telephone Nos.: (088) 856-3932/ (088) 881-3137

Email Address: region10@deped.gov.ph
 Website: <https://r10.deped.gov.ph/>



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LEARNING AND DEVELOPMENT ATTENDED:

Title of L&D Activity: _____

Date: _____ Venue: _____

Level: () Nationwide () Regionwide () Division wide () Others, pls specify _____

Role: () TWG member () Trainer () RS/facilitator () Participant

Modality: () Workshop/Training Program () Seminar/Conference () Online Learning/Webinar
() Coaching/Mentoring Program () Action Research/PLC () Others, please specify _____

Type: () Leadership Workshop () Professional Development Program
() Peer Learning & Collaboration () Management & Administration Training
() Personal & Professional Wellbeing () Others, please specify: _____

Sponsoring Agency: _____ Participation Approved by: **DR. ARTURO B. BAYOCOT, CESO III**

Competency/ies Addressed:

- a. _____
b. _____
c. _____

Learning Level 1 – Reaction: Participant’s Satisfaction and Perception

1. On a scale of 1 to 5, please rate your overall satisfaction with the training program.
(1 - Very Dissatisfied, 2 - Dissatisfied, 3 - Neutral, 4 - Satisfied, 5 - Very Satisfied)
2. Did the training program meet your expectations? Please provide your feedback.
3. What did you find most valuable or beneficial about the training program?
- 4.
5. Do you have any suggestions or recommendations for improving the training program?

Learning Level 2 – Learning: Knowledge and Skill Acquisition

1. Please indicate the extent to which you have acquired the following knowledge and skills during the training program: (Rating: 1 - No Knowledge/Skill Acquired, 2 - Limited Knowledge/Skill Acquired, 3 - Moderate Knowledge/Skill Acquired, 4 - Good Knowledge/Skill Acquired, 5 - Excellent Knowledge/Skill Acquired)
 - a. Knowledge/skill 1:
 - b. Knowledge/skill 2:
 - c. Knowledge/skill 3:
2. Have you been able to apply the knowledge and skills acquired from the training program in your job responsibilities? Please provide examples.
3. What additional support or resources do you need to further enhance your application of the acquired knowledge and skills?



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Learning Level 3 – Behavior: Transfer of Learning to the Workplace

1. To what extent have you implemented the knowledge and skills acquired from the training program in your work?
2. Have you observed any positive changes or improvements in your work performance or the work environment as a result of the training program? Please provide examples.
3. Are there any barriers or challenges you have encountered in applying the acquired knowledge and skills in your work? If yes, please explain.

Learning Level 4 – Results: Organizational Impact

1. How has the training program contributed to your professional growth and development?
2. Have you achieved any specific goals or objectives as a result of applying the acquired knowledge and skills? Please describe.
3. Has the training program positively impacted your team, department, or the DepEd Region 10 as a whole? Please provide examples.

Reflection:

Prepared by

Participant

Attestation:

Chief ES, SGOD



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Attachments: Copies of the following: (a) Memorandum/Letter of Invitation; (b) Authority to Travel; (c) Certificate of Appearance; (d) Certificate of Participation; (e) Post-travel Report



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