



Republic of the Philippines  
**Department of Education**  
Region V  
**Division of Sorsogon**



November 12, 2019

Division memorandum  
No. 242 s. 2019

**SUBMISSION OF PROFILE OF TEACHERS OF ENGLISH IN THE ELEMENTARY**

To: Asst. Schools Division Superintendent  
CID Chief  
Education Program Supervisors  
Public Schools District Supervisors  
Elementary/Secondary School Heads  
Teachers of English (Elementary)  
All Others Concerned

1. This Office, through the Curriculum Implementation Division (CID), calls for the submission of profile of teachers in the elementary handling English for School Year 2019-2020.
2. This aims to:
  - a. update data/information about the teachers teaching English;
  - b. assess the training needs of teachers to improve the learning outcomes along English; and
  - c. craft necessary interventions based on the data provided by the teachers
3. Attached in the template of the Teacher's Profile.
4. The School Head is requested to collect the accomplished templates from their respective teachers and submit the same to the Office of the Public Schools District Supervisor (PSDS). The PSDS shall submit the district data in bunch on or before November 22, 2019 c/o Ms. Shiela D. Viray.
5. For information, guidance and compliance.

  
**JOSE L. DONCILLO, CESO V**  
Schools Division Superintendent



Republic of the Philippines  
Department of Education



Region V  
SCHOOLS DIVISION OF SORSOGON  
Sorsogon

**PROFILE OF TEACHERS OF ENGLISH IN THE ELEMENTARY**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CONTACT NO. \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

POSITION / DESIGNATION: \_\_\_\_\_

GRADE LEVEL/S BEING TAUGHT \_\_\_\_\_

LENGTH OF SERVICE (TEACHING ENGLISH) \_\_\_\_\_  
YEARS MONTHS

EDUCATIONAL BACKGROUND:  
BACCALAUREATE DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
POST GRADUATE: \_\_\_\_\_  
SPECIAL SKILLS: \_\_\_\_\_

OTHER SUBJECTS BEING TAUGHT: \_\_\_\_\_

TRAININGS ATTENDED IN THE LAST 3 YEARS:  
(FROM PRESENT TO PAST)

TITLE	DATE	VENUE	SPONSOR

(Continue on separate sheet if necessary)

SPEAKERSHIP: (TITLE OF SEMINAR/EVENT) \_\_\_\_\_  
DATE & VENUE: \_\_\_\_\_  
SPONSOR: \_\_\_\_\_

SCHOLARSHIPS RECEIVED: \_\_\_\_\_

AWARDS RECEIVED: \_\_\_\_\_

DO YOU APPROVE OF TEAM TEACHING? (Pls. check) YES \_\_\_\_\_ NO \_\_\_\_\_ (Pls. give a reason for your answer)  
\_\_\_\_\_

SUGGESTIONS FOR IMPROVEMENT OF THE TEACHING-LEARNING PROCESS IN ENGLISH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_