Division Memorandum
No. D-19056

SUBMISSION OF PROFILE OF TEACHERS OF SCIENCE IN THE ELEMENTARY

To: Asst. Schools Division Superintendent
    CID Chief
    Education Program Supervisors
    Public Schools District Supervisors
    Elementary/Secondary School Heads
    Teachers of Science (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 Science for School Year 2019-2020.

2. This aims to:
   a. update data/information about the teachers teaching Science;
   b. assess the training needs of teachers to improve the learning outcomes along Science; 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 29, 2019 c/o Ms. Shieela D. Viray.

5. For Information, guidance and compliance.

JOSE L. DONCILLO, CESO V
Schools Division Superintendent

November 19, 2019
PROFILE OF TEACHERS OF SCIENCE IN THE ELEMENTARY

NAME: __________________________ AGE: __________________

SCHOOL: ________________________ DISTRICT: __________________

RESIDENTIAL ADDRESS: ________________________________

CONTACT NO.: __________________________ EMAIL ADDRESS: __________________

POSITION / DESIGNATION: ________________________________

GRADE LEVEL/S BEING TAUGHT: ________________________________

LENGTH OF SERVICE (TEACHING SCIENCE): __________________

EDUCATIONAL BACKGROUND: ________________________________

BACCALAUREATE DEGREE: __________________________ MAJOR: __________________

POST GRADUATE: ________________________________

SPECIAL SKILLS: ________________________________________

OTHER SUBJECTS BEING TAUGHT: ________________________________

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

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(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 SCIENCE: __________________

_________________________________________________________________
_________________________________________________________________