



Republic of the Philippines
Department of Education
Region V
SCHOOLS DIVISION OF SORSOGON

January 27, 2023

DIVISION MEMORANDUM

No. 021 s. 2023

CONDUCT OF 2023 MID-YEAR PERFORMANCE REVIEW AND IN-SERVICE TRAINING (INSET)

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Elementary and Secondary School Heads
All Others Concerned

1. Relative to DepEd Order No. 34 s. 2022 entitled School Calendar and Activities for School Year 2022-2023, the Mid-year Performance Review and Evaluation and School-Based In-Service Training (INSET) shall be conducted on February 6-10, 2023.
2. The five -day mid-year break shall be spent for the conduct of the Mid-year Performance Review and Evaluation and INSET. The first two days shall be spent in reviewing the performance of teachers. The last three days shall be devoted to the conduct of the INSET activities for the teachers' continued professional development.
3. Proponents are advised to submit proposal, school consolidated individual professional plans and activity matrix for approval of the Schools Division Superintendent on or before February 3, 2023.
4. Program completion report of the Mid-Year break activities shall be submitted by the School Head on or before February 24, 2023.
5. Secondary schools shall have their school-based INSET, while elementary schools shall have their district/cluster/school-based INSET focused on literacy and numeracy.



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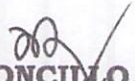



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6. Enclosed are the templates for the proposal, activity matrix, school consolidated development needs, program completion reports, QAME forms and mid-year performance review.
7. District Supervisors/OIC-PSDSs and two Master Teachers (one from elementary and one from secondary school) shall attend a conference on February 2, 2022 at 1:00 in the afternoon at Bulwagan ng Karunungan, SDO Sorsogon, Balogo, Sorsogon City.
8. District Supervisors/OIC-PSDSs and other SDO personnel shall monitor the conduct of the in-service training program.
9. For queries and other concerns, please contact Bernadette R. Bedis, Senior Education Program Specialist at email address bernadette.bedis001@deped.gov.ph
10. Meals and other incidental expenses to be incurred during the conference and INSET shall be charged to local funds subject to the usual accounting and auditing rules and regulation.
11. For information, guidance and compliance of all concerned.


JOSE L. DONCILLO, CESO V
Schools Division Superintendent 



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Enclosure No. 1 to Division Memorandum No. 021 s. 2023

LEARNING AND DEVELOPMENT (L&D) PROPOSAL

Title of Learning and Development Activity		
Proponent	Name Position/Designation Office/District/School Mobile Number DepEd Email Address	
Duration, Proposed Date And Venue	Duration (Specify no. of day(s))	Proposed Date:
	Venue	
Target participants	Teaching= School Heads= Teaching Related= Non-teaching= Total=	
Program Background and Rationale	(Provide description of the organizational situation. Include any priority reform agenda, organizational thrust and strategies that need human resource support. Describe specific organizational discrepancies (if any) As well as priority competency gaps that were uncovered by Learning and Development Needs Assessment)	



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	(Outline the reasons for offering the program/ course /training. Consider the need this program/ course/ training for target participants and include an overview of how relevant and reliable research relates to the content and/or delivery of the program.)	
Objectives	Terminal: (Defined as what the participants will achieve upon successful completion of the program)	
	By the end of the program, participants will be able to:	
	Enabling:(Are the specific objectives that support the terminal objectives)	
Expected Output		
Proposed Budget		
Source of Fund		
Competency/ies to be addressed by the L & D activity	(Please indicate here the competency/ies based on PPST if the target participants are teachers, PPSSH if School Heads, PPSS if supervisors.)	
Training/ Program Management Team	ROLES/ COMMITTEES	IN-CHARGE



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	Program Manager	
	Training Manager	
	Resource Manager	
	Welfare Officer	
	QAME Associate/s	
	Registration	
	Documentation	
	Secretariat	
	Learning Facilitators	

Prepared by:

Reviewed and Evaluated by:

School Head

BERNADETTE R. BEDIS
Senior Education Program Specialist
HRDS

Noted by:

LEAH H. PERAN



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PSDS

Senior Education Program Specialist

District Supervisor

SMME

Recommending Approval:

BERNIE C. DESPABILADERO, Ed. D.
Assistant Schools Division Superintendent

Approved:

JOSE L. DONCILLO, CESO V
Schools Division Superintendent



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Enclosure No. 2 to Division Memorandum No. 021 s. 2023

PROGRAM COMPLETION REPORT

Learning Service Provider:		
LSP Authorization No.:	Expiry Date:	
Contact Person:	Designation:	
Contact No.:	Email Address:	
Program/Course Title:		
PD Recognition No.:	Date of Recognition:	
Date/s of Conduct:		
Venue:		
Total No. of Participants:	Male:	Female:
Executive Summary: <i>(May include the program description and its objectives, and the daily proceedings of the conduct of the program)</i>		
M and E Analysis: <i>Analysis should include:</i> <ul style="list-style-type: none">• Results from the participants' evaluation of the program• Results of the participants learning of the program• Results from the facilitators review of the program• Results from the program managers review of the program <i>Strengths and areas for improvement should be identified in this section</i>		
General Comments and Issues Encountered		



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In this section make any general comments about the program and identify any issues encountered in relation to:

- its delivery
 - resource persons / learning facilitators
 - participants
 - content of the program
 - delivery strategies
 - training materials
- its management
 - prior to delivery
 - during the training proper

Other issues:

Recommendations:

(In this section discuss any recommendations you may have to improve future programs and for policy actions. Suggestions may cover program management, facilitation, session guides, resource materials and other concerns)

I hereby declare the information provided in this program completion report is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made. I further allow DepEd – NEAP to investigate the authenticity of all the documents submitted.

I agree that DepEd-NEAP to be the co-owner of all the data gathered and the copyright of any publication of the use of these data.

Sign off by the Program/Course Manager or its equivalent

Name of P/C Manager:
Signature:
Date:



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Program Report Attachments

- 1. Registration Sheets***
- 2. Attendance Sheets***
- 3. Summary of Evaluation Results***
- 4. Financial Reports***
- 5. Photo Documentation***
- 6. Accomplished Mid-year Performance Review Form***



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2023 MIDYEAR PERFORMANCE REVIEW AND EVALUATION AND SCHOOL-BASED INSET

ACTIVITY MATRIX

Time	Activities				
	Day 1 (February 6, 2023)	Day 2 (February 7, 2023)	Day 3 (February 8, 2023)	Day 4 (February 9, 2023)	Day 5 (February 10, 2023)
8:00-8:30	Arrival and Registration				
8:30-12:00	Mid-year Performance Review	Mid-year Performance Review			
12:00-1:00	Lunch Break				
1:00-4:00	Mid-year Performance Review	Mid-year Performance Review			
4:00-5:00	Debriefing				
Officer of the Day					

Prepared by:

School Head



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Enclosure No. 4 to Division Memorandum No. 021 s. 2023

**ANALYSIS OF THE ONSITE MONITORING/EVALUATION RESULTS
 (QAME Form 1)**

(to be accomplished by Individual Monitor)

PART I: Analysis of the Session and Facilitation Evaluation

Title of the Training	Date:
Venue:	Proponent:
Name of Monitor:	No. of Participants: M ___ + F ___ = T ___
Learning Area:	Participation Rate

Based on the results of the evaluation of the session and facilitation done by the participants, answer the following questions:

1. What are the strong points of the sessions? Of the facilitators? Identify the factors that helped in these areas, if possible.

	Title of Topic & Name of Speaker	Rating	Strong Points	Factors that Helped <i>(This may be done through a Focus - Group Discussion)</i>
Session 1	Topic:			
	Facilitator:			
Session 2	Topic:			
	Facilitator			
Session 3	Topic:			
	Facilitator			
Session 4	Topic:			
	Facilitator			
Session 5	Topic:			
	Facilitator			
Session 6	Topic:			
	Facilitator			



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2. In which area should the session and the facilitator improve on?

		Areas for Improvement	Factors that may contributed (This may be done through a Focus Group Discussion)	Recommended Steps to Address the Issue/s. Indicate whether action can be immediate or long-term solution
Session 1	Session			
	Facilitator			
Session 2	Session			
	Facilitator			
Session 3	Session			
	Facilitator			
Session 4	Session			
	Facilitator			
Session 5	Session			
	Facilitator			
Session 6	Session			
	Facilitator			

3. Are there critical incidents that are not captured by the evaluation tool? Describe these incidents in the table below:

Critical Incident (Refer to the STAR form, 5Ws H)	Identify deviation from Standards applicable	Propose Course/s of Action to Address the Deviation



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PART II: Analysis of the Daily Operations of the Training Management

Based on the results of the evaluation of the daily operations, answer the following questions:

1. What are the strong points and areas for improvement of the daily operations of the training program? Identify the factors that helped in these areas, if possible and give suggestions.

DAY	Overall Rating	Strong Points	Areas for Improvement and Suggestions
1			
2			
3			
4			
AVE. RATING FOR OPERATIONS			

2. Are there critical incidents that are not captured by the evaluation tool? Describe these incidents in the table below:

Critical Incident (Refer to the STAR form)	Identify deviation from Standard/s	Proposed Course/s of Action to Address the Deviation

IMPORTANT: Parts I and II should be used for Debriefing as Feedback to the Program Management Team for information and immediate action

PART III: ANALYSIS OF THE PROGRAM EVALUATION (to be accomplished at the end of the training program)

Identify Class Section/s and batches	Program Objectives, Content and Result	Sessions	Overall Session-Facilitation	Administrative Arrangements	Training Venue and Meals



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Based on the results of the Post Program Evaluation, answer the following questions:

1. What are the strong points of the training program? Identify the factors that helped in these areas, if possible. In which areas should the training program be improved? Identify the factors that contributed to these areas, if possible.

	Factors that have helped/contributed to the strong points/areas for improvement	Suggestions for Improvement
Strong Points		
Areas for Improvement		

3. Are there critical incidents that are not captured by the evaluation tool? Describe these incidents in the table below:

Critical Incident (Refer to the STAR form)	Identify deviation from Standard/s	Proposed Course/s of Action to Address the Deviation

Submitted by: _____ Copy Given to: On-Site QAME Team Leader



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SUMMARY OF DAILY MONITORING AND EVALUATION
(QAME Form 2-Revised)

(to be accomplished by On-Site Team Leader)

Title of the Training:	Date Accomplished:
Inclusive Date of Training:	Venue:
Proponent:	No. of Participants: M ___ + F ___ = T ___

1. What is the general evaluation of the session and facilitation?

Day	Overall Session-Facilitator Rating (Average of General Rating for Sessions and Facilitators)	General Rating for Sessions	General Rating for Facilitators	Summary of Comments and Suggestions
1				
2				
3				
4				
	SITE AVERAGE FOR SESSIONS AND FACILITATORS:			

Major Observations/Findings:

2. What is the overall rating of the daily operations of the training program?

Day	Overall Rating	Summary of Significant Comments and Suggestions
1		
2		
3		
4		
AVERAGE FOR OPERATIONS		

Major Observations/ Findings:



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3. Are there critical incidents that should be addressed by the Training Program Provider/Management?

CRITICAL INCIDENT/S BASED ON STAR (5Ws and H)	Training Provider	Action Taken by the Program Management	Status

Major Observations/Findings:

4a. ANALYSIS OF THE PROGRAM EVALUATION (to be accomplished at the end of the training program)

Batch/Class	Program Objectives, Content and Result	Sessions	Overall Session-Facilitation	Administrative Arrangements	Training Venue and Meals
AVERAGE:					

*Average of ALL 5 criteria within a training site/venue

4b. What is the general post-program evaluation rating of the entire program?

Division	Overall Rating	Summary of Comments and Suggestions

Major Observations/Findings:



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Recommendations for future training program improvements:

Recommendations for policy action:

Submitted by M and E Team Leader: _____
(Name over Signature) (Date)

Noted (School Head): _____
(Name over Signature) (Date)

Recommending Approval: BERNIE C. DESPABILADERO
Assistant Schools Division Superintendent (Date)

Approved: JOSE L. DONCILLO, CESO V
Schools Division Superintendent





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M&E Tool No. 1-Revised 2022

SESSION-FACILITATOR'S EVALUATION TOOL

Title of Program/Training:		
Name of Participant:		
Division:	District:	Facilitator's Name:
School:	Date/Time:	Topic:

Directions: Please assess the effectiveness of the session and facilitation according to the indicators below. Put a tick/check (/) under the appropriate column. Your feedback will help enhance our program and its conduct in the future.

In this session.....	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. The session started on time.				
2. The session ended on time.				
3. The learning objectives of the sessions were met.				
4. The sessions and activities were relevant to what its expected.				
5. The time allotted to the session was sufficient for me to absorb or to accomplish outputs.				
6. With high quality audio.				
7. With strong internet connectivity.				
8. With high interactivity.				
9. The length of the session was just right.				
10. The visual content and graphics in the presentation were readable and aligned with the topic.				
11. App (e.g. MS PowerPoint, Canva) used was appropriate.				
The facilitator.....				
1. Stimulated my interest in the subject matter.				
2. Demonstrated mastery of the topic.				
3. Explained the topic in an understandable level/in a clear and effective manner.				
4. Skillfully utilized the delivery support materials (the use of slide decks) that aided my learning.				
5. Maintained positive learning environment.				
6. Allowed participants to demonstrate their learning.				
8. The Speaker/Trainer brought new and worthwhile insights to the topic.				
Overall Evaluation				
1. To what extent do you agree with this statement "I will walk away with good resources and/or strategies that I can apply in school/organization."				
2. To what extent do you agree with this statement "The activities/parts of the sessions flowed smoothly and its format was engaging."				
Comments/Suggestions for the speaker/trainer improvement of the session:				



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M&E Tool No. 2-Revised2022

END PROGRAM EVALUATION

 Name of Program

Name of Participant: _____ **Sex:** _____ **Start Date:** _____ **End Date:** _____
School & District: _____ **Training Venue:** _____ **Batch/Class:** _____

We are interested in your feedback about the content and process of the activities. Please take a moment to give us your honest opinion on this evaluation form. Your feedback will help us enhance our program and its conduct in the future. Responses will be solely used for the improvement of the program and shall be treated with utmost confidentiality in accordance to RA No. 10173 titled Data Privacy Act of 2021.

Directions: Please assess the effectiveness of the training program according to the indicators below. Simply put a Check (/) on the appropriate column.

Indicators	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
A. Program Objectives, Content and Result				
• The program objectives were clearly presented.				
• The program and session objectives were attained.				
• The program content was appropriate to trainer's roles and responsibilities.				
• The content delivered was based on authoritative and reliable sources.				
• The session activities were effective in generating learning.				
• Adult learning methodologies were used effectively.				
• The trainees demonstrated a clear understanding of the content delivered.				
B. Sessions				
• With high quality audio.				
• With strong internet connectivity.				
• With high interactivity.				
• Length of the session/training was just right.				
• The visual content and graphics in the presentation were readable and aligned with the topic.				
• App (e.g. MS PowerPoint, Canva) used was appropriate.				
C. Overall Evaluation				
• To what extent do you agree with this statement "I will walk away with good resources and/or strategies that I can apply in my school/organization."				



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<ul style="list-style-type: none"> To what extent do you agree with this statement "The sessions flowed smoothly and its format was engaging." 				
D. Administrative Arrangements				
<ul style="list-style-type: none"> Program was well prepared and managed. 				
<ul style="list-style-type: none"> The registration process was organized and systematic. 				
<ul style="list-style-type: none"> Relevant information (registration, Weblink sessions, etc.) were available and accessible. 				
<ul style="list-style-type: none"> The members of the secretariat were efficient, response-able and courteous in answering concerns throughout the duration of the activity via email/phone call/in person. 				
E. Training Venue and Meals				
<ul style="list-style-type: none"> Well lighted, ventilated and clean 				
<ul style="list-style-type: none"> Sufficient space for program activities 				
<ul style="list-style-type: none"> Good soundproofing 				
<ul style="list-style-type: none"> Availability of equipment and serviceability of equipment 				
<ul style="list-style-type: none"> Accessible clean comfort rooms 				
<ul style="list-style-type: none"> Meals were of satisfactory quality 				
<ul style="list-style-type: none"> Meals were sufficient and varied 				
<ul style="list-style-type: none"> Meals were generally healthy 				

Please provide your honest responses to the following questions:

What do you consider your most significant learning from the activity?

How will your learning impact your work?

Comments/Suggestions to improve the:

Facilitation and Sessions - _____

Program Management/Operations - _____





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M&E Tool No. 3

PROCESS OBSERVATION TOOL

(To be accomplished by individual class and Division Office monitors on a daily basis; Observations are to be validated with the session-facilitator evaluation of participants. The data will be the basis for debriefing sessions for action by the management team.)

PROGRAM/ ACTIVITY		CLASS SECTION/BATCH	
VENUE		NUMBER OF PARTICIPANTS	
PROPONENT		NUMBER OF TRAINERS	
INCLUSIVE DATES		DATE MONITORED	

SESSION: _____ **Faci/RP:** _____

1. Session CONTENT	Strongly Disagree	Disagree	Agree	Strongly Agree
• Objectives were presented				
• Activities were congruent to objectives				
• Substantial input was given				
• Key messages were clear				
• Objectives were achieved				
2. Session PROCESS				
• Methodology was appropriate for adult learners				
• Participants were engaged				
• Stimulating questions were asked				
• Workshop output was processed (if any)				
3. Session ATMOSPHERE	<i>What was the general environment in the group?</i>			
	Informal	<<	>>	Formal
(This refers to participants)	Low energy	<<	>>	High Energy
	Hostile	<<	>>	Supportive
	Inhibited/Tense	<<	>>	Open/Relaxed
4. PARTICIPATION of Trainees	<i>How engaged were participants in the session?</i>			
	Only the facilitator/speaker talked	Few people talked		Most people talked
	Group was apathetic	<<	>>	Group was involved
	Group was divided	<<	>>	Group was united



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TIME	I See... (specific person interaction)	I Hear... (verbatim)	I Think... (informed interpretation/analysis)

Session Remarks/Observations:



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M&E Tool No. 4

ON-SITE MONITORING AND EVALUATION

(To be accomplished by individual monitors on a daily basis; Evaluations are to be validated with the session-facilitator evaluation of participants. The results will be the basis for debriefing sessions for action by the management team.)

Title of the Training		Date		Day	
Venue		Proponent			
Name of Monitor		No. of Participants	M	+ F	= T
Learning Area/Class		Participation Rate			

PROGRAM DELIVERY (Daily Monitoring)

Indicators	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. Schedule and Participant Management				
▪ Maximum of fifty (50) pax per class				
▪ Program started according to schedule				
▪ Program ended according to schedule				
▪ Attendance was systematically monitored				
▪ Ground rules were clear				
▪ Compliance of ground rules was monitored				
▪ Modifications in activities and schedule were consulted with the participants				
▪ Modifications in activities and schedule were given ahead of time				
2. Training Site /Venue				
▪ Adequately lit				
▪ Clean				
▪ Comfortable temperature				
▪ Clean comfort rooms				
▪ Equipment were serviceable				
▪ Medical care was available e.g. common medicines, first aid				
3. Meals				
▪ Good Quality and Healthy				
▪ Sufficient Quantity and Good Variety				
▪ Meals served on time				
4. Sessions and Trainers				
▪ The trainers used approved resource package (session guide, slides, videos, etc.)				
▪ Training/learning materials were adequate				
▪ Training/learning materials were given on time				
▪ Support materials were available				
▪ Support materials were in good condition				



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5. Program Management Team				
▪ Courteous and Available when needed				
▪ Efficient and Responsive to needs of participants				
6. QAME System				
▪ Monitoring team was present				
▪ A system for gathering participant feedback was in place				
▪ At least one (1) monitor was assigned per class				
▪ Latest QAME forms were used				
▪ Data gathered was used to inform management				
▪ Issues discussed in debriefing sessions were resolved/addressed				

Comments and Suggestions:

CRITICAL INCIDENTS: For any remarkable event/situation (positive or negative) encountered, accomplish the **STAR** form.

Situation/Task- Describe the specific situation and/or task that needed to be accomplished.

Action – Describe how the person/s or the team responded to the situation or acted on the task at hand.

Result – Describe the effect of the action or lack of action.

CRITICAL INCIDENTS

(STAR form will be used to document critical incidents not captured in QAME Forms; to be accomplished as needed)

SITUATION/TASK	ACTION	RESULT

Name of Monitor (Last Name, First Name): _____

Region: V(Bicol) Division/Office: SDO Sorsogon/ _____





Republic of the Philippines
Department of Education
REGION V
Schools Division of Sorsogon

M&E Tool No. 5

DAILY OPERATION EVALUATION

(To be accomplished by individual monitors daily. The results will be the basis for debriefing sessions for action by the management team.)

Title of the Training		Date		Day	
Venue		Proponent			
Batch/Class		No. of Participants	M___ + F___ = T___		
Name of Monitor		Participation Rate			

Activities	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. Training Site /Venue				
Adequately lit				
Well ventilated				
Adequate soundproofing				
With sufficient space				
Equipment were serviceable				
Clean				
Clean comfort rooms				
Medical care was available e.g. common medicines, first aid				
2. Meals				
▪ Satisfactory quality				
▪ Sufficient quantity				
▪ Good Variety				
▪ Generally healthy				
▪ Meals served on time				
3. Program Management Team				
▪ Courteous and Available when needed				
▪ Efficient and Responsive to needs of participants				

Comments/Suggestions for Improvement of the program management/operations:



Balogo Sports Complex, Balogo, Sorsogon City, Sorsogon 4700
(056) 421-5415
sorsogon@deped.gov.ph
depedsorsogon.com.ph



CIP 5461/21/05/1163



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M&E Template No. 1 - Revised

FOCUS Group Discussion

(this template can be used as guide for conducting FGD by the QAME Monitor)

Name of Participant/Group _____

No. Participants: _____

Date: _____

Venue: _____

Things you appreciate from the session/ workshop	Things you considered need improvement	Suggestions to improve the session/ workshop
Session/Content		
Facilitator/s		
Overall Evaluation		
On Program Objectives, Content and Result		
On Administrative Arrangements		
Daily Operation: <i>Venue</i> <i>Meals</i> <i>Others</i>		

QAME Associate: _____



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