



Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON



23 June 2025

**Regional Memorandum**  
No. 467, s. 2025

**REGIONAL MONITORING & EVALUATION FRAMEWORK,  
WORKFLOW AND TOOLS IN MONITORING THE  
IMPLEMENTATION OF PPAS AND PDPs**

To: **Schools Division Superintendent**

1. In compliance with the provisions of DepEd Order No. 29, s. 2022 and DepEd Memorandum No. 44, s. 2023 on monitoring the implementation of Programs, Projects, and Activities (PPAs) and Professional Development Programs (PDPs), this Office through the Quality Assurance Division (QAD) issues the Regional Framework, Workflow, and Monitoring Tools for PPAs and PDPs.
2. The Regional Framework, Workflow, and Monitoring Tools shall be used as guide for monitoring and evaluation of PPAs and PDPs implementation.
3. For more information and details, you may contact Emelia M. Aytona at 02-8682-2114 local 450 or email at [qad.calabarzon@deped.gov.ph](mailto:qad.calabarzon@deped.gov.ph)
4. Immediate and widest dissemination of this Memorandum to all concerned is enjoined.

  
**ATTY. ALBERTO T. ESCOBARTE, CESO II**  
Regional Director

05/ROQ3



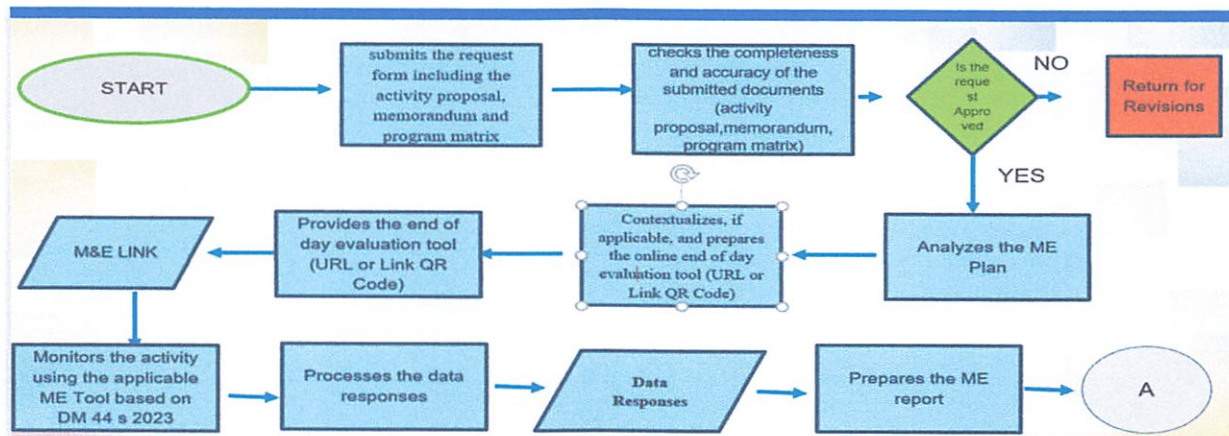
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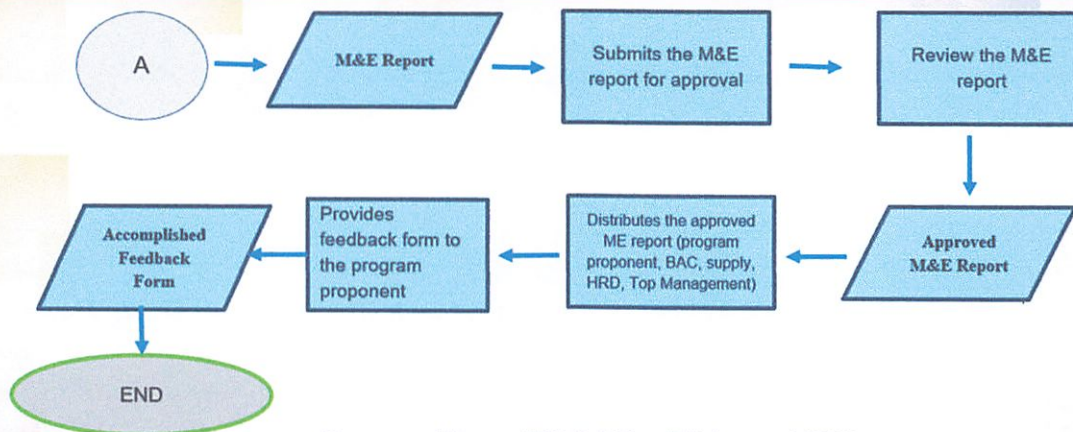
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## Enclosure 1

## REGIONAL MONITORING &amp; EVALUATION PROCESS FRAMEWORK



Process Flow of M &amp; E for PPAs and PDPs



Process Flow of M &amp; E for PPAs and PDPs

**Enclosure 2**

**END OF THE DAY EVALUATION TOOL FOR  
TRAINING WORKSHOP PROGRAMS**  
(DM 44, s. 2023)

<b>NAME/TITLE OF THE PROGRAM:</b>	
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We are interested in your feedback about the content and process of the program. Please take a moment to give us your honest opinion on this evaluation form.

Responses will remain anonymous and will be used for the improvement of the program.

**DIRECTION:** Rate the program using the rating scale. Tick under the column of your response.

**SCALE:**        (4) Strongly Agree    (3) Agree        (2) Disagree    (1) Strongly Disagree

I. EVALUATION OF SESSION				
<b>A. Activity Management &amp; Objectives</b>	4	3	2	1
- Session started on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The information and instruction given before the event is clear and easy to follow				
- The organization of the program is logical.				
- The pace allotted for the session was sufficient for me to absorb inputs.				
- Adequate session breaks (mid-morning, lunch and mid-afternoon)				
- Session ended on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The session objectives were attained at the end of the training program.				
<b>B. PreTest and PostTest:</b>	4	3	2	1
- Manage adequately the pre & post assessments				
- The tests effectively measured my understanding of the topic/s being assessed.				
<b>C. Workshop Proper</b>	4	3	2	1
- Ample time was provided for the output completion				
- Appropriate technical assistance was provided by the facilitators				
- Needed material/s was/were provided				

I. EVALUATION OF SESSION				
<b>A. Activity Management &amp; Objectives</b>	4	3	2	1
- Session started on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The information and instruction given before the event is clear and easy to follow				
- The organization of the program is logical.				
- The pace allotted for the session was sufficient for me to absorb inputs.				
- Adequate session breaks (mid-morning, lunch and mid-afternoon)				
- Session ended on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The session objectives were attained at the end of the training program.				
- The criteria for the output/s were clearly explained				
<b>D. Venue</b>	4	3	2	1
- Clean				
- Well-lighted				
- Well-ventilated				
- Adequate soundproofing				
- Availability of equipment				
- Internet access was usable				
- Serviceability of equipment				
- Meals were sufficiently healthy				
- Facilities for individual with disabilities				
- Sufficient space for the program activities				
- Accessible, safe, secure, and peaceful location				
- Enough clean and accessible Toilets and washrooms				
- Meals had sufficient variety.				
<b>E. Accommodation</b>	4	3	2	1
- With sufficient space				
- Clean, well-lit and well-ventilated				
- Comfortable				
- Clean accommodation				
- Facilities were in good working order				
<b>F. Session Rooms</b>	4	3	2	1
- Well-lit well-ventilated and spacious enough for the participants				
- Enough space for activities				
- Comfortable				
- Designated areas for PMT				
- Provided for breakout sessions				
<b>G. Technical (Face-to-Face/Online)</b>	Very Good	Good	Fair	Poor
- How would you rate your experience with the technology aspect?				

I. EVALUATION OF SESSION				
A. Activity Management & Objectives	4	3	2	1
- Session started on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The information and instruction given before the event is clear and easy to follow				
- The organization of the program is logical.				
- The pace allotted for the session was sufficient for me to absorb inputs.				
- Adequate session breaks (mid-morning, lunch and mid-afternoon)				
- Session ended on time (F2F/Online)				
- The session objectives are explained at the beginning of the session.				
- The session objectives were attained at the end of the training program.				
- Quality of Audio				
- Quality of Video				
- Internet Connectivity (Online)				
- Length of Session				
- Visual Content and Graphics				
- Platform Used (If online)				
II. PROGRAM MANAGEMENT TEAM				
Program Management	4	3	2	1
- The program was structured properly				
- Venue emergency evaluation plan is disseminated before the start of the activity.				
- Promotes solid waste management				
- Socially-inclusive, gender-sensitive, non-discriminatory and non-stereotypical language is use at all times				
- The program was managed efficiently.				
- Emerging welfare needs are immediately addressed				
- Available when needed				
- Responsive to the need of participants				
- The emcee/host speaks with clarity and rapport.				
- Manage properly the closing program (insights, challenge, acceptance, and ways forward) is facilitated.				
- Manage adequately the distribution of certificates.				

**III. LEARNING AND DEVELOPMENT JOURNAL**

- What do you consider your most significant learning from the program?
- Briefly describe what you have learned and how it will help you with your work.
- What changes would you suggest to improve your programs in the future?

**IV. PROGRAM PROPER**

<b>Session/Activities/Discussion/Workshop</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
- The session started on time				
- The organization of the opening program flows in logic (national anthem, ecumenical prayer, DepEd Quality Policy, Welcome Remarks, and introduction of participants.)				
- Management of Learning (leveling of expectation, agreeing on session norms, discussion of program objectives and matrix.				
- The purpose of the session is clear				
- The facilitator/s demonstrated mastery of the topic				
- The facilitator/s explained the topics in an understandable level				
- The time and pace allotted for each session was sufficient for me to absorb inputs or to accomplish outputs				
- The session ended on time				



**Privacy Statement**

The Department of Education (DepEd) is bound by law under the Data Privacy Act of 2012 (RA 10173). Your attendance to this online event aims to develop your skills in performing your tasks by virtue of your employment or affiliation with DepEd. By selecting the checkbox below this statement and clicking "Submit" you agree to the following:-1) You express your consent for and authorize DepEd, through the organizers of this online orientation, to collect, process, and keep your personal information for lawful purposes related to the conduct of this online event. 2) DepEd through the organizers of this online orientation, cannot disclose your personal information to any third parties without your explicit permission. It can, however, share said information with its bureaus/ office/ services and external agencies, affiliates, or fulfill financial, logistic, and other contractual obligations, or to comply with law enforcement and legal processes.3) The organizers of this online orientation may record this event for reference and documentation. By attending this event, you give DepEd and the organizers permission to include you and your likeness in or make you a subject if any communications media they see fit (photo, video, social media, or print). You certify that you have agreed to the above information and that you are well-informed of the purpose of this endeavor.

I confirm that I have read the statement above and agree to it.

**Enclosure 3**

**ACTIVITY EVALUATION**  
**RESEARCH FORUM/CONFERENCE/ACTIVITY**  
\_\_\_\_\_ **In Person** \_\_\_\_\_ **Online/Virtual**

We are interested in your feedback about the content and process of the program. Please take a moment to give us your honest opinion on this evaluation form. Responses will be treated with confidentiality and will be used for the improvement of the program.

**GENERAL INSTRUCTIONS:**

Kindly accomplish this form COMPLETELY, CORRECTLY, ACCURATELY, and HONESTLY. This form will automatically close three (3) hours after activation. Thank you.

**PARTICIPANTS PROFILE**

<b>Full Name:</b> (Optional)	<b>Sex:</b> 0 Male 0 Female
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**I. PROGRAM MANAGEMENT**

Please rate how strongly you agree or disagree with each of the following statements by choosing the appropriate column.

**SCALE: (4) Strongly Agree (3) Agree (2) Disagree (1) Strongly Disagree**

	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>A. Attainment of Objectives</b>				
➤ the session started on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the session objectives are explained at the beginning of the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the information and instruction given before the event is clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the organization of the program is logical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the pace allotted for the session was sufficient for me to absorb the inputs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ adequate session breaks (mid-morning, lunch, and mid-afternoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ session ended on time (F2F/online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. VENUE</b>				
➤ The venue was well-ventilated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ was comfortable with sufficient space for the program and other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ had sanitary and hygienic conditions with adequate comfort rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ internet access was usable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ was found to be secured and safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Availability of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Serviceability of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Adequate soundproofing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>C. MEALS</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ Adequate quality	0	0	0	0
➤ Sufficient in quantity	0	0	0	0
➤ Appropriate meal/food is served	0	0	0	0
➤ Generally healthy	0	0	0	0
➤ Served on time	0	0	0	0
<b>D. PROGRAM MANAGEMENT TEAM</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ Courteous	0	0	0	0
➤ Responsive to the needs of the participants	0	0	0	0
➤ Provided resources for the session	0	0	0	0
➤ Prepared the venue for the Session	0	0	0	0
➤ have delivered the necessary tasks as per expectations	0	0	0	0
➤ have addressed the queries and other operation-related concerns	0	0	0	0
<b>E. OPENING PROGRAM</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ The Opening Program started on time	0	0	0	0
➤ The organization of the opening program flow was logical (national anthem, prayer, DepEd Quality Policy Statement, welcome remarks, introduction of participants, management of learning))	0	0	0	0
➤ The purpose of the opening program was clear.	0	0	0	0
➤ The Opening Program ended on time.	0	0	0	0
<b>F. CLOSING PROGRAM</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ The closing Program started on time.	0	0	0	0
➤ The organization of the closing program flow was logical (patriotic song, ecumenical prayer, insights, giving and acceptance of the challenge, way forward, distribution of certificates, and closing remarks).	0	0	0	0
➤ The distribution of certificates of appearance and participation was managed adequately.	0	0	0	0
➤ The purpose of the closing program was clear.	0	0	0	0
➤ The closing program ended on time.	0	0	0	0

## II. LEARNING MANAGEMENT

<b>A. FACILITATORS/PANELISTS</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ provided necessary input/feedback needed by the participants in response to his/her research	0	0	0	0
➤ showed fairness and impartiality during the presentation	0	0	0	0
➤ asked questions relevant to the research and encouraged the presenters to explain more of their research	0	0	0	0
<b>B. PLENARY/RESOURCE SPEAKER</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ The session started on time	0	0	0	0
➤ The session objectives were explained at the beginning of the session.	0	0	0	0
➤ demonstrated expertise in the topic.	0	0	0	0
➤ explained the topics in an understandable level.	0	0	0	0
➤ accommodated my concerns and questions.	0	0	0	0
➤ The time and pace allotted for each session was sufficient to absorb inputs or to accomplish outputs.	0	0	0	0
➤ establishes rapport with participants.	0	0	0	0
➤ checked for the understanding of participants and processed their responses.	0	0	0	0
➤ established and maintained a positive/non-threatening and comfortable learning environment.	0	0	0	0
➤ demonstrated good communication skills (verbal and non-verbal).	0	0	0	0
➤ used appropriate technology with ease and confidence.	0	0	0	0
➤ synthesized the responses of the participants and the activities of the session.	0	0	0	0
➤ exhibited flexibility and adaptability in the delivery of the session to ensure an appropriate response to unforeseen situations.	0	0	0	0
➤ presented him/herself in a professional manner.	0	0	0	0
➤ The session ended on time.	0	0	0	0

**What did you find most valuable today?**

**Do you have any other comments, suggestions, or questions about the conduct of Research Conference/Forum?**

**How would you evaluate this Activity in general?**

1. Needs to Improve
2. Good/Satisfactory
3. Very Good/Very Satisfactory
4. Excellent

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- I confirm that I have read the statement above and agree with it.

**Enclosure 4****PROGRAM LAUNCHING/ MANCOM/PIR/CONFERENCE/FORUM/  
ORIENTATION****NAME/TITLE OF THE PROGRAM:**

Date of Activity | Venue of Activity

We are interested in your feedback about the content and process of the program. Please take a moment to give us your honest opinion through this evaluation form. Responses will be treated with confidentiality and will be used for the improvement of the program.

**GENERAL INSTRUCTIONS:**

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**PARTICIPANTS PROFILE****I. FULL NAME** (Optional)**II. SEX**☐ Male☐ Female☐ Prefer not to say**III. OFFICE/ SCHOOL :** \_\_\_\_\_**A. PROGRAM MANAGEMENT**

Please rate how strongly you agree or disagree with each of the following statements by choosing in the appropriate column.

SCALE: (4) Strongly Agree (3) Agree (2) Disagree (1) Strongly Disagree

<b>A. ACTIVITY MANAGEMENT AND OBJECTIVES</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
The activity started on time.				
The objectives were clearly explained at the beginning of the activity.				
The information and instructions given before the activity were clear and easy to follow.				
There was an adequate health break during the activity (mid-morning, lunch, and mid-afternoon).				
The activity was structured properly.				
Emerging welfare needs were immediately addressed.				
The organization of the activity flow was logical (national anthem/nationalistic song, ecumenical prayer, attendance check, energizer)				

The activity has adequate time allotment for the presentation and open forum.				
The objectives were formulated following the SMART principle.				
The moderators/facilitators maintained order during the conduct of the activity.				
The materials needed for the activity were timely and adequately provided to the participants.				
The objectives of the activity were achieved.				
The activity ended on time.				
<b>B. DELIVERY OF CONTENT</b>				
The contents of the presentations were delivered comprehensively.				
The contents delivered were based on authoritative and reliable sources.				
The presentations followed a logical order/structure.				
Issues and concerns raised relative to the contents presented were properly addressed.				
<b>C. TECHNICAL WORKING GROUP</b>				
Efficiently managed the program				
Helpful and dependable				
Able to assist the participants when needed				
Able to provide the needed materials/resources for the participants				
Delivered the necessary tasks as expected				
<b>D. VENUE</b>				
Clean				
Well-lighted				
Well-ventilated				
Adequate soundproofing				
With serviceable equipment				
Sufficient space for the program				
With a strong and reliable Internet Connection				
With available facilities for persons with disabilities				
Clean and accessible comfort rooms and washrooms				
Visibility of directional signages				
<b>E. MEALS</b>				
Adequate quality				
Sufficient in quantity				
Appropriate meal/food is served				
Generally healthy				
Served on time				
<b>F. ACCOMMODATION</b>				
With sufficient space				
Clean and comfortable				
Facilities in good working condition.				

Toiletries provided.				
<b><i>What area/s of the activity worked well?</i></b>				
<b><i>What improvement/s of the activity would you recommend?</i></b>				

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- 2) DepEd, through the organizers of this online orientation, cannot disclose your personal information to any third parties without your explicit permission. It can, however, share said information with its bureaus/ office/ services and external agencies, affiliates, or partners to fulfill financial, logistic, and other contractual obligations, or to comply with law enforcement and legal processes.
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**Enclosure 5****ANNUAL PHYSICAL EXAMINATION (APE)**

<b>Areas of Concern</b>	<b>4 (SA)</b>	<b>3 (A)</b>	<b>2 (DA)</b>	<b>1 (SD)</b>
<b><i>APE FLOW AND TIME ALLOTMENT</i></b>				
1. The APE started and ended on time.				
2. The duration/length of APE was adequate.				
3. The APE flow was organized and followed accordingly.				
4. The APE flow was smooth and without unnecessary disruption.				
<b><i>PURPOSE OF THE ACTIVITY</i></b>				
1. The objectives were clearly presented.				
2. The APE achieved its objective to				
3. The APE was inspiring to continuously value the importance of a healthy body and mind in the delivery of services.				
4. The APE is relevant and responsive to the identified needs of all SDO personnel.				
<b><i>APE MANAGEMENT TEAM</i></b>				
1. The activity was managed efficiently and effectively.				
2. The members of the APE Management Team were courteous and approachable, and reliable in providing help/assistance.				
3. There were enough personnel/members to manage the conduct of the APE.				
4. The Health and Welfare Committee is present, available, and functional.				
<b><i>PROVISION OF MEDICAL SERVICES</i></b>				
1. Medical services provided was relevant to the needs of SDO personnel				
2. Medical services provider is adequate.				
3. Time allotment for each medical service was adequate.				
4. Providing healthcare advice to SDO personnel in a professional capacity and manner.				
<b><i>MEDICAL APPARATUS/EQUIPMENT</i></b>				
1. Standard medical apparatus were utilized.				



2. Medical apparatus were adequate.				
3. All medical equipment were serviceable.				
4. Medical health technologies are safe and effective.				
<b>MEDICAL STAFF</b>				
1. Perform competently.				
2. Demonstrate good communication skills.				
3. Sensitive to the personnel's mood.				
4. Observe and wore appropriate attire				
<b>APE VENUE</b>				
1. The venue was well ventilated and lighted.				
2. The venue was spacious and appropriate for the medical services				
3. The venue has the needed and clean amenities.				
4. The venue considers all the physical and medical conditions of the personnel.				
<b>OVERALL AVERAGE</b>				

Legend:

Points	Range	Verbal Interpretation
4	3.26 – 4.00	Outstanding
3	2.51 – 3.25	Satisfactory
2	1.76 – 2.50	Needs Improvement
1	1.00 – 1.75	Poor

COMMENT/SUGGESTION TO MEDICAL SERVICES PROVIDER
SUGGESTIONS AND/OR RECOMMENDATION FOR IMPROVEMENT OF APE

**Enclosure 6****AWARDING/APPRECIATION PROGRAM/ CELEBRATION/RECOGNITION  
EVALUATION TOOL****NAME/TITLE OF THE PROGRAM:**

Date of Activity | Venue of Activity

We are interested in your feedback about the content and process of the program. Please take a moment to give us your honest opinion through this evaluation form. Responses will be treated with confidentiality and will be used for the improvement of the program.

**GENERAL INSTRUCTIONS:**

Kindly accomplish this form COMPLETELY, CORRECTLY, ACCURATELY, and HONESTLY. This form will automatically close one (1) hour after activation. Thank you.

**PARTICIPANTS PROFILE****I. FULL NAME** (Optional)**II. SEX**☐ Male☐ Female☐ Prefer not to say**III. OFFICE/ SCHOOL:** \_\_\_\_\_**A. PROGRAM MANAGEMENT**

Please rate how strongly you agree or disagree with each of the following statements by choosing in the appropriate column.

SCALE: (4) Strongly Agree (3) Agree (2) Disagree (1) Strongly Disagree

<b>I. PROGRAM AND ATTAINMENT OF OBJECTIVES</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
The program started on time.				
The objectives were clearly explained at the beginning of the program.				
The organization of the program is logical.				
The time allotted for the program was sufficient.				
The program was structured properly.				
The objectives were attained at the end of the program.				
The session ended on time.				

Suggestion/ s for Improvement (if there is any):

<b>II. PROGRAM MANAGEMENT</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
-------------------------------	----------	----------	----------	----------

The information and instructions provided before the program were clear and easy to follow.				
The program was managed efficiently.				
The Project Management Team (PMT) demonstrated courtesy and availability at all times.				
Assistance was provided promptly and effectively whenever needed.				
Socially inclusive, gender-sensitive, non-discriminatory, and non-stereotypical language was consistently used.				
Health personnel were present throughout the program.				

*Suggestion/s for Improvement (if there is any):*

<b>III. VENUE</b>				
Clean				
Well-lighted				
Well-ventilated				
Adequate soundproofing				
Sufficient space for the program				
With a strong and reliable Internet Connection				
With available facilities for persons with disabilities				
Clean and accessible comfort rooms and washrooms				

*Suggestion/s for Improvement (if there is any):*

<b>III. TECHNICAL ASPECT</b>				
High audio quality				
High video quality				
With serviceable equipment				
Appropriate visual content and graphics				

*Suggestion/s for Improvement (if there is any):*

<b>IV. MEALS</b>				
Adequate quality				
Sufficient in quantity				
Appropriate meal/food is served				
Generally healthy				
Served on time				

*Suggestion/s for Improvement (if there is any):*

## **B. PROGRAM PROPER**

Please rate how strongly you agree or disagree with each of the following statements by choosing in the appropriate column.

SCALE: (4) Strongly Agree (3) Agree (2) Disagree (1) Strongly Disagree

<b>I. KEYNOTE SPEAKER</b>				
The speaker exhibited support on the event's theme.				
The speaker offered a new perspective and expressed ideas clearly.				
The speaker was able to connect to the audience.				
The speaker exuded confidence while speaking.				
The speaker established and maintained a positive, non-threatening, and comfortable environment.				
The speaker presented himself or herself in a professional manner.				

*Suggestion/s for Improvement (if there is any):*

<b>II. AWARDING CEREMONIES</b>				
Flow of awarding was well-organized.				
The host/s established rapport with the audience.				
The host/s spoke with a clear and modulated voice.				
Distribution of certificates was managed adequately.				

*What are the strong points of the Program?*

*What do you think are the areas for improvement in the Program and your recommended action/s to address it?*

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☐ I confirm that I have read the statement above and agree to it.

**Enclosure 7**

**DOCUMENTARY REQUIREMENTS CHECKLIST ON THE  
Conduct of Off-Campus Activities**  
(DepEd Order No. 66, s. 2017)

**NAME OF SCHOOL:** \_\_\_\_\_**NAME OF SCHOOL HEAD:** \_\_\_\_\_**PROPOSED DATE OF OFF-CAMPUS ACTIVITY:** \_\_\_\_\_**DATE OF DOCUMENT SUBMISSION:** \_\_\_\_\_

**Directions:** Check the appropriate box that corresponds as per evaluation documents.

**Disclaimer/Data Privacy Notice**

Any information that will be given during the validation will be kept confidential and personal information will be treated under the Data Privacy Act of 2012.

**I. PRE-IMPLEMENTATION**

<b>ITEMS TO COMPLY</b>	<b>Evident</b>	<b>Partially Evident</b>	<b>Not Evident</b>	<b>Remarks</b>
1. Endorsement Letter for Approval				
2. PTA Resolution of Support				
3. Copy of E-SIP Worksheet and AIP with reflected proposed Off-Campus Activities				
4. Approved Activity Proposal signed by the SDS <i>***Date of proposal stamped by the Records Section, at least one (1) month prior to the conduct of the activity with the following attachments if possible:</i>				
4.1 Certified True Copy of Accreditation Certificate by the Department of Tourism				
4.2 Certified True Copy of Certification from the Land Transportation Franchising and Regulatory Board on the validity and scope of franchise of the tour operator's vehicle if possible				
4.3 Copy of Registration Vehicle				
4.4 Copy of Professional Driver's License and updated Medical Record				
4.5 Information and Cost of Travel Insurance				
4.6 Actual Itinerary of the Educational Tour issued by the tour operator				
4.7 Other expenses that may incur				
4.8 Information of the places to visit (use prescribe activity information sheet in Annex A of DO 66, s. 2017) approved by the				

<i>CID in-charge that would serve as recommendation that the activities are aligned with the curriculum and contribute to learners' development</i>				
<i>4.9 Sample worksheet to be accomplished during or after the activity provided to learners</i>				
<i>5. Approved Activity Proposal</i>				
<b>REMARKS / RECOMMENDATIONS:</b>				

*\*\*\*Findings will be used on the presence or absence of the requirements as stated in each item and shall be the basis for a plan of action by the school and Division Office.*

*\*\*\*Once the documents are complete, Indorsement will be released from the Office of Superintendent.*

Checked and validated by:

Conforme:

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School Head / Principal / Coordinator

Verified:

SGOD, Education Program Supervisor

Recommending Approval:

ASDS

Approved:

Schools Division Superintendent

**Enclosure 8****OFF-CAMPUS MONITORING TOOL***(DepEd Order No. 66, s. 2017)***NAME OF SCHOOL:** \_\_\_\_\_**NAME OF SCHOOL HEAD:** \_\_\_\_\_**DATE OF THE ACTIVITY:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_**II. IMPLEMENTATION****DATA PRIVACY**

Data and information in this form are intended exclusively for the purpose of this webinar. This will be kept by the process owner for the purpose of verifying and authenticating the identity of the participants. Serving other purposes not intended by the process owner violates the Data Privacy Act of 2012. Data subjects voluntarily provided these data and information explicitly consenting to the process owner to serve its purpose.

**INSTRUCTION**

Please submit feedback regarding the conduct of Off-Campus. (for SocMob, PSDSs, M&E & other interested parties involving Off-Campus Activity.

**A. Basic Information**

Number of Buses: \_\_\_\_\_

Number of students registered to join: \_\_\_\_\_

Number of Actual students joined the activity: \_\_\_\_\_

Number of Teacher-support, and/or Teacher Chaperones: \_\_\_\_\_

**B. Safety and Security Measures**

<b>Indicators</b>	<b>Evident</b>	<b>Not Evident</b>
Teacher-Passengers have secured learners' emergency contact details		
Participants/learners have signed in the manifest		
Provider conducted briefing on school rules, security measures, emergency procedures and regulations to be observed has been discussed		
School Head/Teacher-Passengers conducted headcount before leaving and arrival at each drop-off location		
Presence of at least two or more teacher-chaperones each bus		
<i>For Educational Component only: related lecture must be conducted throughout the trip.</i>		
<i>Availability of tracking and reporting of school to teachers-passengers and teachers-passengers to parents</i>		



## C. Transportation Provider

<b>Indicators</b>	<b>Evident</b>	<b>Not Evident</b>
Assigned drivers must have updated licenses and are in good medical condition		
Busses with enough numbers of passengers		
Availability of medical kit in each bus/transportation		
Conducted vehicle inspection before the learners/participants boarded the bus		
Driver/s strictly follow traffic rules and other related regulations set by the law		

**Enclosure 9**

**BENCHMARKING ON \_\_\_\_\_**  
*(Name of Activity)*

Thank you for participating! Help us improve our future benchmarking activity by filling out this survey. Your honest feedback matters to us. Do not leave any blank fields. State N/A if not applicable to you.

In processing these data and information, RO/ SDO \_\_\_\_\_ is committed in ensuring and protecting the confidentiality and privacy of these data and information as required under the Data Privacy Act of 2012 (Republic Act No. 10173).

**Full Name:**

*First Name-Middle Initial-Last Name*

**Sex:**

*His*

*Her*

**Date of Benchmarking Activity:**

*Directions: Rate the benchmarking process using the EVIDENT and NOT EVIDENT criterion. Indicate additional feedback in REMARKS.*

**Evaluation:**

NO.	BENCHMARKING PROCESS	EVIDENT	NOT EVIDENT	REMARKS
1	Coordinated the division that will undergo the benchmarking activity.			
2	Identified the activities that need to be benchmarked.			
3	Formed a team that will manage the benchmarking procedures.			
4	Managed the logistics (i.e., transportation, meals, etc.).			
5	Discussed the benchmarking processes with the team.			
6	Prepared data-gathering tools before the benchmarking procedures.			
7	Collected the data directly from the host division.			
8	Documented all processes and operating procedures in implementing a <i>(specify the program)</i> .			

9	Initiated a debriefing or post-conference to have an in-depth discussion related to <i>(specify the program)</i> .			
10	Achieved the activity objectives.			

**CHALLENGES ENCOUNTERED**


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**ACTION TAKEN**


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**For comments and suggestions, please feel free to write**

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**Enclosure 10**

**MONITORING TOOL ON THE CONDUCT OF YEAR-END RITES**  
**SY \_\_\_\_\_**

Name of School:

Cluster:

Name of School Head:

Date of Graduation:

Time:

Directions: Rate each item using the given criteria.

<b>ITEMS</b>	<b>Highly Evident 3</b>	<b>Moderately Evident 2</b>	<b>Slightly Evident 1</b>	<b>Not Evident 0</b>
<i>PTA was consulted regarding the event and the content of the program with proper resolution.</i>				
<i>Parental consent is secured by the school and compiled for reference.</i>				
Program starts on time				
Program flow follows the sequence set by the Division Office				
Certificates are properly distributed				
Graduates who are not present are pre-determined for the smooth distribution of the certificates				
The ceremony depicts the EOSY theme				
Sounds and lights are checked prior to the actual conduct of ceremony				
Attires of teachers, parents and learners are appropriate to the occasion				
The venue of the ceremony is spic and span				
Awareness on the entrance and exit point is observed				
Recessional flows smoothly				
The overall graduation/completion program maintains the observance of the prohibition of electioneering and partisan political activity.				

Other Concerns:

School Head:

Date:

Division Monitoring Official:

**Enclosure 11**

**ACTIVITY EVALUATION**  
**RESEARCH FORUM/CONFERENCE/ACTIVITY**  
 \_\_\_\_\_ **In Person**      \_\_\_\_\_ **Online/Virtual**

We are interested in your feedback about the content and process of the program. Please take a moment to give us your honest opinion on this evaluation form. Responses will be treated and confidentiality and will be used for the improvement of the program.

**GENERAL INSTRUCTIONS:**

Kindly accomplish this form COMPLETELY, CORRECTLY, ACCURATELY, and HONESTLY. This form will automatically close three (3) hours after activation. Thank you.

**PARTICIPANTS PROFILE**

<b>Full Name:</b> <i>(Optional)</i>	<b>Sex:</b> 0 Male 0 Female
-------------------------------------	--------------------------------

**I. PROGRAM MANAGEMENT**

Please rate how strongly you agree or disagree with each of the following statements by choosing the appropriate column.

**SCALE: (4) Strongly Agree   (3) Agree   (2) Disagree   (1) Strongly Disagree**

	4	3	2	1
<b>A. Attainment of Objectives</b>				
➤ the session started on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the session objectives are explained at the beginning of the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the information and instruction given before the event is clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the organization of the program is logical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ the pace allotted for the session was sufficient for me to absorb the inputs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ adequate session breaks (mid-morning, lunch, and mid-afternoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ session ended on time (F2F/online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. VENUE</b>				
➤ The venue was well-ventilated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ was comfortable with sufficient space for the program and other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ had sanitary and hygienic conditions with adequate comfort rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ internet access was usable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ was found to be secured and safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Availability of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Serviceability of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
➤ Adequate soundproofing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>C. MEALS</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ Adequate quality	0	0	0	0
➤ Sufficient in quantity	0	0	0	0
➤ Appropriate meal/food is served	0	0	0	0
➤ Generally healthy	0	0	0	0
➤ Served on time	0	0	0	0
 <b>D. PROGRAM MANAGEMENT TEAM</b>	 <b>4</b>	 <b>3</b>	 <b>2</b>	 <b>1</b>
➤ Courteous	0	0	0	0
➤ Responsive to the needs of the participants	0	0	0	0
➤ Provided resources for the session	0	0	0	0
➤ Prepared the venue for the Session	0	0	0	0
➤ have delivered the necessary tasks as per expectations	0	0	0	0
➤ have addressed the queries and other operation-related concerns	0	0	0	0
 <b>E. OPENING PROGRAM</b>	 <b>4</b>	 <b>3</b>	 <b>2</b>	 <b>1</b>
➤ The Opening Program started on time	0	0	0	0
➤ The organization of the opening program flow was logical (national anthem, prayer, DepEd Quality Policy Statement, welcome remarks, introduction of participants, management of learning))	0	0	0	0
➤ The purpose of the opening program was clear.	0	0	0	0
➤ The Opening Program ended on time.	0	0	0	0
 <b>F. CLOSING PROGRAM</b>	 <b>4</b>	 <b>3</b>	 <b>2</b>	 <b>1</b>
➤ The closing Program started on time.	0	0	0	0
➤ The organization of the closing program flow was logical (patriotic song, ecumenical prayer, insights, giving and acceptance of the challenge, way forward, distribution of certificates, and closing remarks).	0	0	0	0
➤ The distribution of certificates of appearance and participation was managed adequately.	0	0	0	0
➤ The purpose of the closing program was clear.	0	0	0	0
➤ The closing program ended on time.	0	0	0	0

## II. LEARNING MANAGEMENT

<b>A. FACILITATORS/PANELISTS</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
----------------------------------	----------	----------	----------	----------

➤ provided necessary input/feedback needed by the participants in response to his/her research	O	O	O	O
➤ showed fairness and impartiality during the presentation	O	O	O	O
➤ asked questions relevant to the research and encouraged the presenters to explain more of their research	O	O	O	O
<b>B. PLENARY/RESOURCE SPEAKER</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
➤ The session started on time	O	O	O	O
➤ The session objectives were explained at the beginning of the session.	O	O	O	O
➤ demonstrated expertise in the topic.	O	O	O	O
➤ explained the topics in an understandable level.	O	O	O	O
➤ accommodated my concerns and questions.	O	O	O	O
➤ The time and pace allotted for each session was sufficient to absorb inputs or to accomplish outputs.	O	O	O	O
➤ establishes rapport with participants.	O	O	O	O
➤ checked for the understanding of participants and processed their responses.	O	O	O	O
➤ established and maintained a positive/non-threatening and comfortable learning environment.	O	O	O	O
➤ demonstrated good communication skills (verbal and non-verbal).	O	O	O	O
➤ used appropriate technology with ease and confidence.	O	O	O	O
➤ synthesized the responses of the participants and the activities of the session.	O	O	O	O
➤ exhibited flexibility and adaptability in the delivery of the session to ensure an appropriate response to unforeseen situations.	O	O	O	O
➤ presented him/herself in a professional manner.	O	O	O	O
➤ The session ended on time.	O	O	O	O

**What did you find most valuable today?**



**Do you have any other comments, suggestions, or questions about the conduct of Research Conference/Forum?**

**How would you evaluate this Activity in general?**

1. Needs to Improve
2. Good/Satisfactory
3. Very Good/Very Satisfactory
4. Excellent

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- I confirm that I have read the statement above and agree with it.

**Enclosure 12****MONITORING AND EVALUATION TOOL FOR SPORTS EVENT**

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

Date: \_\_\_\_\_ Officiating Official: \_\_\_\_\_

Direction: Kindly rate the given indicators by putting a check (/) on the column that corresponds to your evaluation.

CRITERIA/INDICATOR	METRICS/RUBRICS			
	Evident	Partially Evident	Not Evident	Remarks
<b>A. OPENING CEREMONY/PROGRAM</b>				
1. The program started on time.				
2. The order of the parade is followed.				
3. The crowd/audience is well-managed throughout the program.				
4. The cleanliness of the ground/sports park is maintained.				
5. Technical Working Group/Working Committees are visible, accommodating, and present in the activity.				
6. Sound system is clear and with good quality.				
7. Masters of Ceremonies are articulate and well-oriented.				
8. Order of the program is done in a systematic and orderly manner.				
9. Other comments: (Please specify)				
<b>B. PARTICIPANT'S BEHAVIOR/CONDUCT</b>				
1. Attitude of athletes, officiating officials and guests is manifested in high standards of decorum.				
2. Punctuality is exercised all throughout the event.				
3. Participants strictly observed mandatory attendance.				
<b>C. GAME PROPER</b>				

1. Exhibits exemplary behavior, orderliness, and punctuality during the conduct of the event.				
2. Technical rules, regulations and guidelines of the event are followed strictly.				
<b>D. EVENT MANAGEMENT</b>				
1. Planning, coordination, consultation, management, and delegation of rules and responsibilities are clearly undertaken.				
2. Information for schedule of events, event results updates and instruction for delegation are promptly disseminated.				
3. There is a clear system for ailments, injuries and for handling emergency situations.				
4. System for documentation of attendance/ delegate's location is well-managed.				
5. System for distribution of food and other needs of athletes is well implemented				
6. There is a well-organized system for handling complaints/ protests/ conflict.				
<b>E. SPORTS FACILITIES AND VENUES</b>				
1. There is an unmistakable support for Comfort Rooms.				
2. Presence of Medical Team				
3. There is a keen support for waste management.				
4. Presence of functional sports equipment are available.				
5. Playing venues are clean, safe and with adequate space and area for the event.				
6. Emergency response plan is present in the venue.				
7. There is a control system for vendors and other visitors.				

8. There is a visible support of schools officials/ security officials (PNP).				
<b>F. PROGRAM/SPORTS EVENT MANAGEMENT</b>				
1. The program/sports event management team/coordinator : Strictly coordinated the support of division and schools on playing venues				
2. Courtesy/hospitality is consistently practiced.				
3. Prompt actions on the urgent needs of the participants (athletes, coaches, support teams, etc.)				
4. Solicited the full support of the local government to the activity (presence of local government officials)				
<b>H. CLOSING PROGRAM</b>				
1. The program started and ended on time as planned				
2. The distribution of certificates and awards is done in a systematic and orderly manner				
<b>Suggestions/ Recommendations on Areas for Improvements</b>				
Monitoring Official:		Conforme:		
_____ Signature over printed name		_____ Signature over printed name		

**Enclosure 13**

**MONITORING TOOL ON THE CONDUCT OF YEAR-END RITES**  
**SY \_\_\_\_\_**

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Name of School Head: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Time: \_\_\_\_\_

Directions: Rate each item using the given criteria.

<b>ITEMS</b>	<b>Highly Evident 3</b>	<b>Moderately Evident 2</b>	<b>Slightly Evident 1</b>	<b>Not Evident 0</b>
1. Program starts on time				
2. Program flow follows the sequence set by the Division Office				
3. Certificates are properly distributed				
4. Graduates who are not present are pre- determined for the smooth distribution of the certificates				
5. The ceremony and the keynote speaker depict the EOSY theme				
6. Sounds and lights are checked prior to the actual conduct of ceremony				
7. Attires of teachers, parents and learners are appropriate to the occasion				
8. The venue of the ceremony is spic and span				
9. Awareness on the entrance and exit point is observed				
10. Recessional flows smoothly				

Other Concerns:

.  
. .  
. .  
. .  
. .

School Head

Date

Monitoring Official



Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON

**PROPOSED REGIONAL MONITORING AND EVALUATION FRAMEWORK,  
WORKFLOW, AND STANDARD TOOLS FOR MONITORING THE  
IMPLEMENTATION OF PROGRAMS, PROJECTS AND ACTIVITIES (PPAs)  
AND PROFESSIONAL DEVELOPMENT PROGRAMS (PDPs)**

**I. INTRODUCTION**

Pursuant to DepEd Order No.43, s. 2010 also known as "*Creation of the Quality Management Teams (QMTs)*", and DepEd Order 44 s. 2010 known as "*Adoption of KRT 3: Quality Assurance and Accountability Framework*" Institutionalization of the Quality Management System in DepEd. Through Quality Assurance, Technical Assistance, Monitoring and Evaluation (QATAME), the division and regional management can determine and adjust approaches and strategies that will ensure proper implementation of different programs, projects and activities conducted. Also, through this process the management can determine the worth or significance of the outputs and results in terms of efficiency, relevance, effectiveness, and sustainability consistent with the goals and objectives set.

The Department hereby establishes **DepEd Order 029, s. 2022**, Adoption of the Basic Education Monitoring and Evaluation Framework (BEMEF) to ensure that basic education plans which contain the agency's programs, projects, and major activities are geared towards attaining the desired organizational and learner outcomes. This Framework sets the performance measures for the agency to which all operating units are expected to contribute. It shall also define the roles and responsibilities of DepEd operating units in the M&E system and processes. **DM 44 s. 2023** or the Interim Guidelines for the Quality Assurance and Monitoring and Evaluation (QAME) of the National Educators Academy of the Philippines Core Programs provides guidelines on the design, development, delivery, and evaluation of DepEd Central Office initiated professional development programs aimed at ensuring the continuous development and provision of quality PD programs to DepEd teachers and school leaders.



Address: Gate 2, Karangalan Village, Cainta, Rizal  
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Email Address: [region4a@deped.gov.ph](mailto:region4a@deped.gov.ph)  
Website: [depedcalabarzon.ph](http://depedcalabarzon.ph)

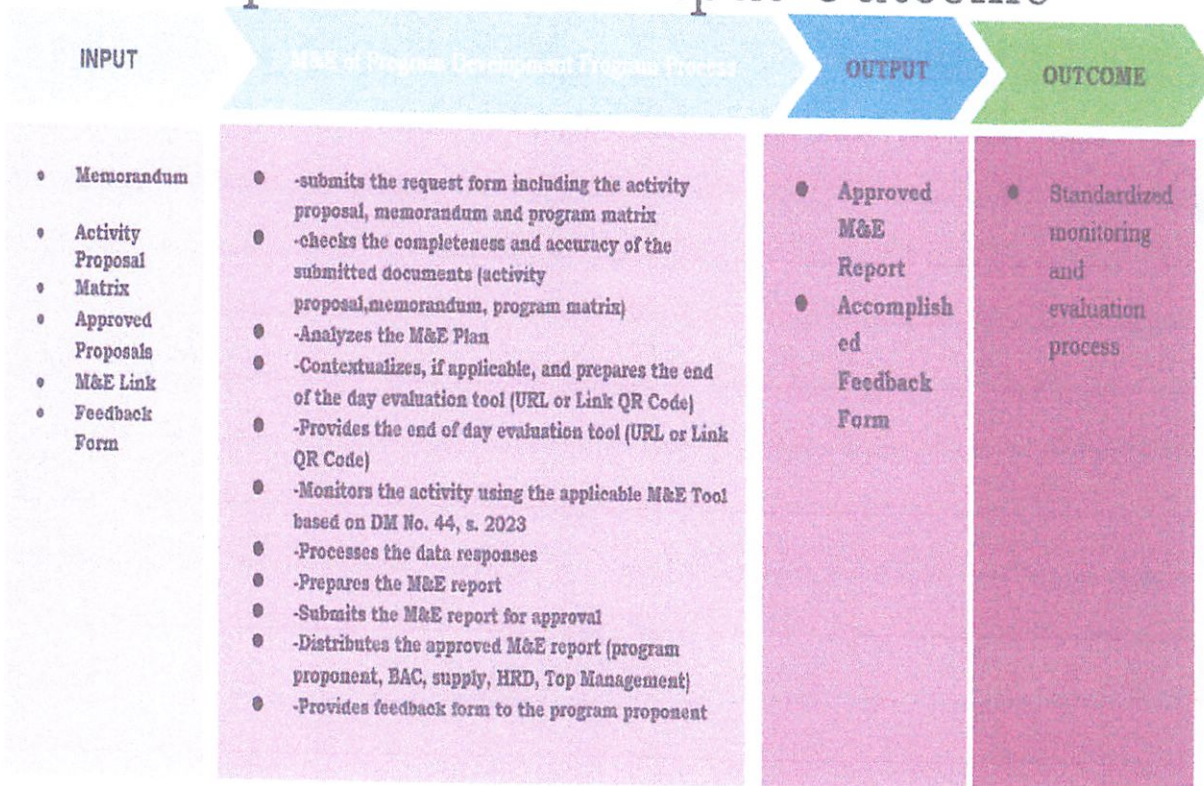


Certificate No. PHP QMS  
22 93 0085

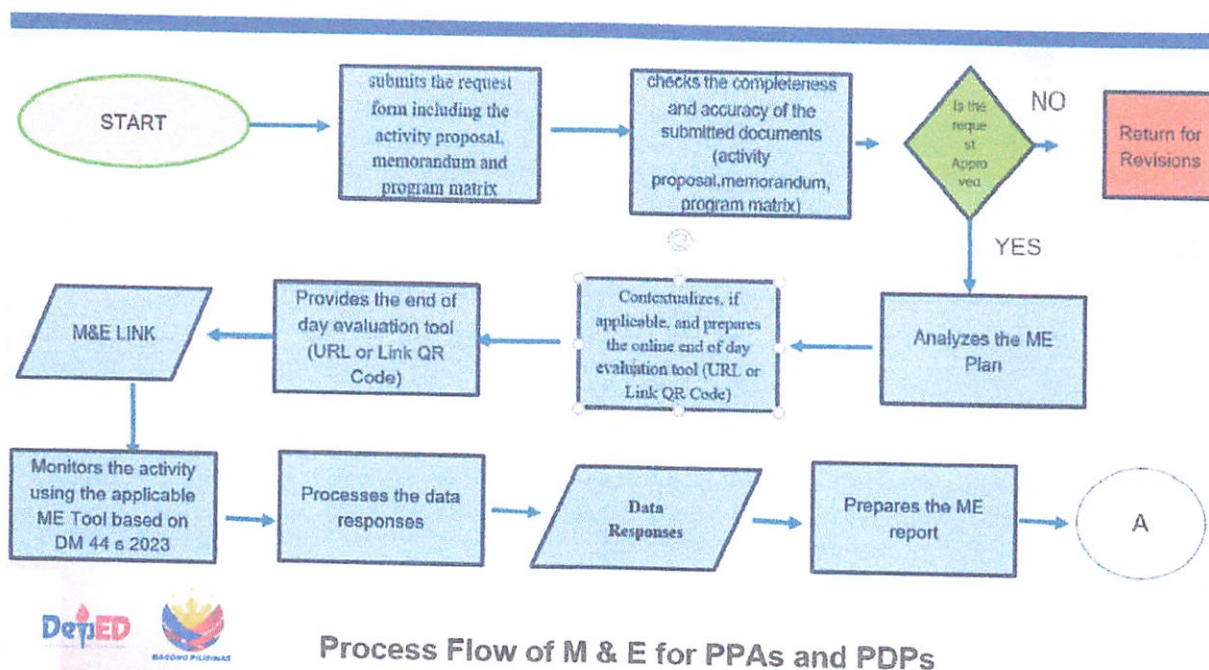


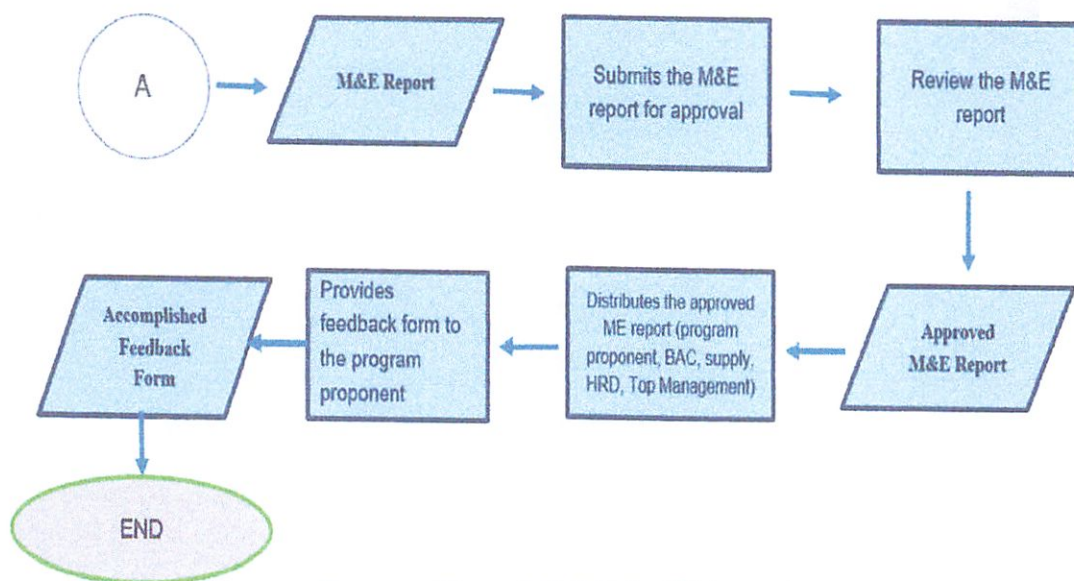
## II. REGIONAL MONITORING AND EVALUATION (M&E) FRAMEWORK

### Input-Process-Output-Outcome



## III. PROCESS FLOW OF M&E FOR PPAs AND PDPs





Process Flow of M & E for PPAs and PDPs



#### IV. MONITORING & EVALUATION TOOLS FOR PPAs and PDPs

(See attached Monitoring & Evaluation Tools for PPAs and PDPs)

#### V. References

DM No. 44, s. 2023  
DO No. 29, s. 2022  
DO No. 23 s. 2010

#### VI. Enclosures

Monitoring & Evaluation Tool for PDPs


Monitoring & Evaluation Tools for PPAs

Prepared by:



**EMELIA M. AYTONA**  
Regional M&E Coordinator

Recommending Approval:



**LUZ E. OSMEÑA**  
Chief Education Supervisor  
Quality Assurance Division

Approved by:



**ATTY. ALBERTO T. ESCOABRTE, CESO II**  
Regional Director