

- 5.1.3.2. The composition of the DSSC are the following:
- Chairperson – the Chief of the Curriculum Implementation Division (CID)
 - Co-chairperson – Education Program Supervisor
 - One per learning area (10 members)

5.1.4. Organization of Regional Screening & Selection Committee (RSSC)

- 5.1.4.1. The Regional Screening & Selection Committee (RSSC) shall be organized by the RLREC to screen & select the potential LREs by region.
- 5.1.4.2. The composition of the RSSC are the following:
- Chairperson – the Chief of the CLMD
 - Co-chairperson – Regional Education Program Supervisor
 - Thirty (30) other members - regional or division supervisors (i.e., three supervisors per learning area)

5.2. Getting Started

5.2.1. Minimum Qualification Standards (MQD)

The potential LRE must meet the following minimum qualification standards (MQD):

- Bachelor's Degree holder (preferably in Education)
- With at least 5 years teaching experience in the learning area
- Has at least 24 hours relevant training in the development and evaluation of instructional materials
- Not an author, editor, consultant of the learning resources submitted to DepEd for procurement
- Is physically fit, willing, and able to travel to attend and participate in an actual content evaluation activity lasting from eight to ten days and which may not be held in their province/city

5.2.2. Submission of Documents

- 5.2.2.1. The potential LREs shall submit the following documents to the Division Screening & Selection Committee (DSSC):

Table 1. Documents for Submission

Region & Division Applicants	Colleges, Universities, Centers of Excellence & Professional Associations	Retired Educators
Personal Data Sheet (PDS)	Personal Data Sheet (PDS)	Personal Data Sheet (PDS)
Certified true copy of Service/Work Record	Curriculum Vitae	Certified true copy Service/Work Record
Certified true copy of transcript of records		Certified true copy of transcript of records
Certificates of specialized and relevant trainings from 2010 to the present		
Photocopies of cover and copyright of the instructional materials written, edited, evaluated, or proofread		Photocopies of cover and copyright of the instructional materials written, edited, evaluated, or proofread
	Nomination or Letter of Recommendation from the dean and/or president of college, university, center of excellence, or professional association	
Medical certificates	Medical certificates	Medical certificates
Note: Original documents must be available for authentication		

Personal Data Sheet

Attach 2 passport size recent photos here with your name at the back of the photo.

Name:

Family _____ First _____ Middle Initial _____
 Date of Birth: _____ Place of Birth: _____ Citizenship: _____ Sex: _____
 Civil Status: _____ Home Address: _____
 Designation: _____
 Office/School Address: _____
 Tel. Number: _____ Fax Number: _____
 Email Address: _____ Cell Number: _____
 Name of Superior: _____ Designation: _____
 Address: _____ Contact Number: _____

Preference	Learning Area Specialization	Key Stage
1st preference		
2nd preference		

Have you ever served as a Learning Resource Evaluator (LRE) for DepEd? ☐ Yes

☐ No

If Yes, when and for what subject and grade/year level? _____

Relevant Background *(starting from the most recent and continue on a separate sheet if necessary)*

Educational Background

Name of School/College/University	Degree Earned	Inclusive Dates	Honors Received

Service Record *(Include experience outside government service and continue on a separate sheet if necessary)*

Position	Institution/Agency	Inclusive Dates

Learning Area Taught (for at least 5 years)	School/College/University	Inclusive Dates

Special Studies, Trainings, Grants, Other Qualifications Relevant to LR Evaluation:

(From 2010 to the present only; continue on a separate sheet if necessary)

Title of Seminar/Conference/Training Course	Nature of Participation	Conducted by	Inclusive Dates

Instructional materials you have written, edited, evaluated, proofread, contributed to, or served as consultant:

(Continue on a separate sheet if necessary)

Title of Instructional Material	Publisher	Year Published

References (Persons not related by consanguinity or affinity to applicant)

Name	Address	Telephone Number

Evaluator's Declaration**Conflict of Interest**

1. I do not have conflict of interest;
2. I am not related or affiliated to any member of the writing/development team of the learning resources for evaluation and I am willing to reveal information necessary to ensure no conflict of interest;

Performance of Service

3. I will, to the best of my ability, perform the assigned tasks and ensure that grammatical, computational, social content, typographical, and other errors in content are avoided. I understand that I will be held accountable for glaring errors that I make or miss to point out in the learning resource that I review.
4. I have been granted permission / authority by my superior (if any) to serve as evaluator and to attend all necessary activities relative thereto.

Confidentiality

5. I will not duplicate, make unauthorized use, or disclose the materials or my findings on it, in part or in full, to any person other than the designated person to coordinate with and receive any and all materials and outputs from me.

By signing below, I declare under penalties of perjury that the statements and information given above are true and correct to the best of my knowledge and belief. Should I violate or fail to honor any of the above, this could be used as sufficient ground to disqualify me as a DepEd Learning Resource Evaluator.

 (Applicant's Signature Over Printed Name)

 (Date accomplished)