

Republic of the Philippines

Department of Education

Cordillera Administrative Region

**BAGUIO CITY SCHOOLS DIVISION OFFICE**

\*82 Military Cut-off, Baguio City 2600

Tel.no.(074) 446-14-88/ (074) 446-67-38

**MONITORING TOOL FOR PROGRESS AND OUTCOMES OF PROGRAMS AND PROJECTS SUPPORTED BY STAKEHOLDERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of School |   |   |   |   |   |   |
|  | District |   |   |   |   |   |   |
|  | Address |   |   |   |   |   |   |
| A. | Activity/ Intervention:(indicate the name of your activity/ intervention here) |   |   |   |   |
|  |   |   |   |   |   |   |   |
| B. | Date Conducted (duration): |   |   |   |   |   |   |
| C. | Stakeholder Group/s: |   |   |   |   |   |   |
|  |  |   |   |   |   |   |   |
| D. | Internal/ External: |   |   |   |   |   |   |
| E. | Population of targeted Stakeholders in the School: ( Indicate the total Number of pupils and teachers in your school) |   |   |
| F. | Number Reached: (How many did you reached through this activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| G. | Media/ Channel: (how did you reach them? E.g: forum, dialogue, facebook group) |
|  |   |   |   |   |   |   |   |
| H. | Extent of Partners engaged: (indicate the number of partners who committed to the program/ data on investment/ actual number participated) |   |   |   |   |
| I. | Feedback: (provide a summary of your post activity evaluations by your partners)-during the activity |  |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| J. | Progress (Indicate the school development within the period of activity)- after the activity |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| K. | Outcomes (indicate the result of the activity)-after the activity |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  | \*You may write your responses at the back if needed. |
|  | Prepared by: |  |  | Noted by: |  |  |
|  |  |  |  |  |  |  |  |
|  |   |   |   |  |  |  |  |
|  | School Partnership Coordinator |  | School Head |

*\*Please attach some pictures*

*\* One form per project*