
	GENERAL QUALITY FORM		Document Code:
	DIVISION MEMORANDUM		Revision: 00
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			<div style="border: 1px solid black; padding: 2px;"> DIVISION OFFICE BAGUIO CITY JAN 24 2020 RELEASED </div>
			Name of Office: SGOD-HRD Section


Office of the Superintendent
 Division Memorandum Number 52, s. 2020



SUBMISSION OF 2020 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP) OF CHIEFS, EPSs, SEPS, EPS-II, PSDSs and SCHOOL HEADS

To: CID Chief, SGOD Chief (OIC)
 Administrative Officer V
 Public Elementary and Secondary School Heads
 All Other Concerned

1. Pursuant to Regional Memorandum No. 015, s. 2020, Re: Submission of 2020 Individual Professional Development Plan (IPDP), this office reiterates the submission of IPDP (DM 08, s. 2020) of Division Chiefs, EPSs, SEPS, EPS-II, PSDSs and School Heads. Other personnel of the Division Office are likewise required to comply.
2. Results of the IPDP shall be consolidated by the Human Resource and Development (HRD) Section and will be forwarded at the HRDD- Regional Office (RO). This shall serve as inputs in the Learning and Development Plan to be addressed by the SDOs and RO.
3. School Heads who are still on going with the implementation of 2019-2020 RPMS, are advised to list their anticipated/foreseen development needs for 2020 and submit at the HRDS on or before **February 6, 2020**.
4. All IPDPs of the aforementioned personnel and other non-school based staff shall be submitted also on or before **February 6, 2020**
5. See attached format for your reference.
6. Immediate dissemination and compliance to this memorandum is desired.

MCB

MARIE CAROLYN B. VERANO, CESO VI
 Schools Division Superintendent 

	General Quality Form		Document Code: CAR-GQF-HRDD-37 Revision: 00 Effectivity date: 08/05/2019
	Individual Professional Development Plan		Name of Office: DepEd CAR - HRDD

Name of Employee: _____
Position Title: _____

Division Unit: _____
Date Plan Developed: _____

Potential Areas to Developed/Explore /Enhance	Performance Goal or Target Competency	Method/ Activity to Achieve Goal	Resource Needed (Human/Non Human)	Timeline	Expected Results	Actual	Success Indicator

CERTIFICATION AND COMMITMENT

<p>This is to certify that my competency assessment and development plan has been discussed with me by my immediate superior. I further commit that I will exert time and effort to ensure that my individual Development Plan is achieved according to agreed time frames.</p>	<p style="text-align: right;">Name & Position _____ Date: _____</p>
<p>This is to certify that I have objectively completed the competency assessment of my staff. Furthermore, I commit to support and ensure that this agreed Individual Development Plan of my staff</p>	<p style="text-align: right;">SUPERVISOR NAME AND SIGNATURE _____ Date: _____</p>
<p>I commit to support and ensure that this agreed Individual Development Plan is achieved according to agreed time frames.</p>	<p style="text-align: right;">HEAD OF OFFICE NAME AND SIGNATURE _____ Date: _____</p>