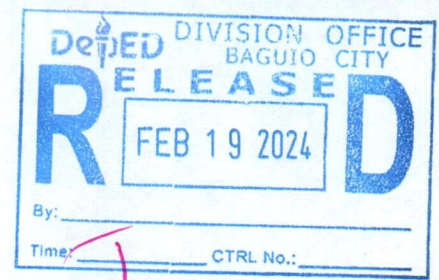




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
SCHOOLS DIVISION OF BAGUIO CITY



February 16, 2024

DIVISION MEMORANDUM

No. 098-2024

**SUBMISSION OF WORKPLACE APPLICATION PLAN, ACCOMPLISHMENT REPORT
AND EVALUATION FOR PROFESSIONAL DEVELOPMENT ACTIVITIES ATTENDED IN
FY 2023 and THEREAFTER**

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

1. Pursuant to DepEd Memorandum No. 044, s. 2023 titled Interim Guidelines for the Quality Assurance Monitoring and Evaluation of the NEAP Core programs and RM No. 078, s, 2024, on the Submission of Work Application Plan (WAP) Accomplishment Report and Evaluation for Professional Development Activities Attended, this Office adapts the same required report for all employees who have attended trainings in FY 2023 and all other trainings to be attended in FY 2024 and thereafter.
2. This endeavor aims to provide basis for monitoring and evaluation of effectiveness of training programs by assessing the extent to which the employees have successfully applied the concepts and skills learned.
3. Specifically, the submission shall:
 - a. ensure the practical application and effective implementation of newly acquired skills and knowledge in the workplace.
 - b. measure the degree to which participants apply what they learned during the training when they are back on the job, focusing on the attainment of behavioral changes outlined in the application objective.
4. Employees who have attended and who will attend trainings shall download and accomplish the following files from <http://tinyurl.com/WAPdown> and seek the approval of their respective supervisors, viz:

- Enclosure 1: Workplace Application Plan
- Enclosure 2: WAP accomplishment report
- Enclosure 3: Training Effectiveness Evaluation





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5. To facilitate the submission and for proper monitoring of the above reports, all attendees of trainings shall submit signed WAP, WAP AR and Evaluation at the SGOD-HRDS office via this link <http://tinyurl.com/WAP2024>. This shall be the basis for the issuance of certification required in applying for promotion per DepEd Order no. 7, s. 2023 and attachment to support performance evaluation through the IPCRF and OPCRf.

6. Immediate dissemination and strict compliance with this Memorandum is desired.

SORAYA T. FACULO PhD, CESO VI
OIC- Schools Division Superintendent

For the Schools Division Superintendent:

CARMEL F. MERIS

OIC- Assistant Schools Division Superintendent





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Enclosure 1: Action Plan/ Re-Entry Action Plan (REAP)/ Work Application Plan (WAP)/ Job Embedded Learning (JEL)/ Impact Project

A. Context

Title of the Activity/Program attended:	
Name	
Region, Division, District	
Name of Office	
Key changes in my office as a result of this project	<i>What key changes do you want to see in your workplace as a result of having attended this activity? What are your verifiable indicators of these changes</i>
Target Competency Improvement	<i>What competency needs that you want to be addressed through your application of L & D project?</i>
Current Situation	<i>State issues and/or concerns or opportunity in your workplace that you that you would like to work on through your application project.</i>
Title of Application Project	<i>Brief Title of the project as application of your L & D</i>
PROJECT OBJECTIVE/S:	<i>SMART-Specific, measurable, attainable, result-oriented and with timeframe</i>
Time Duration	<i>When will you start the application of your L&D and when will it end</i>
Expected Outputs	
Beneficiary/ies	<i>Who benefits from solving the problem?</i>
Identify Success Indicators or measures of success	<i>Specify indicators to be achieved and verified to measure that the project be a success</i>

B. Action Steps *(Identify significant milestone target that could be achieved by the end of the set timeframe. Milestones are the significant changes achieved; major steps taken towards achieving the desired improvement in the workplace) and C. Required Resources* *(provide specific details of physical and human resources required to successfully implement the project)*

Target Milestone	Actions	Responsible Person/ Persons involved	Support Needed from:	Target Date (When will this be accomplished)	Resources Needed	Budget	Approvals needed	
Milestone 1								
·								
·								
Milestone 4								
TOTAL ESTIMATED COST								

	Printed Name	Signature	Date
Prepared by:			
Approved by:			





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Enclosure 2: WAP ACCOMPLISHMENT REPORT

Project/Activity Information	<i>Project/ Activity Proponent:</i> <i>Proponent's Office:</i> <i>Location:</i> <i>Duration:</i>
Title	
Duration	
Executive Summary	
Objectives	
Key Accomplishment	
Challenged Faced and Solutions Applied	
Lessons Learned	
Skills Enhancement	
Feedback and Stakeholder's Comment	
Recommendations for Replicability and Sustainability	
Next Steps	
Annexes	
Certification	

Prepared by:

Noted:

Approved:

Attendee/participant

Immediate head

SDS/Head of Office



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Enclosure 3: Training Effectiveness Evaluation

As a management tool in initializing programs for improvement and development, kindly evaluate the effectiveness of the training which your staff/teacher has attended.

Name of Employee	
Position	
Title of Training Attended	
Inclusive Dates	
Level (Please check)	<input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Division <input type="checkbox"/> District, <input type="checkbox"/> School)

Please check the number that corresponds to the extent the training enhanced the job performance of your employee as:

- 1- No improvement
- 2- Minimal Improvement
- 3- Acceptable Improvement
- 4- Above average improvement
- 5- Exceptional Improvement

Areas	1	2	3	4	5	n/a
Knowledge Enhancement <i>Level of enhancement on the employees/ awareness/ knowledge as a result of the training</i>						
Behavioral Change <i>Change in behavior of the employee to the job because of the training</i>						
Application of the learned skills/knowledge on the Job <i>Degree of application of gained skills/ knowledge from the training</i>						
Confidence <i>Level of confidence of the employee in doing the tasks as a result of the training</i>						

Evaluated by: _____
Immediate Supervisor

Date: _____

