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Republic of the Philippines
Department of Education
Caraga Region XIII
Butuan City

August 16, 2018

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DATE: 17 AUG 2018
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CARAGA REGION

REGIONAL MEMORANDUM
No. 436, s. 2018

GUIDELINES ON THE APPLICATION PROJECTS FOR THE SCHOOL HEADS DEVELOPMENT PROGRAM: FOUNDATION COURSE (SHDP:FC) AND INSTRUCTIONAL LEADERSHIP PROGRAM FOR DIVISION AND DISTRICT SUPERVISORS (ILPDDS) IN PREPARATION FOR THE REGIONAL COLLOQUIUM

To: **SCHOOLS DIVISION SUPERINTENDENTS**
This Region

1. The National Educators Academy of the Philippines in collaboration with the Human Resource Development Division have conducted series of systematic competency-based educational leadership and management development programs, such as the School Heads Development Program: Foundation Course and the Instructional Leadership Program for the Division and District Supervisors. The final requirement of these programs is a completion of Application Project (AP) derived from a specific area of school/district operations which require improvement and that will deliver best impact to school/district measures within three (3) to six (6) months. Results shall then be presented during a colloquium.

2. To ensure quality outputs and smooth conduct of activities during the implementation of the Application Projects, the subsequent tasks shall be strictly observed:

Timeline (after the program)	Expected Tasks	Person/s Responsible
1st Month (May 2018 for SHDP; August 2018 for ILPDDS)	Submit proposed AP to the evaluation committee in the SDO. Note: The committee shall be composed of the following: ▪ Assistant Schools Division Superintendent (Chairman) ▪ Curriculum Implementation Division Chief (Member) ▪ School Governance Operations Division Chief (Member) ▪ NEAP-R Facilitator (Member) ▪ Senior Education Program Specialist (Secretary)	School Head/ Supervisor participant to the NEAP program
	Pre-evaluate the AP submitted as to the frequency of the problem, importance of the project, feasibility, and urgency.	Evaluation Committee
	Approve the conduct the proposed APs	Schools Division Superintendent

2nd to 5th Months (June-Sept. 2018 for SHDP; Sept.-Dec. 2018 for ILPDDS)	Implement of the AP to the school/district and comprehensively gather data for documentation	School Head/ Supervisor participant
6th Month (Oct. 2018 for SHDP; January 2018 for ILPDDS)	Complete required entries in the AP template and prepare slide deck presentation with contents focusing on the following: ▪ Project background ▪ Where were we before? ▪ Where are we now? ▪ How we did it? ▪ Where do we go from here? ▪ Key learnings	School Head/ Supervisor participant
	Submit the AP, slide deck presentation, as well as MOVs to the evaluation committee in the SDO.	School Head/ Supervisor participant
	Evaluate the results of the APs implemented using this criteria: Effectiveness - 45% (Extent to which the objectives of the AP have been attained expressed in terms of percentage of accomplishments vs. targets) Efficiency of Implementation - 40% (Expressed in terms of timeliness and resources – human, money and materials used to attain the AP objectives) Application of Learning - 10% (*Extent to which the project has integrated learnings from SHDP*) Replicability - 5% 100% A participant has to get at least a grade of 85% to pass.	Evaluation Committee of the SDO
	Make revisions to the AP if necessary	School Head/ Supervisor participant
	Examine the final output of the AP implemented	Evaluation Committee
	Approve the final output of the APs implemented	Schools Division Superintendent

7th Month (Nov. 2018 for SHDP; February 2018 for ILPDDS)	Submit softcopy of the final APs to the Regional Office	Evaluation Committee Secretary
	Conduct Regional colloquium and distribute certificate of completion to the participants	Regional Office

3. Enclosed herewith are the following for reference:
   Enclosure No. 1: SHDP:FC Application Project Template
   Enclosure No. 2: ILPDDS Application Project Template

4. Immediate dissemination of this Memorandum to all concerned is highly desired.

FRANCIS CESAR B. BRINGAS, CESO V
OIC-Regional Director

hrdd/05/zif
08/16/2018

Enclosure No. 1 to Regional Memorandum No. ____, s. 2018

The template indicated below shall be used by the school heads upon submission with the following format:

Margin: 1" in all sides
Font Style: Arial
Font Size: 12
Orientation: Portrait
Paper Size: A4 size (21cm x 29.7cm)

SHDP:FC Application Project Template

A. Project Context

NEAP PROGRAM	School Heads Development Program: Foundation Course
Name of School Head	
Region, Division, District	
Name of School	
Key Changes in my school as a result of this project *(What key changes do you want to see in your school as a result of your having attended the SHDP Foundation Course? What are your specific, verifiable indicators of these changes?)*	
Target Competency Improvement *(What school head competency/ies will you apply through your project? Identify maximum of three that are directly related to your project.)*	
Describe current situation (problem or opportunity) in your school that you need to address through your project *(Give specific, quantifiable, observable details. For example, number of non-readers in Grade 2, or number of teachers that need training by a certain period, or timely utilization of MOOE.)*	
Title of Application Project	

PROJECT OBJECTIVE/S: SMART – Specific, Measurable, Attainable, Result-oriented and with Timeframe	To:
Start Date	
Length of Project	
Expected Outputs	
Beneficiary/ies	
Identify Success Indicators or measures of success	*[This project will be a success when the following indicators have been achieved and verified through unbiased means (maximum of 3)]*

B. Action Steps

(Identify significant Milestone targets that are achieved by the end of 30 days and every 30 days thereafter. Milestones are (a) significant changes achieved; and/or, (b) major steps taken towards achieving the desired improvement in your school)

Target Milestone	Actions	Responsible Person	Support Needed from:	Target Date
Milestone 1	Action Step 1			
	Action Step 2			
	Action Step 3			
	Etc.,			
Milestone 2	Action Step 1			
	Action Step 2			

	Action Step 3			
	Etc.,			
Milestone 3	Action Step 1			
	Action Step 2			
	Action Step 3			
	Etc.,			
Etc.				

C. Required Resources

(Provide specific details of the physical and human resources required to successfully implement your Application Project. APs that have funding requirements may be funded by local funds (school, division, region) in coordination with the respective head of office.)

Milestone	Resources Needed	Budget	Approvals Needed

D. Risk Management Plan

(All projects are exposed to risk. Risks are unpredictable events that might or might not happen, and endanger the achievement of your projects. You should therefore know what risks to prioritize and what to do when the risk happens.)

Milestone	Likely Risk	Impact on Project if Risk Happens	Specific Action to Prevent Risk	If Risk Happens, Specific Action to Soften Impact of Risk

E. Approvals:

	Printed Name	Signature	Date
Prepared by:	_____	_____	_____
Checked and Reviewed by:	_____ Chief – CID	_____	_____
	_____ Chief – SGOD	_____	_____
Recommending Approval:	_____ ASDS	_____	_____
Approved:	_____ SDS	_____	_____

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ILPDDS Application Project Template

A. PROJECT CONTEXT

TITLE OF NEAP PROOGRAM	INSTRUCTIONAL LEADERSHIP PROGRAM FOR DISTRICT AND DIVISION SUPERVISORS
Name of District/Division Supervisor	
Name of Division / Region	
Competency	
Situationer • *Describe current situation in the organization where the Application Project (AP) will be implemented, in terms of problems, challenges and opportunities?* • *How can your AP address these issues?*	
Application Project Title *(The title should give the reader a good idea of the nature of the AP)*	
AP Objective ☐ *Should be S.M.A.R.T., short, concise, free of jargon, and easily understood Precise, time-based, and measurable actions that support the completion of a project period goal.* ☐ *The objective should cover one budget year.* ☐ *Up to 2 annual objectives may be written for each project period goal*	

Example: By 2019, ILP-DDS _____ _____ _____ _____	
Output/s *(What output/s is/are expected to be produced from the AP)* *Examples:*	

Expected outcomes of the REAP *(What improvements in ILP-DDS processes, systems, strategies, policies and structures will result from the enhanced competencies brought about by the AP?*	
Direct Beneficiary of the AP *(Who is the main user and/or beneficiary of the AP. It can be an organization, a community, a sector or specific group of people?)* *Example:*	
How will school division office – CID/ District Office benefit from your AP?	
AP Start Date *(Indicate the start date for the implementation of the AP)*	

B. ACTION STEPS

☐ Identify significant Milestones targets that could be achieved by the end of six (6) Month and thereafter. Milestones are (a) significant changes achieved; and /or, (b) major steps taken towards achieving the desired improvement in your district/division.

Target Milestone	Action Steps (Predictive and Influenceable)	Expected Output	Type of Support /Source of Support	Target Date
Milestone 1	Action Step 1			
Milestone 2	Action Step 1			
Milestone 3	Action Step 1			

C. REQUIRED RESOURCES

Milestone / Area of Concern	Person/s Involve	Time Frame	Resources Needed	Budget	Approval Needed

Percent of Completion	Qualitative Description
For 25% *(This means you are still in the early stages of your AP implementation and has not gained any significant achievements.)*	
For 50% *(This means you have achieved almost 50% of your AP objective/s.)*	

For 75% *(This means you are nearing completion of your AP objective/s)*	
For 100% *(This means the AP output is approved by CID Chief and/or top management.)*	
Budget resources *(Provide specific details of the budget resources required to successfully implement the AP. (Specify needed funds and for what expense items(s)/activity. How much?)*	
Risk	**Measures (insert columns)**

D. Approvals:

	Printed Name	Signature	Date
Prepared by:	_____	_____	_____
Checked and Reviewed by:	_____ Chief – CID	_____	_____
	_____ Chief – SGOD	_____	_____
Recommending Approval:	_____ ASDS	_____	_____
Approved:	_____ SDS	_____	_____