



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
Schools Division Office of negros oriental

**Office of the Schools Division  
Superintendent**

20 SEP 2023

DIVISION MEMORANDUM  
No. 672 , s. 2023

**UPDATES ON THE LEARNING & DEVELOPMENT (L&D) DESIGN PROCESS FLOW**

To: Assistant Schools Division Superintendent  
Chief, CID and SGOD  
Education Program Supervisors/Division Coordinators  
Public Schools District Supervisors/ District In-Charge  
Elementary & Secondary School Heads  
Learning and Development (L&D) District Coordinators  
All Others Concerned

1. This is to inform the field particularly the program owners both in the Division Office and in the Districts on the following updates in the Learning and Development Design (LDD):
  - a. Additional signatory/ies on the approval sheet (please see attached sample).
  - b. Update on the process flow, for the issuance of Monitoring and Evaluation link especially the activities/programs in the Division Office.
  - c. Reiterating that all L and D activities should have Process Observers, Quality Assurance, Technical Assistance, Monitoring and Evaluation (QATAME) as part of the Program Management Team (PMT).
2. Moreover, the Learning and Development Designs (LDDs) (please see Annex A) should be submitted at least three (3) weeks prior to the conduct of the activity. This office further reiterates that the LDDs should be **approved** prior to the conduct of the activity.
3. The activities must ensure strict compliance to the safety protocols set by the IATF. If face to face, they are to submit a clearance/ certification of approval from the local IATF granting them permission to conduct the activity.
4. Education Program Supervisors, Division Coordinators, Public Schools District Supervisors, District In-Charge, Program Owners/ District L and D Coordinators are directed to utilize the attached LDD template and upload all Learning and Development Design (LDD) in the Training Management System (TMS) fifteen (15) days prior to the conduct of the activity or before submitting the hard copy (for the district) with the link: **tms/depednodis.net**. In the same way, they are also directed to submit an Activity Completion Report (ACR) ten (10) days after the conduct of the activity to be uploaded in the same link (softcopy) or send a hard copy following the ACR template (please see attached Annex B).



**Address:**Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
**Telephone Nos.:**(035)225-2838 / 225-0667 / 422-7644  
**Email Address:**negros.oriental@deped.gov.ph

5. For postponement/rescheduling of LDD and other activities, Program owners/coordinators shall fill out the attached form on Request for Postponement/Rescheduling of L and D and other activities (Annex \_\_\_\_)


Roles of the signatories:

SEPS-HRDS	-update the master list of training records
Planning Officer	-update and adjust PMIS
Supply Officer	-coordinate and update with supplier/s with the changes
SDS	- approval of the request

6. Furthermore, as additional signatories, the LDDs in the districts/school shall pass thru the District QATAME Coordinator for the attachment of the M and E Checklist and request form for QATAME associate during the implementation and post-implementation of the L and D activity, same with the L and D activities in the Division Office, the LDDs will pass thru the M and E Section. (refer to DM 230 s. 2023)

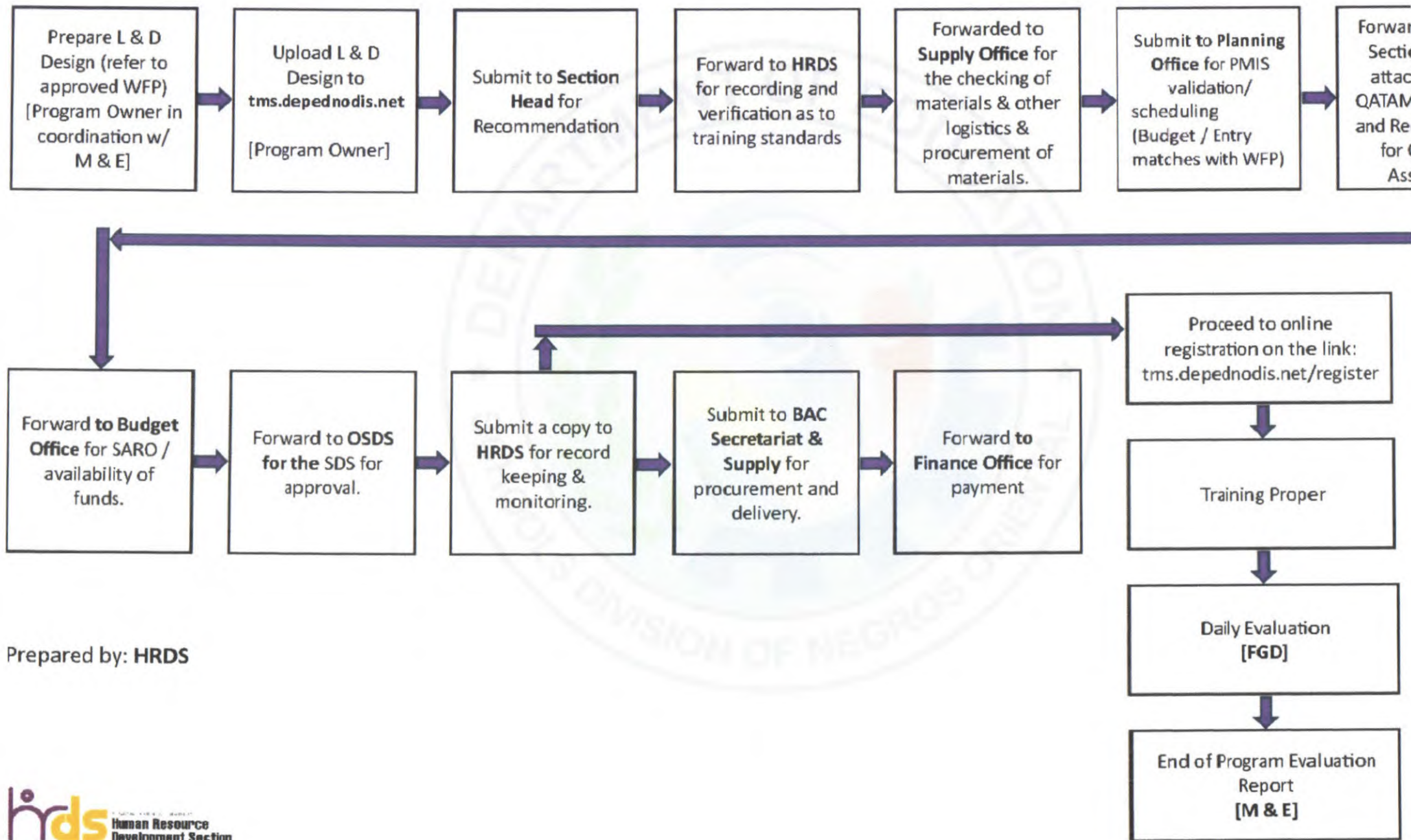
7. For Technical Assistance you may contact Ms. Iryll through (035) 225-6180.

8. For the information, guidance and compliance of all concerned.

  
**NERIC C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Office of the Schools Division Superintendent

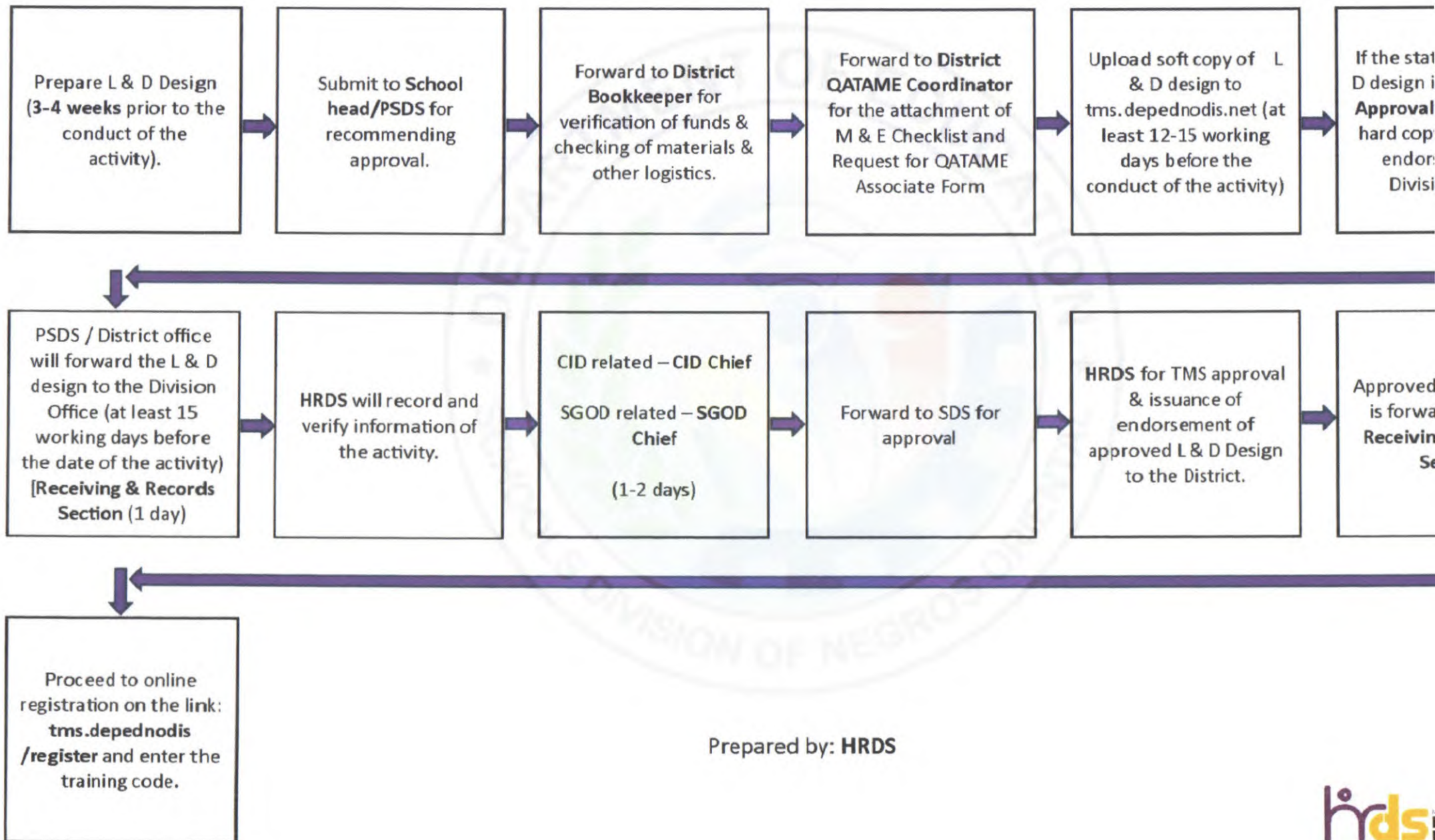
9/20/23

# LEARNING AND DEVELOPMENT DESIGN APPROVAL PROCESS FLOW (for Division Office)



Prepared by: HRDS

# LEARNING AND DEVELOPMENT DESIGN APPROVAL PROCESS FLOW (for District/School)



Prepared by: HRDS



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Region VII, Central Visayas

**SCHOOLS DIVISION OF NEGROS ORIENTAL**  
www.depednegor.net

# LEARNING & DEVELOPMENT DESIGN for

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**DATE:**

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**VENUE/ PLATFORM:**

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Prepared by:

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for the

Department of Education  
**DIVISION OF NEGROS ORIENTAL**

DATE: \_\_\_\_\_

Training Code (TMS) : \_\_\_\_\_

**I. Identifying Information**

Program/Activity Title : \_\_\_\_\_

Program/Activity Description : (Provide a brief description of the program)

Duration : \_\_\_\_\_

Management Level of Program : \_\_\_\_\_

Modality : \_\_\_\_\_

Target Participants : \_\_\_\_\_

Number of Participants : \_\_\_\_\_

Activity Code (WFP) : (PMIS- for Division Office Only)

Training Code (TMS) : \_\_\_\_\_

Total Budget : \_\_\_\_\_

Source of Funds : \_\_\_\_\_

**II. Rationale**

*300-350 minimum words  
(Outline the reasons for offering this program/ activity. You should consider the need this program addresses for teachers and include an overview of how relevant and reliable research relates to the content and/ or delivery of the program. Include citations in your overview. Also, provide references to the sources outlined.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Objectives:

At the end of the one-day orientation-workshop, it is expected that the following will be achieved: State the Terminal Objective/s and Enabling Objective/s of the program/activity by referring to what participants will gain in terms of their professional knowledge, professional practice and/or professional engagement. Objectives should follow the SMART principle.

**Terminal Objectives:** (*Terminal Objective is defined as what the participants will achieve upon successful completion of a program or course.*)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Enabling Objectives:** (*Enabling Objectives are the specific objectives that support the Terminal Objective/s*)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Expected Outcome/ Success Indicator/s:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### **Professional Development Priorities**

*(State the DepEd Professional Development Priorities this program covered or DM 50 s. 2020 and/or other emerging needs of the Department.)*

**Teacher Participants:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**School Heads:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Supervisors:**

1. \_\_\_\_\_
2. \_\_\_\_\_

### III. The Program Content and Delivery Mode

#### A. The Program Content and Expected Outputs:

Date & Time	TOPIC/ SESSION TITLE	SESSION OBJECTIVES	METHODOLOGY	ASSESSMENT STRATEGIES	EXPECTED OUTPUTS	RESOURCE PERSON/ LEARNING FACILITATOR


**B. Type of Training** : \_\_\_\_\_  
**Venue/ Modality** : \_\_\_\_\_  
**Date** : \_\_\_\_\_  
**Level** : \_\_\_\_\_

**C. Methodology:**

\_\_\_\_\_

\_\_\_\_\_

**D. Details of Budgetary Requirement**

Item Expenditure	No. of Persons	No. of Days	Unit Price	Total Amount
<b>PLEASE ATTACH PR</b>				
Sub-total				
Contingency (10%)				
<b>Over All Cost</b>				

**Reviewed by:**

**RUBY JEAN ESTRELLITA M. BIDAURE**

Division Supply Officer

(FOR DIVISION OFFICE ONLY)

\_\_\_\_\_  
School/ District Bookkeeper

(FOR SCHOOL & DISTRICT)



## E. MONITORING & EVALUATION PLAN

*(This is a sample M and E Plan following the Kirkpatrick Evaluation Model, if you have an existing M and E Plan you may use that instead.)*

<b>Level of M &amp; E</b>	<b>Indicators</b>	<b>Methods &amp; Tools</b>	<b>Data Sources</b>	<b>Schedule of M &amp; E</b>	<b>Persons Responsible</b>	<b>Support Needed</b>	<b>User of M &amp; E</b>
Results	What will be measured?	What methods/tools will be used to collect data?	Who and/or what documents will provide data or evidence on the indicators?	When will M and E activities be undertaken?	Who will be accountable for ensuring that M and E activities are done?	What resources are needed to implement M and E activities?	Who will use the data gathered?
Behavior							
Learning							
Reaction							

- (APPROVAL SHEET)- SHOULD BE ONE (1) WHOLE PAGE

**Declaration:**

I hereby declare the information provided in this Learning and Development Design is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

Prepared by:

\_\_\_\_\_

Submitted by:

\_\_\_\_\_

\_\_\_\_\_ (PDS/DIC for district)

\_\_\_\_\_

\_\_\_\_\_

This Activity Design entitled " \_\_\_\_\_ " has been prepared  
by \_\_\_\_\_ (Name), \_\_\_\_\_ (Position)  
on \_\_\_\_\_ (Date) at \_\_\_\_\_ (place).

**Recommending Approval:**

\_\_\_\_\_  
Section Heads/CID/SGOD Chief Education Supervisor

**MS. IRYLL MAE S. MACAHIG**  
Senior Education Program Specialist  
Learning & Development (L & D)

**KARL T. CREDO EdD**  
Planning Officer III

\_\_\_\_\_  
M & E Section /QATAME (for Division Office)  
District QATAME Associate (for District/Schools)

Certifying Availability of Funds:

\_\_\_\_\_  
Budget Officer III- (for Division Office)  
Bookkeeper/s (for District/School Activities)

**Approved:**

**NERI C. OJASTRO, CESO V**  
Schools Division Superintendent



Republic of the Philippines  
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 REGION VII – CENTRAL VISAYAS  
 Schools Division Office of Negros Oriental

**Annex B**

**ACTIVITY COMPLETION REPORT**

I. ACTIVITY INFORMATION	
TITLE:	
DATE:	
VENUE/MODALITY:	
TOTAL BUDGET:	
SOURCE OF FUNDS:	
PARTICIPANTS' DESCRIPTION	
TOTAL NO. OF PARTICIPANTS	
TRAINING/ACTIVITY FOCAL PERSON:	
POSITION:	
STATION:	

II. PARTICIPANTS: (* PLEASE INDICATE THE ACTUAL NUMBER OF PARTICIPANTS DURING THE TRAINING/ACTIVITY)					
A. GENERAL	ELEMENTARY	JUNIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	NON-TEACHING	TOTAL
MALE					
FEMALE					

B. TEACHING	TEACHER 1	TEACHER 2	TEACHER 3	MASTER TEACHER 1	MASTER TEACHER 2	MASTER TEACHER 2	TOTAL
MALE							
FEMALE							

C. TEACHING RELATED	HEAD TEACHER 1	HEAD TEACHER 2	HEAD TEACHER 3	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4	TOTAL
MALE								
FEMALE								

D. NON-TEACHING	ADA	ADAS	AO	REGISTRAR	GUIDANCE COUNSELOR	PDO	EPS	SEPS	DEPS
(YOU MAY MODIFY BASED ON YOUR PARTICIPANTS)									
MALE									
FEMALE									



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<b>III. RECOMMENDATIONS TO IMPROVE THE ACTIVITY/TRAINING:</b>

<b>IV. REQUIRED ATTACHMENTS</b>
A. APPROVED TRAINING/ACTIVITY DESIGN
B. MEMORANDUM
C. PROGRAM & MATRIX
D. ATTENDANCE
E. LIST OF TRAINING/ACTIVITY MANAGEMENT TEAM
F. PDS OR PROFILE OF TRAINERS/FACILITATORS
G. CHECKLIST OF FACILITATION SKILLS PER SESSION
H. PICTURES IN ACTION WITH APPROPRIATE DESCRIPTION
I. COMPILED T & D- M & E FORM 1: INDIVIDUAL PROFILE TEMPLATE
J. SUMMARY OF M & E FORM 3: END OF PROGRAM ASSESSMENT
K. OUTPUTS WITH APPROPRIATE DESCRIPTION

<b>SUBMITTED BY: (END-USER/FOCAL PERSON)</b>	<b>ENDORSED BY: (DIVISION CHIEF/DEPARTMENT HEAD/PSDS)</b>
_____	_____
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE:	DATE:



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SCHOOLS DIVISION OF NEGROS ORIENTAL

(Annex A)

**REQUEST FOR POSTPONEMENT / RESCHEDULING OF L&D AND OTHER ACTIVITIES**

**(DIVISION)**

L&D ACTIVITY	APPROVED DATE/VENUE		CHANGED DATE/VENUE		REASONS
	DATE	VENUE	DATE	VENUE	

Remarks: Attached is the memorandum (addendum/corrigendum) for reference.

Requested by:

Confirmed as to availability:

\_\_\_\_\_  
Program Owner

\_\_\_\_\_  
Service Provider  
(Signature over printed name)

Noted by:

**IRYLL MAE S. MACAHIG**  
SEPS

**KARL T. CREDO, Ed D**  
Planning Officer III

**RUBY JEAN ESTRELLITA M. BIDAURE, JD**  
Supply Officer

APPROVED:

**NERI C. OJASTRO, CESE**  
Schools Division Superintendent



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(Annex A)

**REQUEST FOR POSTPONEMENT / RESCHEDULING OF L&D AND OTHER ACTIVITIES**

**(DISTRICT)**

L&D ACTIVITY	APPROVED DATE/VENUE		CHANGED DATE/VENUE		REASONS
	DATE	VENUE	DATE	VENUE	

Remarks: Attached is the memorandum (addendum/corrigendum) for reference.

Requested by:

\_\_\_\_\_  
Program Owner

Noted by:

**IRYLL MAE S. MACAHIG**  
SEPS

**KARL T. CREDO, Ed D**  
Planning Officer III

Property Custodian

APPROVED:

**NERI C. OJASTRO, CESE**  
Schools Division Superintendent



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