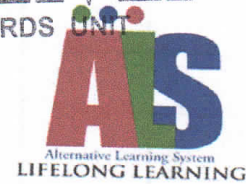




Republic of the Philippines
DEPARTMENT OF EDUCATION RECORDS UNIT
Cordillera Administrative Region
SCHOOLS DIVISION OF TABUK CITY
City Hall Compound Dagupan Centro, Tabuk City



Division Memorandum
No 126 s.2019

TO: **District ALS Coordinators and Mobile Teachers
ETD and WTD Public Schools District Supervisors**

FROM: **BENEDICTA B. GAMATERO**
OIC-Schools Division Superintendent

SUBJECT: **SUBMISSION OF INDIVIDUAL PROFESSIONAL
DEVELOPMENT PLAN (IPDP) eSAT Based, AF1 AND ACTION
PLAN**

DATE: **JULY 19, 2019**

1. In line with the implementation of the Results-Based Performance Management System (RPMS) and to properly address the professional needs of the employees of the Division, the following are required to submit their Individual Professional Development (IPDP) eSAT Based, AF1 and Action Plan.
2. Required Plans and AF1 must be submitted at the CID-EPS-11 area of ETD and WTD.
3. Strict compliance is required.

Cid/ldf/als



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Cordillera Administrative Region
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ACTION PLAN 2019

| OBJECTIVES | STRATEGIES | ACTIVITIES | TIMELINE | EXPECTED OUTPUT |
|--|---|---|----------|--|
| 1. Improve passing rate in A&E from ___ to ___ | | | | |
| 2. Enhance the Teaching Learning Process | | | | |
| 3. Improve completion rate from ___ to ___ % | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | | <ul style="list-style-type: none"> • |
| Note: All Your Objectives based on the Performance Indicator (PI) | <ul style="list-style-type: none"> • formulation of BLCC/LCC | <ul style="list-style-type: none"> • Organize BLCC/LCC | Sept-Nov | <ul style="list-style-type: none"> • Organized BLCC/LCC |

PREPARED: _____

Teacher

REVIEWED: _____

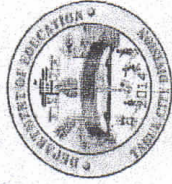
School Head

APPROVED _____

EPS-ALS FOCAL



Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OF TABUK CITY
 City Hall Compound, Dagupan, Tabuk City



INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name of Employee: _____
 Position Title: _____
 Division/Unit: _____
 Date Plan Developed: _____

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

CERTIFICATE AND COMMITMENT

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.

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.

I commit to support and ensure that this agreed Individual Development Plan is achieved according to agreed time frames.

Name and Position _____ Date: _____
 SUPERVISOR NAME AND SIGNATURE

HEAD OF OFFICE NAME AND SIGNATURE: _____ Date: _____
 Date: _____