



DEP. ED - TABUK CITY
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RECORDS UNIT

Office of the Schools Division Superintendent

August 15, 2022

DIVISION Memorandum

No. 248, s. 2022

SUBMISSION OF SCHOLARSHIP RE-ENTRY ACTION PLAN AND ACCOMPLISHMENT REPORT

To: OSDS/CID/SGOD
Public Elementary and Secondary School Heads
All others concerned

1. Pursuant to Regional Memorandum No. 399, s. 2022, entitled Conduct of Project SPARK: Scholarship Availment for Pro-Active and Advanced Re-Entry Projects for Effective Knowledge Application and in support of Regional Memo. No. 018, s. 2021, entitled Implementing Guidelines of the Department of Education-Cordillera Administrative Region on Local and Foreign Scholarship, Fellowship, and Training Grants, this office calls for the mandatory submission of a Re-Entry Action Plan and Accomplishment Report by all returning scholars who availed of subsidized programs/courses offered by the Division, Regional, National, and International Learning Service Providers (ex. NEAP, SEAMEO-INNOTECH, NTC, SEAITI, UP NISMED, etc.) and other government agencies funded from FY 2020 to present.
2. The REAP enables the returning scholars to use their new or enhanced competencies in addressing learning gaps, problems and issues within the workplace, and it must be implemented within one or two years after the scholarship training.
3. For this reason, all returning scholars must submit two copies of their REAP to the SDO SGOD HRTD Section through the Division Records Section. At the end of the REAP Implementation, scholars will be required to submit an accomplishment report attaching the Monitoring and Evaluation of REAP by the immediate school supervisor, which is a prerequisite for receiving a certificate of recognition. The format will be downloaded from the provided links below:

| Task | Downloadable Forms (links) | Deadline of Submission |
|--------------------------------------|------------------------------------|------------------------|
| Re-Entry Action Plan (Form I-867) | Link to Form I-867 | August 22, 2023 |

| | | |
|--|---|--------------------------------------|
| Re-Entry Action Plan Accomplishment Report (Enclosure 2) | https://bit.ly/3REAPAR | After the implementation of the REAP |
| Monitoring and Evaluation of REAP (Enclosure 3) | https://bit.ly/3MEREAP | |

4. For inquiries and additional information, please contact the HRTD Section through OIC-SEPS Maria Medea C. Vallejo with cell number 09454073405 or email address mariamedea.vallejo@deped.gov.ph

5. Immediate dissemination of and strict compliance to this memorandum is directed.


IRENE S. ANGWAY PhD, CESO VI
 Schools Division Superintendent



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

APPROVAL SHEET
Re Entry Action Plan

REAP Program Title

REAP Implementer

Reviewed:

School Head

District Supervisor

MARIA MEDEA C. VALLEJO
OIC-SEPS/L & D Focal

SALLY P. FEKEN/ RAMONCHITO A. SORIANO
SGOD/CID Chief
PDC Assistant Co-Chairman

Recommending Approval:

FELICIANO L. AGSAOAY JR, PhD
Personnel Development Committee Chairman
OIC- Assistant Schools Division Superintendent

Approved:

IRENE S. ANGWAY PhD, CESO VI
Personnel Development Committee Consultant
Schools Division Superintendent



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RE- ENTRY ACTION PLAN (REAP)

| | |
|---------------------------|--|
| Name: | Position: |
| School/District | Name of School Head: |
| Training Attended: | Training Sponsor/Learning Service Provider: |
| Date of Training: | Venue: |
| Learning Platform: | |

A. Re Entry Background Information

| | |
|--------------------------------|--|
| A.1 Re Entry Program Title | |
| A.2 Statement of Need | |
| A.3 Project Goal and Objective | |
| A.4 Duration | |
| A.5 Date Started | |
| A.6 Target Date of Completion | |
| A.7 Expected Outputs | |
| A.8 Expected Beneficiaries | |
| A.9 Success Indicators | |

B. REAP Strategy

| Action/Steps | Persons Responsible | Support Needed (TA, financial, logistic, etc) | Target Date | Mode of Verification |
|--------------|---------------------|--|-------------|----------------------|
| 1. | | | | |
| 2. | | | | |

**Please be specific with your identified steps. Describe them clearly. You may add additional steps when warranted.*

C. Budgetary Requirements (Please indicate source of funds)

| Unit | Item Description | Quantity | Unit Cost | Total Cost |
|------|------------------|----------|-----------|------------|
| 1 | | | | |
| 2 | | | | |

**You may add additional entry when needed*

D. Physical and Human Sources Needed to Implement REAP (Kindly list/enumerate them)

| Name | Position/Designation |
|------|----------------------|
| | |

| | |
|--|--|
| 1 | |
| 2 | |
| 3 | |
| <i>*You may add additional entry when needed</i> | |

E. Risk and Mitigation Analyses

| Anticipated Risk/s | Mitigating Actions |
|---|---------------------------|
| 1 | |
| 2 | |
| 3 | |
| <i>*You may add additional risks as necessary</i> | |

IRENE S. ANGWAY PhD, CESO VI
Personnel Development Committee Consultant
Schools Division Superintendent



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RE- ENTRY ACTION PLAN ACCOMPLISHMENT REPORT

PART-1: RE-ENTRY PLAN BACKGROUND INFORMATION

| | | | | |
|-------------------------|--------------|-----------|-------------|---------|
| Name | | | | |
| Position/Designation | | | | |
| School/District | | | | |
| | | | | |
| Title of REAP | | | | |
| Objectives | | | | |
| Duration | | | | |
| Key Result Area/s | | | | |
| Beneficiary/ies | | | | |
| Output/Outcome | | | | |
| Success Indicators | | | | |
| Strategy/ies | Activity/ies | Resources | Target Date | Remarks |
| | | | | |
| | | | | |
| | | | | |
| Budgetary Requirements: | | | | |

PART-2: RE- ENTRY ACTION PLAN ACCOMPLISHMENT REPORT

I. Accomplishment vis-à-vis Objectives

| Objectives | Actual strategies done to meet the objectives | Actual Accomplishments | Date of Accomplishment |
|------------|---|------------------------|------------------------|
| | | | |

II. Accomplishment vis-à-vis Beneficiaries

| Beneficiary/ies | Baseline Data | Actual Improvement |
|-----------------|---------------|--------------------|
| | | |

III. Report on Resources Used

| | Planned | Actual |
|---------------------------------|---------|--------|
| A. Human Resources | | |
| B. Material/Financial Resources | | |

IV. Reflection

1. How do you intend to sustain the gain/s of this project?
2. How will you institutionalize the project in the school/office process?

- | |
|---|
| <p>3. Have you presented this project and its gains to internal and external stakeholders?</p> <p>4. If you were to do another project, would you do the same? If no, why and how will you do it differently?</p> |
|---|

| |
|-------------------------------|
| <p>V. Attachments:</p> |
|-------------------------------|

| |
|--|
| <p>Memo (if applicable), Attendance, Minutes of Meetings, Communications/Letters, Deeds of donations, MOA/MOU, Photo documents, others that are relevant</p> |
|--|



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**MONITORING AND EVALUATION
 OF RE- ENTRY ACTION PLAN**

| | |
|----------------|--------------------|
| Name: | Position: |
| School/Office: | District/Division: |

FOR employees with REAP for training/s attended:

| | |
|----------------------------|-------|
| Training/Seminar Attended: | |
| Inclusive date/s | Venue |

FOR employees with REAP for scholarship program completers:

| |
|---|
| Scholarship Program enrolled in: |
| Agency/Organization offering the Scholarship Program: |
| Duration of the Scholarship Program: |

This monitoring and evaluation tool is intended for the REAP implementer to accomplish with the certification of the immediate supervisor as evidenced by his/her direct supervision of the REAP implementation. Mode of Verification may be required by the immediate supervisor to ensure the correctness of statements indicated in this form.

Date of Initial Assessment: _____

***What is the current status of your Re-Entry Action Plan?
 (Write a check mark on the boxes provided on the left side of the statements.)***

| | |
|--------------------------|--|
| <input type="checkbox"/> | REAP output is approved by Supervisor and/or top management |
| <input type="checkbox"/> | REAP output has been fully implemented in at least 1 office/unit/school/district |
| <input type="checkbox"/> | REAP output has been replicated in other work units/office/unit/school district |

| | |
|--|---|
| | Outcomes are considered a benchmark practice by the organization or other organizations |
|--|---|

Indicate approximate status of on-going REAPs:

| | |
|--|---|
| | REAP is still ongoing, 76-99% completed. This means you are nearing completion of your REAP Objective/s |
| | REAP is still on going, 51-75% completed. This means you have achieved more than 50% of your REAP objectives |
| | REAP is still ongoing, 26-50% completed. This means you have achieved almost 50% of your REAP objective/s. |
| | REAP is still ongoing, 1-25% completed. This means you are still in the early stages of your REAP implementation and has not gained any significant achievements. |
| | REAP has not been implemented/discontinued (please answer # 5 below) |

1. Please describe what has been achieved so far (if REAP is ongoing) or final results (if REAP is completed) vis-à-vis the objectives of the REAP. Include unintended/ unplanned outcomes or results, if any.

2. What targeted competencies have you acquired or enhanced?

3. What helped carry out your Re-entry Action Plan? Place a check mark (left column) to all categories that apply and provide further information on the right column

| | | |
|--|-------------------------------------|--|
| | Organization's readiness for change | |
| | Support of Co-workers/ teammates | |
| | Resources provided | |
| | External support | |
| | others | |

4. What difficulties, if any, have you encountered in implementing your Re-entry Action Plan?

| Issues or difficulties encountered | Please explain how the issue or difficulty hindered you from carrying out your REAP | Please cite what you have done to address these issues or difficulties |
|------------------------------------|---|--|
| | | |

5. What do you consider as significant lessons in implementing change in your organization through your REAP?

6. If you were to develop and implement the REAP again, or to expand or replicate it, how will you do it differently? Please explain

Prepared by :

Signature Over Printed Name of Trained Participant / Scholar

I certify that I have noted, supervised, and observed the implementation of the Re-Entry Plan of the trained participant or scholar, and that all information indicated in this M&E form is true and correct.

Signature Over Printed Name of Immediate Supervisor