**Monitoring and Evaluation Tool**

**School Year 2020-2021**

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| --- | --- |
| **Division:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of School:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of School Head:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of School JDVP Focal Person:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Number of Leaner Beneficiaries:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Specialization:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of JDVP Partner:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Direction: Fill in the required data with accuracy.

**PART I. QUALIFICATIONS**

1. **PARTICIPATING SCHOOL**

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| --- | --- | --- |
| **INDICATOR** | **YES** | **NO** |
| 1. The School offers Technical Vocational Livelihood Track since 2016 |  |  |
| 1. The School has been ascertained to have inadequate facilities, equipment, tools and teachers for an TVL Specialization since 2016 |  |  |
| 1. The school is located in areas where there are accessible Private SHSs, Non-DepEd Public SHS or Private TVIs |  |  |

1. **JDVP PARTNERS**

|  |  |  |
| --- | --- | --- |
| **INDICATOR** | **YES** | **NO** |
| 1. The JDVP Partner offers Technical Vocational Livelihood Track since 2016 |  |  |
| 1. The JDVP Partner submitted the following documentary requirement upon application |  |  |
| 1. Certified True Copy of Provisional Permit to Offer SHS/ TESDA Accreditation |  |  |
| 1. Letter of Intent |  |  |
| 1. Board Resolution |  |  |
| 1. Application Form ( Annex 1) |  |  |
| 1. The JDVP Partner must be within the 8-kilometer radius .If not: |  |  |
|  |  |  |
| 1. Must provide Mobile TVL Laboratories |  |  |
| 1. Must provide Free Dormitories |  |  |
| 1. Must provide Free Transportation with Insurance coverage |  |  |
| 1. Application Form ( Annex 1) |  |  |

**PART II: PRE IMPLEMENTATION**

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| **ACTIVITY** | **MODE OF VERIFICATION** | **YES** | **NO** |
| **For Participating Schools** | | | |
| 1. Secured copy of the DepEd Order \_\_\_, series of \_\_\_\_. | DepEd Order \_\_\_, series of \_\_\_\_\_. |  |  |
| 1. Attended Division Orientation on the conduct of Joint Delivery Voucher Program | Certificate of Appearance |  |  |
| 1. Conducted an orientation to the learner beneficiaries with their respective parents in the school level | Narrative Report (Program, Attendance, Photos) |  |  |
| 1. Crafted flexible education and training schedule | Training Schedule |  |  |
| 1. Secured parental consent | Compiled Parental Consent |  |  |
| 1. Assigned School JDVP-TVL Focal Person | Designation |  |  |
| 1. Assigned teacher to regularly confer with the trainer | Designation |  |  |
| 1. Submitted the Annex 3A to the SDO | Receiving Copy of Annex 3A |  |  |
| 1. Provided Annex 4 to the JDVP Partner(s) | Receiving Copy of Annex 4 |  |  |
| 1. Forwarded Annex 5 to the SDO | Receiving Copy of Annex 5 |  |  |
| 1. Submitted Annexes 11 and 14 to the SDO and provided copy to the JDVP Partner | Receiving Copy of Annexes 11 and 14 |  |  |
| **For JDVP Partners** | | | |
| 1. Submitted application with complete documentary requirements | Annex 2 |  |  |
| 1. Attended Division Orientation on the conduct of Joint Delivery Voucher Program | Certificate of Appearance |  |  |
| 1. Received a copy of the List of Learner Beneficiaries | Annex 11 |  |  |
| 1. Furnished a copy of the training schedule | Training Schedule |  |  |
| 1. Assigned trainers per school per specialization | Designation |  |  |
| 1. Conducted orientation prior to the training proper | Narrative Report |  |  |

**PART III: IMPLEMENTATION PROPER**

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| **ACTIVITY** | **MODE OF VERIFICATION** | **YES** | **NO** |
| 1. Monitored the delivery of the training | Monitoring Plan |  |  |
| 1. Checked attendance | Attendance Sheets |  |  |
| 1. Reported the improvement of learners beneficiaries | Report Card |  |  |

**AVAILABILITY OF RESOURCES**

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| --- | --- | --- | --- |
| **INDICATOR** | **Available?** | | **Remarks** |
| **Yes** | **No** |
| 1. Sufficient Tools and Equipment 2. 1:1 Ratio 3. Updated Tools 4. Complete Consumables 5. Met the Set Standard |  |  |  |
| 1. Competent Trainer 2. 25:1 Learner: Trainer Ratio 3. Management Skill |  |  |  |
| 1. Safety Precautionary Measure 2. Poster/ Signage 3. Protective Gear |  |  |  |
| 1. Students’ Participation 2. Complete Attendance 3. Present JDVP Focal Person |  |  |  |

**PART IV: POST IMPLEMENTATION**

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| **ACTIVITY** | **MODE OF VERIFICATION** | **YES** | **NO** |
| 1. The JDVP Partner prepared Annex 6 | Annex 6 |  |  |
| 1. The JDVP Partner guided and assisted the learner-beneficiaries as regards to their choice of NC and Assessment Centre | Assessment Result |  |  |
| 1. The JDVP Partner completed Annex 7 | Annex 7 |  |  |
| 1. The JDVP Partner submitted Annexes 8A and 8B with accurate data | Annexes 8A and 8B |  |  |
| 1. The JDVP Partner secured Annex 9 | Annex 9 |  |  |

**PART V: INPUT ASSESSMENT**

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| **AREA OF CONCERN** | **BEST PRACTICE** | **PROBLEMS MET** |
| **APPLICATION** |  |  |
| **ORIENTATION** |  |  |
| **TRAINING SCHEDULE** |  |  |
| **TRAINING PROPER**  **Learners’ Participation**   1. **Attendance** 2. **Performance**   **Trainers’ Competencies**  **Resources’ Sufficiency** |  |  |
| **MONITORING** |  |  |
| **NC ASSESSMENT** |  |  |
| **BILLING** |  |  |
| **Other Concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

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|  | **Monitor:** | **Respondent**  **(Participating School)** | **Respondent**  **(JDVP Partner)** |
| **Signature** |  |  |  |
| **Name:** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Position:** |  |  |  |
| **Date:** |  |  |  |