**Monitoring and Evaluation Tool**

**School Year 2020-2021**

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

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