



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Region III  
**DIVISION OF CITY SCHOOLS**  
City of San Jose del Monte



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February 2, 2018

**DIVISION MEMORANDUM**

No. 21 s. 2018

**SUBMISSION OF EPP/TLE/TVL SCHOOL PROFILE**

To: Assistant Schools Division Superintendent  
Division Chief, CID  
Education Program Supervisors  
Public Schools District Supervisors  
Public Elementary/ Secondary School Heads  
All Others Concerned

1. This Office announces the submission of EPP/TLE/TVL profile in the public Elementary Schools, Junior and Senior High Schools until February 9, 2018.
2. This aims to keep track of the EPP/TLE/TVL programs, activities, projects and available resources; determine the training needs of the teachers and the technical assistance needed; and easy access of the data needed for immediate reports.
3. Attached as Enclosure No. 1 is the template for the report to be submitted to [rubbycgadas@gmail.com](mailto:rubbycgadas@gmail.com).
4. Immediate dissemination of and compliance with ydthis Memorandum is desired.

  
: GERMELINA H. PASCUAL, CESO V  
Schools Division Superintendent



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**SY 2017-2018 EPP/TLE/TVL SCHOOL PROFILE**

School: \_\_\_\_\_

Name of School Head: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact Details Landline: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**I. ENROLLMENT BY SPECIALIZATION, SY 2017-2018**

*\*Please indicate the Specialization & Enrolment by Grade Level*

Level	Elementary			Junior High School				Senior High School		TOTAL
	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	
1.										
2.										
3.										
4.										
5.										
6.										

Insert rows if necessary

**II. EPP/TLE/TVL TEACHERS AND THEIR QUALIFICATIONS/SPECIALIZATIONS.**

No.	Names	Position	Specialization(s) being taught	Please indicate the qualification (COC, NC 1, NC 2, NC III, Assessor/Trainer)	No. of trainings attended related to the area of specialization	Industry Experience (if there's any) Company Name/No. of Years of Experience	Other Training Needs of Teachers
1.							
2.							
3.							

Please use additional sheet, if necessary

III. STATUS OF FACILITIES. Please rate them by 5 being highest, 1 being lowest

Specialization	Tools and Equipment						Workshop Laboratory				
	Sufficient	Functional	Accessible to students	Regular inventory	Well-maintained	Properly utilized	Meets the minimum standards	Observes safety measures	Accessible to students	Functional	Well-maintained
1.											
2.											
3.											
4.											
5.											

IV. INDUSTRY PARTNERS ( for Senior High School )

No.	Name and Address of Industry Partners	Form of Agreement (MOA, MOU, ETC)	Provisions / Project Title	Duration		Accomplishments Percent (%) Achieved
				Start	End	
1.						
2.						
3.						
4.						

Please use additional sheet, if necessary

Prepared by:

Noted by:



**V. STATUS OF IMPLEMENTATION (for SHS)**

School: \_\_\_\_\_

<b>Components</b>	<b>Good Practices</b>	<b>How were these shared</b>	<b>Issues/ Constraints</b>	<b>Action Taken</b>	<b>Oppor-tunities</b>	<b>Strategies</b>
1. Curriculum Standards						
2. Learning Materials						
3. Training and Assessment						
4. Partnership						
5. Facilities						
6. Curriculum Delivery						
7. Facilities						
8. School Management						

Prepared by: \_\_\_\_\_