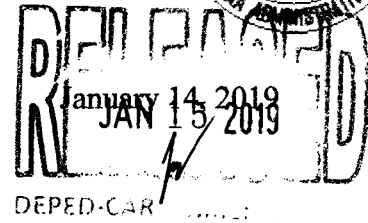




Republic of the Philippines
DEPARTMENT OF EDUCATION
CORDILLERA ADMINISTRATIVE REGION
Wangal, La Trinidad, Benguet



REGIONAL MEMORANDUM


020.2019

No. _____

SUBMISSION OF THE 2019 INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN (IPDP)

To; Schools Division Superintendents
Chiefs of Divisions/Unit Heads
All others concerned

1. In line with the implementation of the Results-Based Performance Management System and to properly address the professional needs of the staff & personnel of the Department, the following are enjoined to submit their 2019 Individual Professional Development Plan (IPDP) :
 - a) All Regional Office Personnel
 - b) Division Office Personnel (Chiefs of SGOD & CID, EPS, SEPS, EPS II, PSDS and School Heads)
2. Individual Professional Development Plan (IPDP) shall be based from the core competencies required in the RPMS following the attached format. Results of the IPDP will be consolidated per Division and shall serve as inputs to the Learning and Development Plan to be addressed by the Schools Division Office/Regional Office.
3. The consolidated IPDP shall be submitted at the Regional Office c/o HRDD or email at hrdd.depedcar@gmail.com on or before February 22, 2019.
4. For compliance


MAY B. ECLAR, PhD., CESO V
Regional Director

INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name of Employee: _____
 Position Title: _____

Division Unit: _____
 Date Plan Developed: _____

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

CERTIFICATION AND COMMITMENT

<p>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.</p>	<p>Name & Position _____ Date: _____</p>
<p>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</p>	<p>SUPERVISOR NAME AND SIGNATURE _____ Date: _____</p>
<p>I commit to support and ensure that this agreed Individual Development Plan is achieved according to agreed time frames.</p>	<p>HEAD OF OFFICE NAME AND SIGNATURE _____ Date: _____</p>