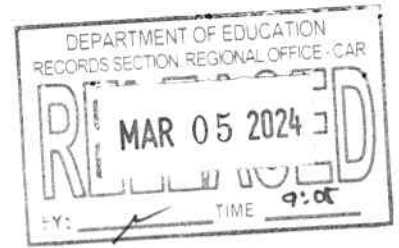




Republic of the Philippines
Department of Education
 Cordillera Administrative Region



01 March 2024

REGIONAL MEMORANDUM
 No. 131.2024

CALL FOR NOMINATION FOR REGULAR COURSE ENTITLED TEACHING STRATEGIES FOR LEARNERS WITH COMORBIDITIES AND DOWN SYNDROME

To: Assistant Regional Director
 Schools Division Superintendents
 All Other Concerned

1. Pursuant to DM-OUHROD-2024-0306 re: Call for Nomination of Participants for Regular Course entitled Teaching Strategies for Learners with Comorbidities in Learning Disabilities and Down Syndrome under SEAMEO Regional Centre for Special Educational Needs (SEAMEO SEN), this office through the Human Resource Development Division (HRDD), calls for nominations for the aforementioned course.

2. Details of the course are as follows:

Course Schedule	Specification of Participant	Application Deadline
22-26 April 2024 (5 days)	Primary/Secondary/ Inclusive/Mainstream School Teachers for Special Education	March 8, 2024

3. In view of limited slots provided for the region, the Regional Professional Development Committee (PDC) shall screen nominees based on Enclosure 1, 2 and Enclosure 3.

4. Each SDO shall nominate one (1) nominee after evaluation of SDO Personnel Development Committee (PDC) following the qualifications indicated in Enclosure 1.

5. Signed endorsement and scholarship screening form (Enclosure 2) shall be sent to car.neapr@deped.gov.ph on or before the deadline indicated above.

6. For queries and clarifications, please contact the Human Resource Development Division – National Educators Academy of the Philippines in the Region (HRDD-NEAPR) through Rosita C. Agnasi, OIC-HRDD-NEAPR or Elvernice S. Fanged, Scholarship Focal Person through email address at car.neapr@deped.gov.ph.

7. Immediate and widest dissemination of this Memorandum is directed.


ESTELA P. LEON-CARIÑO EdD, CESO III
 Director IV/ Regional Director

HRDD-NEAPCAR/RCA/esf

Address: DepEd-CAR Complex, Wangal, La Trinidad, Benguet, 2601
 Telephone No: (074) 422 – 1318
 Email Address: car@deped.gov.ph





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(Enclosure 1 to RM No. **131.2024**)

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

Name:	
Scholarship Program:	
Sponsoring Agency/Organization:	
Region/SDO:	
Work Station:	

Remarks (/, X, others)	Eligibility	Documentary Requirements
	a. Must be a Filipino citizen.	Updated Personal Data Sheet
	b. Must have obtained a very satisfactory (VS) performance rating for two (2) consecutive years.	Latest rated performance rating with approved IDP
	c. Must present his/her Individual Development Plan (IDP) that is validated by the head of Office.	
	d. Must be holding a permanent item.	Updated Service Record
	e. Must be physically, mentally, and psychologically fit.	Medical Certificate from any government physician as to health status.
	f. Must have no master's degree (for those who will apply for a master's degree) and shall have no doctoral degree (for those who will apply for a doctoral degree).	Updated Personal Data Sheet
	g. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	
	h. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be complied after being officially nominated)
	i. Must be willing to prepare, share and implement a Scholarship Report and Work Application Plan (WAP).	
	j. Must have no pending administrative, civil, or criminal case, and must have not been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges.
	k. Has already finished his/her existing service obligation for a scholarship, if any. **in any case that the HRDD has no existing format, please use Enclosure 2 of this memo	Clearance from HRDD/NEAP (Enclosure 3)
	l. Has no pending application for retirement.	
	m. Must be able to render his/her service obligation vis-a-vis duration of the scholarship.	
	n. Valid Passport for travel purposes	Minimum of 6 months validity from the return date



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(Enclosure 2 to RM No. **131-2024**)

SCHOLARSHIP SCREENING FORM

Name of Teacher	
School	
Division	
Years in the DepEd	
Questions:	
Work Experience/s Related to Teaching (Indicate the highlights and duration.)	
Outstanding Accomplishments (Maximum of five, kindly put the highlights only)	
Educational Attainment (Indicate School, Program, Specialization, and Title of Thesis/Dissertation, if any.)	
What challenges had you experienced as a teacher? What did you learn from them?	
What initiatives do you plan to implement so your school/office will benefit from this program?	
How did you hear about this scholarship opportunity?	



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(Enclosure 3 to RM No. **131.2024**)

SCHOLARSHIP CLEARANCE

I. NAME		
II. Position/Designation		
III. Permanent Station		
IV. Has availed any scholarship program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fill out sections V-X, as applicable.
V. Scholarship Program	Program Type	Title of the Program
	<input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	
VI. Scholarship Duration		
VII. Status	<input type="checkbox"/> Completed the course (Submit a copy of Certificate of Completion)	<input type="checkbox"/> Withdrawn from the Course (State the reason below)
VIII. Reason/s for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
IX. Service Obligation	No. of Months/Yrs Required	No. of Months/Yrs Completed
X. Reason for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	

I hereby attest that the information in this form and the supporting documents attached hereto are true and correct

 Name and Signature of the Scholar _____
 Date and Time
This is to certify that the information in this form and the supporting documents attached hereto are true and correct

 Name and Signature of the Recommending Authority (SDO - HRDD) _____
 Date and Time

APPROVED

 Name and Signature of the Recommending Authority (RO-HRDD) _____
 Date and Time



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