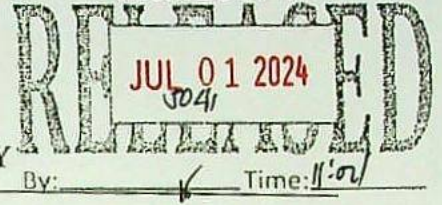




Republic of the Philippines
Department of Education
 REGION I
 SCHOOLS DIVISION OF DAGUPAN CITY

DepEd SDO Dagupan City
 RECORDS OFFICE



Office of the Schools Division
 Superintendent

June 27, 2024

DIVISION MEMORANDUM
 No. 250, s. 2024

To : Assistant Schools Division Superintendent
 Chief Education Supervisors
 Public School District Supervisors
 School Heads
 All interested qualified applicants

**CALL FOR NOMINATION FOR SEAMEO REGIONAL CENTRE FOR SPECIAL
 EDUCATIONAL NEEDS TRAINING TITLED TEACHING STRATEGIES
 IN SUPPORTING AND DEVELOPING LEARNERS WITH SPEECH
 AND LANGUAGE IMPAIRMENTS**

1. In reference to Regional Memorandum No. 710 s. 2024 titled *CALL FOR NOMINATION FOR SEAMEO REGIONAL CENTRE FOR SPECIAL EDUCATIONAL NEEDS TRAINING TITLED TEACHING STRATEGIES IN SUPPORTING AND DEVELOPING LEARNERS WITH SPEECH AND LANGUAGE IMPAIRMENTS*, all school heads are encouraged to nominate at least one (1) qualified Primary/Secondary/Inclusive/Mainstream School Teacher for Special Education.
2. Attached is the said RM for ready reference of all interested qualified applicants.
3. For queries and clarifications, please coordinate with SGOD-HRDS.
4. For the information and guidance of all concerned.

ROWENA C. BANZON EdD, CESO V
 Schools Division Superintendent

Reference: Regional Memo No. 170 s. 2024,
 Encl.: as stated
 To be indicated in the Perpetual Index
 under the following subjects:
 HRD L&D SCHOLARSHIP SEAMEO
 HRDS/is/DM_SEAMEOSNED
 June 27, 2024



Address: Burgos St., Poblacion Oeste, Dagupan City
 Telephone: (075) 653-4101
 Website: depeddagupan.com
 email: dagupan.city@deped.gov.ph

5. For queries or concerns, please contact the Human Resource Development Division (HRDD) through (072) 682-23-24.

6. For wide dissemination and immediate action.

RHODA T. RAZON
Director III

Reference: DM-OUHROD-2024-1169

Encl: as stated

To be indicated in the Perpetual Index
under the following subjects:

SCHOLARSHIPS

SPECIAL EDUCATION

HRDD/vrdg/RM_ SEAMEO SEN Speech-Language Impairments
June 24, 2024



DepEd ROI



Docman ©

HRDD240785

RM_ Call for Nomination for SEAMEO Regional Centre for Special Educational Needs Training titled Teaching Strategies in Supporting and Developing Learners with Speech and Language Impairments

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. c. Must present his/her Individual Development Plan (IDP) that is validated by the head of the office.	Latest rated performance rating with approved IDP
	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). g. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	Updated Personal Data Sheet
	h. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be compiled after being officially nominated)

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

Name and Signature of the Scholar	Date and Time
<i>This is to certify that the information in this form and the supporting documents attached hereto are true and correct.</i>	
Name and Signature of the Recommending Authority (SDO - HRDD)	Date and Time



SDO DAGUPAN CITY

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)

	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 l. Has no pending application for retirement.	Clearance from HRDD/NEAP
	m. Must be able to render his/her service obligation vis- a- vis duration of the scholarship.	

APPROVED	
<hr style="border: 0.5px solid black;"/> Name and Signature of the Recommending Authority (RO-HRDD)	<hr style="border: 0.5px solid black;"/> Date and Time



Address: Room 102 Rizal Bldg., DepEd Complex, Meralco Ave., Pasig City, Metro Manila
 Telephone Nos.: 8637-7205
 Email Address: usec.hrod@deped.gov.ph
 Website: <https://www.deped.gov.ph>

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Effectivity	09.20.21	Page	7 of 7



SDO DAGUPAN CITY

COURSE TITLE

Application of **(NAME of NOMINEE)**

Region: _____

Submitted on **(DATE and TIME)**

1. Email Addresses:	
2. Training Course:	
3. Contact Numbers:	
4. Designation/Position:	
5. Workstation: (School/Office Unit)	
6. School Division Office:	
7. Religion:	
8. Age:	
9. Number of years in DepEd:	
10. Work experience/s related to Leadership: (Indicate the highlights and duration.)	
11. Outstanding accomplishments: (Max of 5)	
12. Educational attainment (indicate school, program, specialization, and title of Thesis/Dissertation, if any.)	
13. What were the challenges you experienced as a teacher? What did you learn from them?	
14. What initiatives do you plan to implement so your school will benefit from this program?	
15. How did you hear about this scholarship opportunity?	