



Republika ng Pilipinas
KAGAWARAN NG EDUKASYON
REHIYON XI
LungsodngDabaw
TanggapangPanrehiyon



Address: F. Torres St., Davao City (8000) Tel. Nos: (082) 291 – 1665; (082) 224 – 0468 Website: <http://www.region11.deped.gov.ph>

REGIONAL MEMORANDUM

TO : Schools Division Superintendents
Divisions of: Davao del Norte, Davao Occidental, Mati City,
Tagum City, and Panabo City
Chiefs FTAD & HRDD

SUBJECT : SIP Deepening Through Stakeholders' Engagement
(Batch 2)

DATE : October 1, 2018

This is in reference to the Memorandum from the office of **USEC. JESUS R. MATEO**, Undersecretary for Planning BHRD and Field Operations, re: **SIP Deepening Through Stakeholders' Engagement**, which intends to deepen the roles of the stakeholders in the preparation for the next School Improvement Plan Cycle. Collaborative and harmonious working relationships between the school and its stakeholders are reinforced when responsibilities are shared and delegated, and decisions are consulted.

In line with this, the BHRD-SED is conducting series of capacity building on Stakeholders Engagement for Batch 2 which will be held on October 8 – 11, 2018 at Davao NEAP, RELC (Quirino Avenue, Davao City).

The selected participants are invited to join, to wit:

Field Participants	Name	Position/Office
Regional Office Participants:	FTAD Chief/SBM Coordinator	Regional Office
	HRDD Chief/Representative	Regional Office
Schools Division Office Participants:	Christopher Gonzales, EdD	Principal 11, Division of Davao del Norte
	Almer Davis T. Davis, EdD	PSDS, Division of Davao Occidental
	Florifes Colmenares, EdD	PSDS, Mati City Division
	Gregorio Acebedo, EdD	PSDS, Tagum City Division
	Neil Michael de Asis, EdD	PSDS, Panabo City Division

Attached are the following for your reference:

- a) List of Participants (Annex 1);
- b) Indicative Program of Activities (Annex 2); and
- c) Template for the confirmation of participants (Annex 3).


For administrative concerns, please take note of the following:

- 1.) Travel expenses of participants shall be charged to CO-GASS (BHROD-SED) fund with activity code: AC-18-BHROD-SED-GASS - 055.
- 2.) To facilitate the reimbursement of travel expenses, please bring original copies of the following documents during the workshop:
 - Travel Order/Travel Authority duly signed by respective Regional Directors/Schools Division Superintendents;
 - Boarding pass (hard copy) of those who are taking air travel;
 - Bus tickets, and other transportation receipts (if applicable)
 - SED staff will coordinate with you concerning your respective flight details prior to the conduct of the activity.
 - Participants are advised to send the accomplished confirmation slip (Annex 3) thru email or fax on or before October 1, 2018.
- 3.) Please send the accomplished confirmation slip (Annex 3) thru email or fax on or before October 1, 2018.
- 4.) Refer to the matrix below regarding meals and board & lodging.

Date	Breakfast	Lunch	Dinner	Board & Lodging
October 7 (Day 0)		/	/	/
October 8 (Day 1)	/	/	/	/
October 9 (Day 2)	/	/	/	/
October 10 (Day 3)	/	/	/	/
October 11 (Day 4)	/	/	/	Check Out: 12:00nn

- 5.) All expenses are subject to the existing accounting and auditing rules and regulations.

For immediate dissemination and guidance.


ATTY. ALBERTO T. ESCOBARTE, CESO IV
Regional Director

Fr: Regional Memo/SIP
ROF2/CC

Enabling - accountability, God-fearing Leadership with Ethical and Transparent Governance

DEPARTMENT OF EDUCATION ROXI
RECORDS SECTION

RELEASED

By:  1010-5788

Date: 10/2/18 Time: 9:55 AM

PARTICIPANT CONFIRMATION SLIP***SIP Deepening Through Stakeholder's Engagement (Batch 2)***

October 8-11, 2018

Davao NEAP RELC (*E. Quirino Ave, Davao City, Davao del Sur*)

LAST NAME

FIRST NAME

MIDDLE

INITIAL

Nickname: _____

Birthdate: _____

Sex: (Please check): M _____ F _____

Contact Details:

- Mobile: _____
- Landline (Office): _____
- Email address: _____

Office: _____

Position: _____

Emergency Contact (Name and details):

Schedule of Check-in (Date and time): _____

Schedule of Check-out (Date and time): _____

Food preference (Please specify): _____

Medications/ Allergies: _____

For participants taking plane:Airport of Origin and Destination (e.g. Cebu-Manila):

Airline: _____

Date of Departure: _____ Expected Time of Departure: _____

Return Date: _____ Expected Time of Departure: _____

Please confirm your attendance by sending this confirmation slip to bhrod.sed@deped.gov.ph
or thru fax (02) 633-5397 on or before **October 1, 2018**.