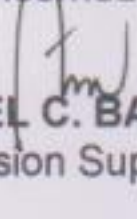




MEMORANDUM

To : OIC, Office of the Asst. Schools Division Superintendent
OIC-Chief, Curriculum Implementation Division
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary Schools
All Other Concerned

From :  **DR. ROMMEL C. BAUTISTA, CESO V**
Schools Division Superintendent

SUBJECT : **SCREENING AND SELECTION OF POTENTIAL LEARNING
RESOURCE EVALUATORS (LREs)**

Date : October 2, 2018

1. The City Schools Division of Antipolo through the Learning Resource Management and Development Section (LRMDS) is now on the process of preparing the activity for the evaluation of learning resources, such as textbooks, supplementary reading materials, and contextualized learning resources for the elementary and secondary level.
2. All qualified personnel from public schools are encouraged to submit personally the following documents:
 - a. Application Letter signifying interests to serve as LREs;
 - b. Duly accomplished Personal Data Sheet for Potential LREs enclosed to this Memorandum;
 - c. Curriculum Vitae; and
 - d. Other pertinent documents such as certified true copied of service records, transcript of records, certificates of relevant trainings attended since 2014.
3. Minimum Qualification Standards (MQS) for LREs
 - a. Bachelor's Degree Holder
 - b. With at least five (5) years teaching experience in the learning area s/he is applying as LRE
 - c. Has at least 24 hours relevant training in the development and evaluation of learning resources
 - d. Not an author, editor, or consultant of any commercially-developed learning resources submitted to DepEd for procurement for the last three (3) years from the date of his/her application
 - e. Is physically fit, willing, and able to attend and participate in an actual content evaluation activity
4. All interested personnel must submit their documents on or before October 9, 2018, attention: PRISCILLA V. SALO, EPS I – LR.



Republic of the Philippines
Department of Education
Region IV-A CALABARZON
CITY SCHOOLS DIVISION OF ANTIPOLO



5. Attached herewith are the following enclosures for your ready reference.
 - a. Enclosure No. 1 – Division Screening and Selection Committee (DSSC)
 - b. Enclosure No. 3 – Personal Data Sheet of Potential LREs

6. Immediate and wide dissemination of this Memorandum is earnestly desired.

UM-478, 15.2018

(Enclosure No. 2 to DepEd Memorandum No. 217, s. 2016)

Personal Data Sheet for Potential LR Evaluators

Attach 2 passport size recent photos here with your name at the back of the photo.

Name:

Family _____ First _____ Middle Initial _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____ Sex: _____

Civil Status: _____ Home Address: _____

Designation: _____

Office/ School Address: _____

Tel. Number: _____ Cell Number: _____

Email Address: _____ Fax Number: _____

Name of Superior: _____ Designation: _____

Address: _____ Contact Number: _____

Application Details (Please answer completely. The information provided herein shall serve as reference in assigning materials that the LREs shall be tasked to quality assure/ evaluate.)

| Preference | Learning Area Specialization | Key Stage / Grade Level |
|----------------|------------------------------|-------------------------|
| 1st preference | | |
| 2nd preference | | |

• Have you ever served as a Learning Resource Evaluator (LRE) for DepEd? Yes

No

If Yes, when and for what subject and grade level? _____

• What mother tongue languages do you speak and write fluently? _____

Relevant Background (starting from the most recent and continue on a separate sheet if necessary)

Education

| Name of School/ College/ University | Degree Earned | Inclusive Dates | Honors Received |
|-------------------------------------|---------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

Service Record (Include experience outside government service and continue on a separate sheet if necessary)

| Position | Institution/ Agency | Inclusive Dates |
|----------|---------------------|-----------------|
| | | |
| | | |
| | | |

Experience

| Learning Area/s Taught (for at least 5 years) | School/ College/ University | Inclusive Dates |
|---|-----------------------------|-----------------|
| | | |
| | | |
| | | |

CONTROLLED

Learning Resources you have written, edited, evaluated, proofread, or served as consultant (Continue on a separate sheet if necessary)

| Title of Learning Resources | Role (e.g., writer, editor, evaluator, proofreader, etc.) | Publisher | Year Published |
|-----------------------------|---|-----------|----------------|
| | | | |
| | | | |
| | | | |

Special Studies, Trainings, Grants, Other Qualifications Relevant to LR Evaluation

(From 2010 to the present only; continue on a separate sheet if necessary)

| Title of Seminar/Conference/Training Course | Level (e.g., international, national, regional, etc.) | Nature of Participation | Conducted by | Inclusive Dates |
|---|---|-------------------------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

References (Persons not related by consanguinity or affinity to applicant)

| Name | Address | Telephone Number |
|------|---------|------------------|
| | | |
| | | |

Evaluator's Declaration

If selected to serve as a Learning Resource Evaluator, I am aware of and shall abide with the following:

Conflict of Interest

1. I do not have conflict of interest (i.e., not a writer, contributor, consultant, or editor of any learning resources assigned to me for evaluation);
2. I am not related or affiliated to any member of the writing/ development team of the learning resources for evaluation assigned to me and I am willing to reveal information necessary to ensure no conflict of interest;

Performance of Service

3. I will, to the best of my ability, perform the assigned tasks and ensure that grammatical, computational, social content, typographical, and other errors in content are avoided. I understand that I will be held accountable for glaring errors that I make or miss to point out in the learning resource that I review.
4. I have been granted permission / authority by my superior (if any) to serve as evaluator and to attend all necessary activities relative thereto.

Confidentiality

5. I will not duplicate, make unauthorized use, or disclose the materials or my findings on them, in part or full, to any other person other than the designated person to coordinate with and receive any and all materials and outputs from me.

By signing below, I declare under penalties of perjury that the statements and information given above are true and correct to the best of my knowledge and belief. Should I violate or fail to honor any of the above, this could be used as sufficient ground to disqualify me as a DepEd Learning Resource Evaluator.

(Applicant's signature over printed name)

(Date accomplished)