



ACTIVITY COMPLETION REPORT

I. ACTIVITY INFORMATION	
TITLE:	
DATE:	
VENUE:	
TOTAL BUDGET:	
SOURCE OF FUNDS:	
PARTICIPANTS' DESCRIPTION	
TOTAL NO. OF PARTICIPANTS	
TRAINING/ACTIVITY FOCAL PERSON:	
POSITION:	
STATION:	

II. PARTICIPANTS: (* PLEASE INDICATE THE ACTUAL NUMBER OF PARTICIPANTS DURING THE TRAINING/ACTIVITY)									
A. GENERAL	ELEMENTARY		JUNIOR HIGH SCHOOL		SENIOR HIGH SCHOOL		NON-TEACHING		TOTAL
MALE									
FEMALE									

B. TEACHING	TEACHER 1	TEACHER 2	TEACHER 3	MASTER TEACHER 1	MASTER TEACHER 2	MASTER TEACHER 3	TOTAL
MALE							
FEMALE							

C. TEACHING RELATED	HEAD TEACHER 1	HEAD TEACHER 2	HEAD TEACHER 3	PRINCIPAL 1	PRINCIPAL 2	PRINCIPAL 3	PRINCIPAL 4	TOTAL
MALE								
FEMALE								

D. NON-TEACHING	ADA	ADAS	AO	REGISTRAR	GUIDANCE COUNSELOR	PDO	EPS	SEPS	DEPS
(YOU MAY MODIFY BASED ON YOUR PARTICIPANTS)									
MALE									



III. RECOMMENDATIONS TO IMPROVE THE ACTIVITY/TRAINING:

IV. REQUIRED ATTACHMENTS

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| A. APPROVED TRAINING/ACTIVITY DESIGN |
| B. MEMORANDUM |
| C. PROGRAM & MATRIX |
| D. ATTENDANCE |
| E. LIST OF TRAINING/ACTIVITY MANAGEMENT TEAM |
| F. PDS OR PROFILE OF TRAINERS/FACILITATORS |
| G. CHECKLIST OF FACILITATION SKILLS PER SESSION |
| H. PICTURES IN ACTION WITH APPROPRIATE DESCRIPTION |
| I. COMPILED T & D- M & E FORM 1: INDIVIDUAL PROFILE TEMPLATE |
| J. SUMMARY OF M & E FORM 3: END OF PROGRAM ASSESSMENT |
| K. OUTPUTS WITH APPROPRIATE DESCRIPTION |

SUBMITTED BY: (END-USER/FOCAL PERSON)

ENDORSED BY: (DIVISION CHIEF/DEPARTMENT HEAD/PSDS)

SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
www.depednegor.net

DATE:	DATE:
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