



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 2	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

- 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)
<hr/> SIGNATURE OVER PRINTED NAME <hr/>	



Republic of the Philippines
DEPARTMENT OF EDUCATION

Region VII, Central Visayas

SCHOOLS DIVISION OF NEGROS ORIENTAL

www.depednegor.net

DATE:

DATE: