

Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City



March 3, 2017

DIVISION MEMORANDUM

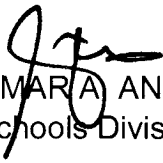

No. 145 s., 2017

DCP PROJECT MONITORING

**TO: Assistant Division Superintendents
Education Supervisors/Coordinators
District Supervisors/OIC
Elementary and Secondary School Heads
School, District and Municipality ICT Coordinators
All Others Concerned**

1. School ICT Coordinators will prepare 4 copies of DCP Report enclosed in a folder. 1 for the school, 1 for the District, 1 for the Division and 1 for the Region. The DCP Report Folder composed of the following.
 - a. Maintenance Schedule Plan
 - b. Technical Service – Information Communication and Technology Unit School Monitoring Report for the DepEd Computerization Program
 - c. School Readiness Checklist
 - d. Computer Laboratory Monitoring Report
 - e. ICT Action Plan for the Year 2017-2018
 - f. Quarterly Accomplishment Report as ICT Coordinator
2. MUNICIPAL/DISTRICT ICT Coordinator will conduct an ocular visit to all schools in his/her municipal/district regarding the DCP PROJECT MONITORING.
3. DIVISION ICT TEAM will visit the District/Municipal ICT coordinator to collect the consolidated DCP Report then randomly visit the schools to validate the DCP Report.
4. The objective of this activity is to provide quality assurance, technical assistance and to monitor and evaluate the utilization of the computers and other equipment provided under dcp project and other source.

5. There will be three monitoring months in each calendar year. These are March, July and September.
6. In this regard please accomplish the DCP Report on March, July and September every year.
7. Please refer to attached forms.
8. Strict compliance of this Memorandum is directed.


RHEA MARIA ANGTUD, Ed.D., CESO VI
Schools Division Superintendent 

rmaa/ictu/efm



MAINTENANCE SCHEDULE PLAN

TRAINING INSTITUTION : <TYPE NAME OF SCHOOL>
 NAME OF LABORATORY : <TYPE NAME>
 LABORATORY IN-CHARGE : <TYPE IN-CHARGE>



FACILITIES/EQUIPMENTS: COMPUTER HARDWARE													
LIST OF ACTIVITIES		JUNE				JULY				AUGUST			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
1.	Clean the Monitor from dust		*		*	*		*			*		*
2.	Clean the Mouse from dust	*	*	*	*	*	*	*	*	*	*	*	*
3.	Clean the Keyboard from dust	*		*			*		*		*		*
4.	Clean the Speaker from dust				*			*			*		
5.	Clean the AVR from dust	*				*				*			
6.	Clean the System Unit from dust (external)	*	*	*	*	*	*	*	*	*	*	*	*
7.	Clean the System Unit from dust (internal)												*



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DIVISION OF _____
 Division Office Address



8.	Check the functionality of the Monitor	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
9.	Check the functionality of the Mouse	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
10.	Check the functionality of the Keyboard	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
11.	Check the functionality of the Speaker	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
12.	Check the functionality of the AVR	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
13.	Check the functionality of the System Unit	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Actual

Legend: Plan =  Actual =  W1 = 1st Week W2 = 2nd Week W3 = 3rd Week W4 = 4th Week

g. Generator _____

h. LAN (Local Area Network) _____

Internet Connection:

No. of ISP's	Internet Service Provider	Speed	CIR	Type of Connection	MSF

Instructional Resources:

TITLE	SUBJECT AREA	TYPE OF MEDIA	QTY

OVERALL CONDITION of the computer laboratory:

Roof/ceiling:

Very Good Good Needs Improvement

Remarks:

Electrical Outlet and Wiring:

Very Good Good Needs Improvement

Lighting:

Very Good Good Needs Improvement

Number of Tables: _____

Number of Chairs: _____

Remarks:

B. SECURITY ASSESSMENT

Security-related facilities

a. Window Grill Very Good Good Needs Improvement

b. Door Grill Very Good Good Needs Improvement

c. Locks Very Good Good Needs Improvement

Remarks:

Does the computer laboratory have a log book? Yes No

Type of Security

Type of Security	Name	Schedule of Duty	Source of Funds (SEF, MOOE, Canteen, PTCA, Barangay)
<input type="checkbox"/> Hired security personnel	1. _____	<input type="checkbox"/> Day <input type="checkbox"/> Night	_____
	2. _____	<input type="checkbox"/> Day <input type="checkbox"/> Night	_____
	3. _____	<input type="checkbox"/> Day <input type="checkbox"/> Night	_____
	4. _____	<input type="checkbox"/> Day <input type="checkbox"/> Night	_____
<input type="checkbox"/> Brgy. Tanod	1. _____	<input type="checkbox"/> Day <input type="checkbox"/> Night	_____

DepED Central Office:

DepED Region/Division/School I.T. Coordinator

Name: _____
(Pls. sign over printed name)

Name: _____
(Pls. sign over printed name)

NOTED BY:

Date Accomplished: _____

PRINCIPAL
(Pls. sign over printed name)



Republic of the Philippines
Department of Education
INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE
Pasig City, Philippines

SCHOOL ID: _____ **NAME OF SCHOOL:** _____

Classification (if recipient pls. check)

- Main Annex Annex A Annex B
 Campus A Campus B Campus C

Region: _____ Province: _____ District: _____ City/Municipality: _____

Division: _____ Superintendent: _____

Name of Principal/School Head: _____

Contact No./Cellphone No.: _____ E-mail: _____

Name of Laboratory In-Charge: _____

Contact No./Cellphone No.: _____ E-mail: _____

Tel. No. (of the school): _____ Fax: _____ E-mail: _____

In compliance to DepEd Memo No. 280, series of 2011, the school's readiness for the DCP shall be assessed by the Division ICT Coordinator according to the following criteria. Please tick appropriate box.

Criteria	Yes	No	Remarks
1. Multi-media Classroom	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Computer Tables	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Windows and Doors with iron grills	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Proper electrical wirings and outlets duly certified by the Municipal/City Electrician	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Provision of adequate security mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. School Inspectorate team were organized	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. 50 pieces mono chairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. At least 2 units of stand fan	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Sufficient electrical lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____

Based on the assessment above, the school is:

- Ready All criteria (1-9) were satisfactorily met
Partially Ready Criteria 1-6 were met but criteria 7-9 are to be complied with prior to the installation of equipment
Not Ready At least one of critical 1-6 is not met

RECOMMENDATIONS:



Republic of the Philippines
Department of Education
INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE
Pasig City, Philippines

ASSESSED BY:

CONCURRED BY:

(Name and signature of Division ITO)

(Name and signature of School Head)



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<SCHOOL NAME>
 <School Address>

Remarks:										

Equipment	NGO – Non-Government Organization				Other Donors (PTA, Alumni, etc)				Total
	Items Received	Date Received	Working Units	Defective Units	Items Received	Date Received	Working Units	Defective Units	
SYSTEM UNIT									
MONITOR									
KEYBOARD									
MOUSE									
UPS									
AVR									
PRINTER									
W-ROUTER									
SWITCH									
SPEAKERS									
RECOVERY CD									
UTILITY CD / DRIVERS									
Others:									
Remarks:									

Facilities:

Facilities	Working	Defective	Total	Sponsor/Donor	Detail/Remarks
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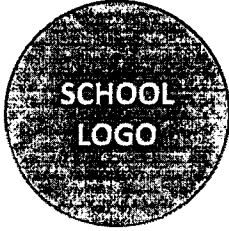


<SCHOOL NAME>
 <School Address>

Air-Condition Units					
Computer Tables					
Chairs					
Electrical Outlets					
Circuit Breaker					
Telephone Line/s					
Generator					
LAN Connection					
Electric Fan					
Fire Extinguisher					
Others:					

Tools and Materials:

Tools:	Working	Defective	Total	Sponsor/Donor	Detail/Remarks
Materials:	MOOE	Donated	Total	Sponsor/Donor	Detail/Remarks



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<SCHOOL NAME>
 <School Address>

Internet Connection:

No. of ISP's	Internet Service Provider	Speed	CIR	Type of Connection	MSF

Instructional Resources:

Title	Donor / Publisher	Subject Area	Type of Media	Qty.

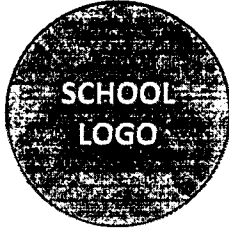
OVERALL CONDITION of the Computer Laboratory:

Roof/Ceiling:

- Very Good Good Needs Improvement

Remarks:

Electrical Wiring:



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<SCHOOL NAME>
<School Address>

Very Good

Good

Needs Improvement

Remarks:

Window Grills:

Very Good

Good

Needs Improvement

Remarks:

Door Grills:

Very Good

Good

Needs Improvement

Remarks:

Furniture (Tables, Chairs, Cabinets and others):

Very Good

Good

Needs Improvement

Remarks:

Ventilation/Temperature of the Laboratory:

Very Good

Good

Needs Improvement

Remarks:

Occupational Health and Safety (OHS):

Very Good

Good

Needs Improvement

Remarks:

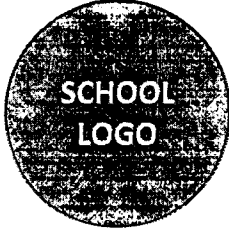
Security of Facilities:

Very Good

Good

Needs Improvement

Remarks:



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<SCHOOL NAME>
 <School Address>

B. COMPUTER UTILIZATION

PURPOSE OF USAGE

Check if applicable:

- For Class in EPP/TLE/TVE/TVL (pls. specify class) | _____
- Tool for teaching across subject areas (pls. check the applicable subject/s)
 - Math Science English Filipino AP MAPEH EsP Mother Tongue
- To accomplish clerical (LIS, EBEIS, and others) and administrative tasks of teachers.
- To accomplish clerical and administrative tasks of non-teaching personnel.
- To provide ICT access to the DepEd and Brgy. community for training and seminar. Pls. specify the:
 - Purpose*
 - ICT Training
 - Seminars
 - Others (pls. specify)
 - Type of User*
 - LGU
 - Out-of-School Youth
 - Brgy. Official
 - PTA
 - Others (pls. specify)

- Does the Computer Laboratory have a Log Book? Yes No (if yes, pls. attached the latest)
- Does the Computer Laboratory have Class Schedule? Yes No (if yes, pls. attached)
- Does the Computer Laboratory have Physical Layout? Yes No (if yes, pls. attached)

Remarks:

C. RECOMMENDATION:

Prepared by:



Republic of the Philippines
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<SCHOOL NAME>
<School Address>

Lab/Shop In-Charge

Schools ICT Coordinator

Noted:

Approved:

EPP/TLE/TVE/SHS Coordinator

School Head



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<**SCHOOL NAME**>
 <School Address>

ICT ACTION PLAN FOR THE YEAR 2017 - 2018

AREA OF CONCERN		OBJECTIVES	STRATEGIES	TIME FRAME	PERSONS INVOLVED	SUCCESS INDICATORS
I.	Students Development	•	•		•	•
II.	Staff/Instructors Professional Growth Development	•	•		•	•
III.	Physical Facilities	•	•		•	
IV.	Curriculum Development	•	•			•
V.	ICT Integration	•	•		•	•
VI.	Follow-Up, Monitoring and Evaluation	•	•		•	•
VIII.	Special Programs	•	•		•	•
IX.	Other Functions	•	•		•	•

Prepared by:

Approved:

 ICT Coordinator

 School Head



Republic of the Philippines
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<SCHOOL NAME>
 <School Address >

QUARTERLY ACCOMPLISHMENT REPORT AS ICT COORDINATOR

NAME				SUBJECT TAUGHT		
SEMESTER (Check the Box)	<input type="checkbox"/> 1 ST SEM	<input type="checkbox"/> 2 ND SEM	MONTH (Range)		SCHOOL YEAR	

AREA	ACCOMPLISHMENT
STUDENT DEVELOPMENT	•
PROFESSIONAL DEVELOPMENT	•
LABORATORY DEVELOPMENT	•
CURRICULUM DEVELOPMENT	•
LINKAGES	•

Prepared by:

Noted:

 ICT Coordinator

 School Head