



Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY

Division Advisory No. 053 s. 2020
September 3, 2020

**INVITATION FROM COALITION FOR BETTER EDUCATION
RE: TEACHER FRONTLINER WEBINAR SERIES**

1. DECS Order No. 28, s. 2001 authorizes this Department/Division to disseminate information on suggested competitive events, scholarship and training opportunities for our teacher, students and pupils. These are issued as ADVISORIES, purely for field information. Participation is on personal judgement, time and resources.
2. Attached is the letter invitation from Coalition for Better Education dated August 28, 2020 signed by Luchi C. Flores, Executive Director.
3. Teacher-participants should be on "Official Time" and no DepEd Funds be utilized for the said purpose.
4. Details of the said activity are found in the enclosure.
5. For information and dissemination.

CRISTY C. EPE

Schools Division Superintendent

DEPED SCHOOLS DIVISION OF DIGOS CITY
RECORDS SECTION
RELEASED
20-61637
DATE: 03 SEP 2020 TIME: 5:14
BY:



August 28, 2020

DR. CRISTY C. EPE
Schools Division Superintendent
DepEd Digos City



Dear Dr. Epe,

Warmest greetings from the Coalition for Better Education (CBE)!

The Covid Pandemic has ushered a new normal in education and one of these significant changes is remote teaching. To support the Department of Education’s goal to train teachers on these new approaches in teaching and learning, CBE and One Meralco Foundation (OMF) conceptualized the **Teacher Frontliner** program to provide assistance to the education sector in transitioning to the new setup.

One of the components of the said program is capability-building through webinar-trainings poised to support the implementation of DepEd’s Learning Continuity Plan. Under this component, CBE and OMF will be offering the following online courses to aid teachers and principals in becoming more proficient in conducting remote classes:

Course for Teachers:

Module	Description	No of hours	
		Synch	Asynch
Module 1. Remote Teaching	Understanding concepts/strategies of remote learning	6 hours	
Module 2. Tools/Applications used in remote learning	Using ICT and/or non ICT-based Tools in designing classroom activities for remote teaching	6 hours	4 hours
Module 3. PBL Approaches	A brief introduction about how PBL is used for remote teaching	6 hours	
Module 4. Integrating SDGs in PBL Activities	Explaining the 17 SDGs and how to weave the goals in the classroom activity using PBL approaches.	6 hours	
Module 5. Project Preparation and Presentation	Putting together an interdisciplinary PBL Activity for remote teaching	8 hours	18 hours
		32 hours	22 hours

Course for Principals:

Module	Description	No of hours	
		Synch	Asynch
The UNESCO Checklist for schools under COVID	Self-Learning Module (SLM) Checklist on Must Haves during a Pandemic	3	12 hours
Assessing Teacher Outcomes in times of emergency	Assessing efficiency of learning delivery modalities	3	12
Data Analytics: Student Performance	Analyzing students’ performance in remote/distance learning	3	12

Engaging Communities to support schools in remote learning	How do parents/external stakeholders support learning objectives	3	6
		12 hours	42 hours

In this regard, we are pleased to inform you that we will accommodate six (6) teachers and five (5) principals from your division to attend the first run of the Teacher-Frontliner webinar series on **September 3-4 & 7-8, 2020**. In identifying your nominees, please note CBE’s criteria:

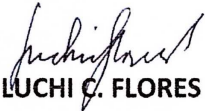
- Has CP and/or Laptop;
- Has stable internet access at home;
- Not within retiring age-range; and,
- ICT literate

We are attaching with this letter a Teacher Profile and Registration Form for your chosen participants to fill up. Kindly ask them to email the accomplished form on or before September 1, 2020 to CBE Project Management Specialist Kat Manlangit at kpmanlangit@cbephils.net. For clarifications and more information, you may also reach her through her mobile: 09662604603.

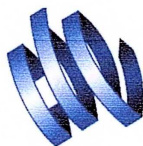
Along with OMF, we are happy that you are our PARTNER in our goal to fully equip our teachers and principals in the coming school year.

Thank you for your continued support amidst the challenges of COVID-19. Stay safe always.

Sincerely,



LUCHI C. FLORES
Executive Director



Coalition for Better Education
CBE Teacher Profile Sheet

A. Personal & Work Information	
Name:	
Permanent Address:	Telephone Numbers: Home: Mobile phone:
Date of Birth (mm/dd/yyyy):	Email Address: FB Name:
School	Division:
Address:	Telephone Numbers: Fax No. Email Address
Principal's Name	Mobile Phone Email Address

		Facebook name:	
B. Education: <i>Please list your educational background beginning with your highest degree until elementary level</i>			
Name of School and Location	Period of Attendance From To	Main Course of Study	Awards or Distinctions Received
C. Teaching Experience: <i>Starting with your present position please list every teaching job that you have had.</i>			

E. Subject Area Specialization: *List subject area(s) that you are teaching and indicate if you are certified to teach in this area.*

F. Languages: *Beginning with your native language list all languages that you know. Please mark your level of proficiency in the appropriate box.*

Language	Reading	Writing	Speaking	Understanding
	Good Fair Slight	Good Fair Slight		Good Fair Slight

							Good	Fair				
							Slight					

G. Technical Skills:

G.1 Media/ICT Fluency

Please check ICT Fluency/Expertise

ICT Skill	Beginner	Intermediate	Advance
PC trouble shooting			
Basic Computer Operations			
File Management			
Word processing			
Spreadsheet			
Presentation			
Desk top publishing (graphics)			

Database			
Internet			
Information Searching			
Telecommunications use			
Ethical Use Understanding			
Video Production			
Technology Integration			
Programming: please indicate area of specialization			

Please check if you have access to a computer ___ at home ___ in school ___ in classroom

How often do you use ICT as part of your instruction ____Always ____Sometimes
____ Rarely ____Never

How often do you go on-line in a week ____Always ____Sometimes ____
Rarely ____Never

Do you own your own computer? ____yes ____no

If no, are you willing to avail of any form of financial assistance to acquire a computer
unit or any ICT gadget? ____yes ____no

G.2 Tech Voc

1. NC (National Certificate) received and Level, please enumerate:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. NTTC (National TVET Trainer Certificate) received

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

H. Teacher Certification

Please list any teaching licenses that you have received. Include license number, subject area, grade level, date received, scores on teacher licensure exam and other relevant data.

I.Extension Service		
1. I am willing to extend my training/immersion hours beyond the required number of hours if needed	Yes	No
2. I am willing to incur any personal cost related to my immersion, if needed	Yes	No
J. Peer Mentoring		
3. I am willing to extend non-teaching hours for a F2F mentoring program	Yes	No
4. I am willing to go on line at least twice a week even after the training program	Yes	No
K. Health and Dietary Restrictions		
1. Have you been hospitalized in the last six months?	Yes	No
2. Are you suffering from any disease and/or currently undergoing treatment/taking medication for any illness? If yes, please state:	Yes	No

3. Do you have any dietary restrictions? If yes, please state:	Yes	No
L. I am willing to stay at my assigned school, (unless otherwise transferred) for at least one (1) year after the training program. _____yes _____no		
M. State Briefly (not more than 200 words, use additional page if needed) why you should be admitted to the program:		

Other Personal Details:

In case of emergency, please contact (please write legibly)

Name _____

Relation _____

Address _____

Telephone/CP Nos. _____

For CBE use only

<u>Reviewed by:</u>	<u>Date:</u>
<u>Name/Signature of Reviewer</u>	
<u>Admitted to CBE-CefTEx for Sch Year:</u>	

I hereby certify to the best of my knowledge as to the correctness of the statement and that this form was accomplished by me personally or under my personal direction.

Signature:

Date:

<u>Program/Course</u>			
<u>No. of Hours</u>			
<u>Approved by:</u>	<u>Date:</u>		
<u>Name/Signature of Approver</u>			
<u>Certification:</u>			
<u>Certificate of Attendance</u>	<u>F</u>	<u>PC</u>	<u>P</u>
<u>Certificate of Completion</u>	<u>F</u>	<u>PC</u>	<u>P</u>
<u>Certificate of Proficiency</u>	<u>F</u>	<u>PC</u>	<u>P</u>
<u>Certified by:</u>	<u>FAIL</u>	<u>PASSED- Conditional</u>	<u>PASSED</u>
<u>Name/Signature of Approver</u>			