



DEPARTMENT OF EDUCATION
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY

Sayre Highway P-6, Casisang, Malaybalay City

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DIVISION MEMORANDUM

No. 015 S. 2016

TO: **CID Chief and Staff**
Public Elementary and Secondary School Heads
All Others Concerned
This Division

FROM: 
EDILBERTO L. OPLENARIA, CESO V
SIC Schools Division Superintendent

2017-01-186
DepEd-MALAYBALAY CITY DIVISION
RELEASED
Date: JAN 17 2017 Time: 10:50
By: LIBRARIAN

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

DATE: **January 18, 2017**

1. Pursuant to DepEd Order No. 217, s. 2016 re *Screening, Selection, and Regional Cluster Training-Workshops of Potential Learning Resource Evaluators (LREs)*, this Office hereby informs all applicants (**Education Program Supervisors, Public Schools District Supervisors, School Heads, Teachers and Retired Educators**) that the screening and selection of potential LREs will be on February 3-7, 2017. The deadline for submission of documents will be on January 27, 2017.

2. The potential LRE shall meet the following minimum qualification standards (MQS):

- Bachelor's Degree holder (preferably in Education)
- With at least five (5) years teaching experience in the learning area s/he is applying as LRE
- Has at least 24 hours relevant training in the development and evaluation of learning resources
- 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
- Is physically fit, willing and able to travel to attend and participate in an actual content evaluation activity lasting from eight to ten days and which may not be held in his/her province/city

3. The potential LREs shall submit the following documents to the Division Screening and Selection Committee (DSSC):

- Personal Data Sheet (See enclosure)
- Certified true copy of Service Record
- Certified true copy of transcript of records
- Certified copy of Certificates of specialized and relevant training (from 2010 to the present)
- Photocopies of cover and copyright page of the learning resources, written, edited, evaluated, or proofread (include certificate to attest the LRs have been quality assured)
- Medical Certificates (to be submitted after the Division screening)

4. Further, photocopies of documents to be submitted should be authenticated by the duly designated officer at the Division office. Original documents must be available for authentication during the interview at the Regional office.

5. Immediate and wide dissemination of this Memorandum is highly enjoined.

Copy furnished:
Records Unit
Learning Resource Management Section

TO BE POSTED IN THE WEBSITE

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 qualify assess/ 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

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)