

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**CAMPUS:** _____**SCALE INDIVIDUAL ACTIVITY PLAN**

Name of Student: _____ Name of Adviser: _____

Batch: _____ Date Submitted: _____

Title of Activity: _____ Activity No: _____ Version No. _____

Type of Activity: _____ Individual _____ Group

Strand (Please check all applicable)

_____ Service _____ Action _____ Creativity _____ Leadership Enhancement

Learning Outcomes (Please check all applicable)

_____ O1 _____ O2 _____ O3 _____ O4 _____ O5 _____ O6 _____ O7 _____ O8

I. General Description of Activity**II. Objectives****III. Persons Involved****Activity Adult Supervisor**

Name	Designation/Position	Company/ Affiliation	Organization/	Contact number and Email

Other Persons Involved

Name	Designation/Position	Company/ Affiliation	Organization/	Contact number and Email

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IV. Materials / Resources Needed

V. Timeline:

Specify details for each stage of the proposed activity.

	Events	People Involved	Duration (Days/ Weeks)	Total Hours	Remarks/ Comments	Date of Completion	Signature of Adviser
Planning and Preparation							
Implementation							

Reviewed by:

*Name and Signature of SCALE Adviser*_____
Date Reviewed

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VI. Activity Risk Assessment

Venue and Locality: _____ Date and Duration of Activity: _____

Hazards ¹ /Risks ² Identified	Persons at Risk	What precautions are in place? Or How is the risk controlled? ³	Person/s responsible for control	What further control/ actions are needed? ³

¹ Hazard is anything that could cause harm; ² Risk is the chance that someone will be harmed by the hazard;³ Action that will reduce the potential harm

Based on the identified significant hazards, do you think there are satisfactory precautions in place?

___ Yes ___ No

If No, which specific hazard/s are you most concerned about:

Prepared by:

Name and Signature of Student_____
Date Prepared

Reviewed by:

Name and Signature of Adult_____
Date Reviewed Relationship to Student**CERTIFICATION:**

I certify that I have understood the potential hazards and risks that may be encountered by my child/ ward, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.

Name and Signature of Parent/ Guardian_____
Date Reviewed

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VII. Activity Expenditures

Items	Projected Amount	Quantity / Frequency	Subtotal	Projected Schedule of Expenditure (Month)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
GRAND TOTAL				

Prepared by:

Name and Signature of Student_____
Date Prepared**CERTIFICATION:**

I certify that I have understood the potential expenses that will be incurred, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.

Name and Signature of Parent/ Guardian_____
Date Reviewed