

**Republic of the Philippines**

Department of Education

**REGION I**

**SCHOOLS DIVISION OF LAOAG CITY**

**{{ ad.code }}**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDIVIDUAL EVALUATION SHEET (IES)** | | | | |
| APPLICANT BASIC INFORMATION | | | | |
| Name of Applicant: Application Code:  **{{ ad.name }}**  Position Applied For: School Division Office: **LAOAG CITY** Contact Number:  **{{ id. title }}**  **{{ id.type }} / ( {{ id.sg\_level }} )**  **{{ ad.contact\_number}}**  Job Group/SG-Level: | | | | |
|  | | | | |
| CRITERIA | WEIGHT ALLOCATION | Applicant's Actual Qualifications | | Actual Score |
| Details of Applicant's Qualifications  *(Relevant documents submitted; additional requirements; notes of HRMPSB Members)* | Computation |
| **Education** | **10** | {{ lbl.edu }} | Equivalent Point per D.O.  20 s. 2024 | ***{{ s.edu }}*** |
| **Training** | **10** | {{ lbl.trn }} | Equivalent Point per D.O.  20 s. 2024 | ***{{ s.trn }}*** |
| **Experience** | **10** | {{ lbl.exp }} | Equivalent Point per D.O.  20 s. 2024 | ***{{ s.exp }}*** |
| **Performance Rating** | **30** |  | (Average Numerical  Rating/Highest Possible Numerical Rating)x30% | **{{ s.ed[as.labels[0]] }}** |
| **PPST COIs (Classroom Observation)** | **25** |  | (COT Rating/Highest Possible COI Score)x25 | **{{ s.ed[as.labels[2]] }}** |
| **PPST NCOIs**  **(Portfolio Annotations and BEI)** | **15** | Portfolio Assessment Form (PAF) & Behavioral Events Interview (BEI) | PAF + BEI | **{{ s.ed[as.labels[3]] }}** |
| **TOTAL:** | **100** |  |  | **{{ s.ts }}** |

I hereby attest to the conduct of the application and assessment process in accordance with the applicable guidelines; and acknowledge, upon discussion with the Human Resource Merit Promotion and Selection Board (HRMPSB), the results of the comparative assessment and the points given to me based on my qualifications and submitted documentary requirements for the **Teacher III** position under the **Schools Division Office of Laoag City**.

Furthermore, I hereby affix my signature in this Form to attest to the objective and judicious conduct of the HRMPSB evaluation through Open Ranking System.

Attested:

**MARIECON G. RAMIREZ EdD, CESO VI**

HRMPSB Chair

**{{ ad.name }}**

Name and Signature of Applicant

Date:



|  |  |  |
| --- | --- | --- |
| **1** | | |
| INFO. TRACKER | | |
| DATE: | 6/26/25 | |
| POSITION: |  | III |
| POSITION: |  |  |
| POSITION: |  | III |
| SCHOOL: |  | |

