

**Republic of the Philippines**

Department of Education

**REGION I**

**SCHOOLS DIVISION OF LAOAG CITY**

**INDIVIDUAL EVALUATION SHEET (IES)**

***88C37AE7***

APPLICANT BASIC INFORMATION

Name of Applicant:

**GAGO**

Position Applied For: **EDUCATION PROGRAM SPECIALIST II**

Schools Division Office: **LAOAG CITY**

Contact Number:

Job Group/SG-Level: **RELATED TEACHING / ( 16 )**

Application Code:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DEPED ORDER NO. 07, SERIES OF 2023 | | | | |
| 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** | Master's coursework completed to below conferred Master's Degree | Applicant Increment Level  - QS Increment = Increment from minimum QS | **10** |
| **Training** | **10** | 184 to less than 192 hours | Applicant Increment Level  - QS Increment = Increment from minimum QS | ***10*** |
| **Experience** | **10** | 10 years 6 months to less than 11 years | Applicant Increment Level  - QS Increment = Increment from minimum QS | ***10*** |
| **Performance Rating** | **20** | ERROR | Applicant's Rating/5\*20 | **20.0** |
| **Outstanding Accomplishments** | **5** |  | N/A | **5.0** |
| **Application of Education** | **15** | None | N/A | **15.0** |
| **Application of Learning and Development** | **10** | None | N/A | **10.0** |
| **Potential** | **20** | Written Examination, Work Sample Test, Behavioral Events Interview | WE + WST + BEI | **0** |
| **TOTAL:** | **100** |  |  | **80.0** |

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 **Education Program Supervisor** 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



GAGO

Name and Signature of Applicant

Date:

|  |  |  |
| --- | --- | --- |
| **2** | | |
| INFO. TRACKER | | |
| DATE: | 6/26/25 | |
| POSITION: |  | III |
| POSITION: |  |  |
| POSITION: |  | III |
|  | | |
| SCHOOL: |  | |

