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| **Name of School: VERITAS COLLEGE OF IROSIN**  **Address: San Julian, Irosin, Sorsogon**  **Tel. No: (09271813729) Email add: maricarocana1992@gmail.com** | | | | | **CHEDRO:** Region V |
| **NSTP Component: (ROTC, CWTS, & LTS)** | | | | | **Date Evaluation/Monitored:**  **July 25, 2024** |
| **Bases RA 9163 RA 10121, IP & MORPHE** | **Actual Situation** | | **C** | **NC** | **REMARKS (S)** |
| **Summary:**   1. **Administration/ Director;**  * Full Name/ Designation * Field of Specialization * Years in NSTP as Director/Coordinator: * Training Attended |  | |  |  | . |
| 1. **Office:**  * With Functional Chart * Office Table, Chairs, Board, Computers, Printers, etc. |  | |  |  |  |
| 1. **Faculty Members/ Years in NSTP Training Attended:** | Jose A. Gomez  Maricar F. Ocaña  John Oliver G. Mimay | |  |  |  |
| 1. **Instruction/Curriculum:**   Must first offer the 25 hrs. common module to all NSTP students as prerequisite before any component is to be taken.  Institution may offer NSTP components which the students have the flexibility to chose their field of interest. It is taken in two semesters equivalent to 6 units(first sem. 3 units second sem. 3 units)   * Self- awareness and value Dev. 7hrs. * Leadership Training 7 hrs. * Dimension of Dev. 15 hrs. * Literacy and Numeracy Skills\*\* * Community Exposure/ Agency Visit 10hrs. * Community needs Assessment 8hrs. * Community Services 32hrs. * Program Evaluation 4hrs.   Total 83hrs | (Fill in the Revised Course syllabi for NSTP 1 and 2) | |  |  |  |
| 1. **Insurance**  * Group Insurance for Health and Accident * Provider: Name of Company | (Indicate the name of Insurance company/provider) | |  |  |  |
| 1. **Provider of the NSTP Training**  * ROTC | (Name of Training Provider) | |  |  |  |
| 1. **Enrollment**   CWTS (2nd Sem.)  LTS (2nd Sem.)  ROTC (2nd Sem.) | **Male** | **Female** |  |  |  |
|  |  |
| 46 | 111 |
|  |  |
| 1. **Tuition fee** | NSTP tuition is paid at (50%) of the Regular rate =  NSTP = Php 450.00 | |  |  |  |
| 1. **Reports**    1. Work and Financial Plan    2. Name ( List of Graduates in NSTP Component (s)    3. Program/ project and activities undertaken with documentation    4. Financial Statement on the Funds collected, allocated and utilized;       1. Amount Collected       2. Amount Allocated       3. Amount Utilized       4. Amount Unutilized | (Fill in the Annual Work and Financial Plan)  (Attach the list of Graduates or use separate page/s)    (List down the activities conducted for the year with accompanying pictures)  ( Attach the Annual Financial Statement) | |  |  |  |
| 1. **SB-NSRC** | Total of graduates from 2nd year to 4th year =  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SB- NSRC Coordinator | |  |  |  |
| 1. **Other Issues** | * (Example:Leaking roofs, damaged ceilings and termites inside the NSTP Building/Absence of NSTP Office, if there is any) | |  |  |  |

**Summary of Findings:**

**Recommendations:**

The (Institution) is advised to comply the above-noted deficiencies on or before (one month duration only from date of monitoring).

**Evaluated by: Conforme:**

**ENGR. GERONIMO A. BUENAVENTE, PhD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Education Supervisor II NSTP Director/Coordinator

Date: July 25, 2024