



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

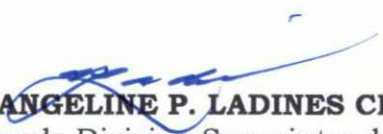
JUN 05 2023

MEMORANDUM

SCHOOL BEST PRACTICE DOCUMENTATION VERSION 2.0

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operations Division
All Public Elementary and Secondary Schools/OICs
Administrative Officer V
All Others Concerned

1. In relation to the collaborative efforts of the SDO and schools towards sustaining programs and projects underscoring notable practices, this Office through the SGOD-School Management Monitoring and Evaluation Section requires that both recognized (Certified by the School Best Practice Committee) and unrecognized (Not yet certified by the School Best Practice Committee) programs and projects with noteworthy practices utilize the attached documentation tool. This tool is an enhanced version of the former with the inclusion of two critical categories, namely, "Effects/Outcomes/Impact" and "Certifications".
2. It is the responsibility of the Project Managers of previously recognized best practices to document the status of their projects and to assess their sustainability and relevance to the current educational situation.
3. Relevant virtual coordination meeting with the School CI Coordinators is scheduled on June 7, 2023, 2:00-3:00 p.m.
4. For information and strict compliance.


EVANGELINE P. LADINES CESOSA V
Schools Division Superintendent

Enclosure: N/A
References: As stated
To be indicated in the Perpetual Index
under the following subjects:

ACCOMPLISHMENT

REPORT

MONITORING

ZPLG / DM / SCHOOL BEST PRACTICE DOCUMENTATION VERSION 2.0

179 / May 29, 2023

UN-2023-179

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Student Center for Life Skills Bldg., Centennial Ave, Brgy Tunasan,
Muntinlupa City
(02) 805-9935, (02) 805 - 9940
sdomuntinlupa@gmail.com



SCHOOL BEST PRACTICE DOCUMENTATION

Ver.2.0, s. 2023

(8-Step Reporting Process)

Reminders before filling out this form:

1. The project is implemented in the school for at least 3 consecutive years
2. The project is approved by the School Head with budget from official and reputable sources
3. The project is functional and well-documented using this 8-step reporting process
4. This is an initial report to be submitted to the School Best Practice Committee (SBPC) for their validation whether the project qualifies or not.

I. Project Profile

1. Title of the Project		Please check: ☐ Recognized Best Practice by the SBPC ☐ Not yet recognized by SBPC
2. Project Manager		
3. Name of School		
4. Name of the School Head		
5. No. of years as a project or practice (Ex: 3 years)		
6. Date of Implementation (Refer to the approved project proposal)		

II. The Problem, Causes and Effects (Discuss)

1. What specific concerns, issues, gaps, or problems (CIGPs) are addressed by the practice?	
2. What caused the CIGPs?	
3. How do these CIGPs negatively affect teaching/learning/school operations?	

III. The Solution/Intervention (The Practice itself)

1. What are the objectives of the intervention/practice?	
2. Present the process flow of the project.	
3. What resources / materials / equipment are utilized?	

IV. Methods and Evaluation (Present and Discuss)

1. What criteria were used to measure the results / outcome/ impact of the practice?	
2. How were the project results evaluated? (E.g., Analysis between what is desired vs. actual, targets vs. accomplishments)	

V. Conclusive Findings (Discuss)

1. Discuss the findings vis-à-vis the specific objectives. If the practice has 3 objectives, then there shall be 3 conclusive findings to discuss.	
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VI. Recommendations

1. For whom the recommendation/s is/are addressed? What are the specific recommendations?	
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VII. Effects/Outcome/Impact

1. How does this practice positively affect the lives or well-being of the immediate beneficiaries?	
2. How does this practice positively impact your school? (if any)	
3. How does this practice positively impact the community/society? (if any)	

VIII. Pictures (Attach pictures with captions, maximum of 5)

Prepared by:

NAME & SIGNATURE
Project Manager

CERTIFICATION (Project Manager)

As the **Project Manager** of the above documented practice, I certify that all the information provided is true and correct to the extent of my knowledge and ability. I am respectfully inviting the head of my department to conduct necessary monitoring and validation on the sustainability and relevance of the practice to the current school situation.

NAME & SIGNATURE
Project Manager

CERTIFICATION/INDORSEMENT (Dept. Head)

As the **Department Head** of the above documented practice, I certify that based on my monitoring, evaluation, and validation of the project submitted by the Project Manager, all the information is true and correct to the extent of my knowledge and ability. I am confirming the sustainability and relevance of the practice to the current school situation, thus, recommending it to the School Head for his/her confirmation and approval.

NAME & SIGNATURE
Department Head
Date signed: _____

CERTIFICATION/INDORSEMENT (School Head)

As the **School Head** (Chair of the School Best Practice Committee) of the above documented practice, I certify that based on my monitoring, evaluation, and validation of the project endorsed by the Department Head, all the information is true and correct to the extent of my knowledge and ability. I am indicating my approval on the sustainability and relevance of the project to the current school situation, thus, recommending it to the Schools Division Superintendent (PSDS) for reconfirmation.

NAME & SIGNATURE
School Head
Date signed: _____

CERTIFICATION/INDORSEMENT (PSDS)

As the assigned **Public Schools District Supervisor** of the above documented practice, I certify that based on my monitoring, evaluation, and validation of the project endorsed by the School Head, all the information is true and correct to the extent of my knowledge and ability. I confirmed the sustainability and relevance of the practice to the current school situation., thus, recommending it to Schools Division Office to include in the active list of Best Practices.

NAME & SIGNATURE
Public Schools District Supervisor
Date signed: _____