



Republic of the Philippines  
**Department of Education**  
 NATIONAL CAPITAL REGION  
 SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

**Office of the Schools Division  
 Superintendent**

OCT 20 2025

**MEMORANDUM**  
 No. 542, s. 2025

**CONDUCT OF THE 360° VALIDATION COMPONENT OF PROJECT S.H.A.P.E.**  
 (SCHOOL HEAD APPRENTICESHIP TOWARD PRIMING AND EMPOWERMENT)

To: OIC-Assistant Schools Division Superintendent  
 Chief Education Supervisor, Curriculum Implementation Division  
 OIC-Chief Education Supervisor, School Governance and Operations Division  
 SEF-TWG  
 Others Concerned

1. Aligned with DepEd Order No. 24, s. 2024, which establishes guidelines for the professional development and career advancement of educators, the Schools Division Office (SDO) of Muntinlupa has launched the aforementioned professional development program designed to prepare National Qualifying Examination for School Heads (NQESH) passers for the school leadership role.
2. We are pleased to announce the schedule and guidelines for the culminating component of the SHAPE Program—the 360° Validation, as follows:

SHAPER	School	Date and Time
1. Ms. Mary Jean Dalugdug	Itaas ES	October 24, 2025, 9:00 AM-11:00 AM
2. Mr. Edward Montojo	Muntinlupa NHS	October 24, 2025, 11:30 AM-2:30 PM
3. Ms. Zyra Trimidal	Poblacion NHS	October 24, 2025, 3:00 AM-5:00 PM
4. Mr. Arsenio Medenilla	Bayanan ES	October 25, 2025, 9:00 AM-11:00 AM
5. Ms. Gemini Guevarra	Sucat ES Main	October 24, 2025, 11:30 AM-2:30 PM

3. Below are the components of the validation process:

**Task Simulation:** SHAPERs will demonstrate their skills in a controlled, scenario-based environment.

**Peer Feedback:** SHAPERs will provide and receive structured feedback from their peers.

**Panel Interview:** SHAPERs will undergo an interview with the assigned validating team.



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4. The validation team is as follows:

**Chair** : **Lilia A. Ricero CESE**  
Assistant Schools Division Superintendent

**Members** : **Florante C. Marmeto**  
Chief Supervisor, CID  
**Ma Regale A. Olarte**  
OIC-Chief Supervisor, SGOD

**Secretariat:** **Ivy M. Romano**  
Senior Education Program Specialist, HRD


5. All validating team members are requested to:

- Review the assessment criteria and rating sheets before the activity.
- Be present at least 15 minutes before their scheduled assessment panels.
- Conduct assessments fairly, objectively, and consistently based on observed competencies.
- Complete and submit all rating sheets to the TWG immediately after each assessment session.

6. For your reference and use, the following documents are attached:

- Attachment A: Competency Validation Rating Sheet (Task Simulation)
- Attachment B: Competency Validation Rating Sheet (Panel Interview)
- Attachment C: Peer Feedback Form

7. Full cooperation and participation of everyone involved are expected to ensure the success of this crucial activity.

  
**VIOLETA M. GONZALES CESO VI**  
Assistant Schools Division Superintendent  
Officer-in-Charge  
Office of the Schools Division Superintendent

Encl: As stated  
To be indicated in the **Perpetual Index**  
Under the following subjects

**PROGRAMS, PROJECTS AND ACTIVITIES**

**SCHOOL HEAD**

**VMG/Memo** — Conduct of the 360° Validation Component of Project S.H.A.P.E.  
(School Head Apprenticeship Toward Priming And Empowerment)

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**Attachment A: Competency Validation Rating Sheet (Task Simulation)**

**SHAPER's Name:** \_\_\_\_\_ **Date of Simulation:** \_\_\_\_\_  
**Validating Mentor:** \_\_\_\_\_ **Simulation Scenario:** \_\_\_\_\_

**Instructions:** Please rate the SHAPER's performance based on their demonstration of the following competencies during the task simulation. Use the scale below and provide specific, observable examples for your comments.

**Rating Scale:**

- **5 - Exemplary:** Performance is exceptional, serves as a model for others.
- **4 - Proficient:** Performance is competent and effective.
- **3 - Developing:** Performance is acceptable but requires some improvement.
- **2 - Beginning:** Performance is inconsistent and requires significant development.
- **1 - Unsatisfactory:** Performance is unacceptable and fails to meet basic requirements.
- **N/A - Not Assessed:** Competency was not observable in this simulation.

Competency Area	Specific Behavioral Indicators	Rating (1-5)	Comments & Observable Examples
<b>Technical / Functional Skills</b>	<ul style="list-style-type: none"> <li>• Applies correct procedures and knowledge.</li> <li>• Uses tools, equipment, or software effectively.</li> <li>• Accuracy and quality of the output.</li> </ul>		
<b>Problem-Solving &amp; Analysis</b>	<ul style="list-style-type: none"> <li>• Identifies issues and root causes effectively.</li> <li>• Analyzes information before acting.</li> <li>• Generates and evaluates viable solutions.</li> <li>• Demonstrates logical decision-making.</li> </ul>		
<b>Planning &amp; Organization</b>	<ul style="list-style-type: none"> <li>• Manages time effectively during the task.</li> <li>• Prioritizes steps logically.</li> <li>• Utilizes resources efficiently.</li> </ul>		
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Seeks clarification if needed.</li> <li>• Communicates actions or findings clearly (if required by the scenario).</li> </ul>		
<b>Professionalism &amp; Composure</b>	<ul style="list-style-type: none"> <li>• Maintains focus and professionalism under pressure.</li> <li>• Adheres to safety and ethical guidelines.</li> </ul>		

**Overall Strengths:** \_\_\_\_\_  
**Key Areas for Development:** \_\_\_\_\_  
**Validating Mentor's Signature:** \_\_\_\_\_



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**Attachment B: Competency Validation Rating Sheet (Panel Interview)**

SHAPER's Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Panel Members: \_\_\_\_\_

**Instructions:** Please rate the SHAPER's competencies as demonstrated through their responses and demeanor during the panel interview. Provide comments to justify the score.

**Rating Scale:**

- 5 - Exemplary
- 4 - Proficient
- 3 - Developing
- 2 - Beginning
- 1 - Unsatisfactory

Competency Area	Key Assessment Questions	Rating (1-5)	Justifying Comments & Evidence
<b>Self-Awareness &amp; Learning Agility</b>	<ul style="list-style-type: none"> <li>• How well did he/she articulate their strengths and development areas?</li> <li>• Did he/she provide a specific example of learning from a mistake?</li> </ul>		
<b>Critical Thinking &amp; Problem-Solving</b>	<ul style="list-style-type: none"> <li>• Was their thought process logical and structured?</li> <li>• How did he/she handle hypothetical or scenario-based questions?</li> </ul>		
<b>Communication Skills</b>	<ul style="list-style-type: none"> <li>• Were responses clear, concise, and articulate?</li> <li>• Did he/she listen actively to the questions?</li> </ul>		
<b>Alignment with SHAPE Values &amp; Culture</b>	<ul style="list-style-type: none"> <li>• Did he/she examples reflect the organization's values?</li> <li>• How does he/she</li> </ul>		



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Competency Area	Key Assessment Questions	Rating (1-5)	Justifying Comments & Evidence
	view their role in a team and the wider mission?		
<b>Resilience &amp; Adaptability</b>	<ul style="list-style-type: none"><li>• How did he/she describe handling pressure or setbacks?</li><li>• Was there evidence of flexibility and a positive attitude?</li></ul>		
<b>Career &amp; Developmental Mindset</b>	<ul style="list-style-type: none"><li>• Were their career aspirations clear and realistic?</li><li>• Did he/she show initiative in their own development?</li></ul>		

**Overall Impression and Key Strengths:**

**Recommendations for Future Development:**

**Panel Consensus Score (if applicable):** \_\_\_\_\_

**Panel Member Signatures:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



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**Attachment C: Peer Feedback Form**

**Instructions:** This form is designed to provide constructive feedback to your peers. Your honest and respectful input is valuable for their growth. Please complete this form for each of your assigned peers.

**Name of Person Giving Feedback:** \_\_\_\_\_

(This will remain confidential from the peer but not from facilitators)

**Name of Peer Being Assessed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 1: Rating Scale**

Please rate your peer on the following behaviors as you have observed them during collaborative activities.

**(Scale: S - Strongly Agree, A - Agree, N - Neutral, D - Disagree, SD - Strongly Disagree)**

Behavioral Indicator	S	A	N	D	SD
Actively listens and considers others' ideas.					
Communicates clearly and effectively.					
Is reliable and completes their assigned tasks.					
Collaborates well and supports other team members.					
Maintains a positive and professional attitude.					
Contributes valuable insights during discussions.					

**Part 2: Qualitative Feedback**

Please provide specific, constructive comments.

**What are this peer's most significant strengths?** (Please provide at least one specific example)

\*

**What is one area where this peer could further develop?** (Please provide constructive and actionable feedback)

**Additional Comments or Appreciation:**

**Thank you for your thoughtful and professional feedback.**