



DEPARTMENT OF EDUCATION  
SCHOOLS DIVISION OF

**NEGROS ORIENTAL**

*Flourishing the Paths to Educational Excellence*



November 25, 2016

Division Memorandum

No. 724 s, 2016

**SUBMISSION OF UPDATED ALTERNATIVE DELIVERY MODE (ADM) PROGRAM PROFILE**

To : Asst. Schools Division Superintendents  
Chiefs, CID & SGOD  
Division Education Program Supervisors/Division Coordinators  
Public Schools District Supervisors/District Coordinators  
Public Elementary & Secondary School Heads  
All Others Concerned

1. Regional Memorandum No. 286, s. 2016 dated November 9, 2016 is asking the division offices to furnish them copies of Updated Alternative Delivery Mode Program Profile following templates that are attached in this memorandum.
2. PSDSs are to accomplish the report in *excel format*.
3. Deadline of submission is December 2, 2016.
4. For compliance.

For the Schools Division Superintendent:

  
ERLINDA N. CALUMPANG, Ed. D.

*CID Chief*  
*Office In-Charge*

25 NOV 2016

# ALTERNATIVE DELIVERY MODE PROGRAM PROFILE

Region: XVIII

ADM Implemented:

Division: Negros Oriental

School: \_\_\_\_\_

## OBJECTIVES OF THE IMPLEMENTATION

\_\_\_\_\_

## Highlights of Accomplishment

Milestones in the past years

Milestones achieved since program

Implementation

Status of the program as June 30, 2016

Reason for the status program

| Funding Year | Allotment Received | Funding Source | Expenditures | Disbursed | Unobligated Amount | Reason for Unobligated Amount |
|--------------|--------------------|----------------|--------------|-----------|--------------------|-------------------------------|
| Year 1       |                    |                |              |           |                    |                               |
| Year 2       |                    |                |              |           |                    |                               |
| Year 3       |                    |                |              |           |                    |                               |

| Year | Kind of Training | Sponsoring Agency | Attendees |
|------|------------------|-------------------|-----------|
|      |                  |                   |           |
|      |                  |                   |           |
|      |                  |                   |           |

| Title of Modules | Source of funding |
|------------------|-------------------|
|                  |                   |
|                  |                   |
|                  |                   |

| Name of Teachers Handling the Program | Work Status of Teachers (ex. Permanent, etc) | Compensation Received | Source of Compensation | Year Received | If compensation was stopped, give the year |
|---------------------------------------|--|-----------------------|------------------------|---------------|--|
|                                       |  |                       |                        |               |  |
|                                       |  |                       |                        |               |  |
|                                       |  |                       |                        |               |  |

Name of Focal Person: \_\_\_\_\_ Contact No. \_\_\_\_\_ Email Address: \_\_\_\_\_

District: \_\_\_\_\_ Name of District Supervisor: \_\_\_\_\_ Division: NEGROS ORIENTAL



School: \_\_\_\_\_ Position: \_\_\_\_\_

[illegible]

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PSDS

(Note: This can be done in Microsoft word format)