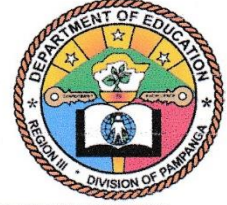




Department of Education
Region III
DIVISION OF PAMPANGA
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Division Memorandum No. 231, S. 2018

To : Assistant Schools Division Superintendents
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

From : **OFFICE OF THE SCHOOLS DIVISION SUPERINTENDENT**

Subject : Monthly General Program of Activities (GPOA) Evaluation Form for the Mobilization of Supreme Pupil Government (SPG) and Supreme Student Government (SSG) SY 2018-2019

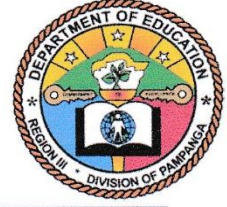
Date : June 11, 2018

1. Student empowerment and involvement embody the Department's vision to develop lifelong learners equipped with skills, values and competencies. The School Governance Operations Division (SGOD), through the Project Development Officers (Youth Formation Coordinators), establishes the mobilization of the Supreme Pupil Government (SPG) and Supreme Student Government (SSG) through the General Program of Activities for S.Y. 2018-2019 .
2. Monthly programs with the given themes and objectives shall be observed as guide in the implementation of the activities which will be executed every first week of the month headed by the SPG Officers in the Elementary Schools and SSG Officers in the Secondary Schools.
3. Attached is the Monthly General Program of Activities (GPOA) Evaluation Form. It must be accomplished by the SPG/SSG Advisers and shall be submitted to the **District Coordinators** and **Cluster Coordinators** for consolidation and submission to the Division Office-School Governance Operations Division (SGOD) every last Friday of the month in hard copy and soft copy (rewritable CDs), addressed to:

PAULA S. MENESES
Project Development Officer I
School Governance and Operations Division

4. Strict compliance and wide dissemination of this memorandum is earnestly desired.

LEONARDO D. ZAPANTA, Ed. D., CESO VI
Schools Division Superintendent



Monthly General Program of Activities (GPOA) Evaluation Form

Name of School: _____ Cluster/District: _____
Name of School Head: _____ School Classification (VS/S/M/L/XL): _____
Name of School Youth Coordinator: _____ Contact #: _____
Name of Cluster/District Coordinator: _____ Contact #: _____
Month: _____

Instruction: Provide brief and concise response to the following questions.

1. Did you meet the objectives set for the month?
2. Have you defined objectives other than the objectives provided in the General Program of Activities? If yes, please state below.
3. Describe the experience in the implementation of the monthly program. (e.g. Program Management, Participants, Venue, Date, Time, Materials and Equipment)
4. What significant learning have you gained in the implementation of the monthly program?
5. Do you have any suggestions and recommendations to improve similar program?

Attach the following means of verification (MOVs):

- Pictures
- Financial Report

Prepared by:

School Youth Coordinator

Noted by:

School Head