



Republika ng Pilipinas
Kagawaran ng Edukasyon
REHIYON V - BICOL
TANGGAPANG PANSANGAY NG CATANDUANES

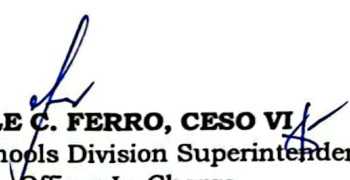
October 2, 2024

DIVISION MEMORANDUM
No. 489 s. 2024

CONDUCT OF LEARNING NEEDS ASSESSMENT FOR TEACHERS
RE: GABAY -ALALAY PROGRAM FOR TEACHERS
(Keeping One's Biophysical, Mental, Social, and Spiritual Life Healthy)

To: Assistant Schools Division Superintendent
Chief Education Supervisors, CID & SGOD
Education Program Supervisors
Public Schools District Supervisors
School Heads of Public Elementary and Secondary Schools
All Others Concerned

1. In accordance with section 2 of Republic Act 11036, the government commits itself to promote the well-being of people by ensuring that mental health is valued, promoted, protected, treated, prevented timely, affordable, high quality, culturally appropriate and made accessible to the public. Similarly, DepEd Order no. 14 s. 2020 and DM no. 74 s. 2021 underscored that prioritizing mental health services is imperative in both public and private schools.
2. Anchored on the legal bases outlined above, this office through the EPS- SGOD intends to offer a program to enhance the mental well-being of teachers. To ensure that the assistance provided will be meaningful, an assessment of teachers' needs will be conducted. Therefore, all elementary and secondary teachers are requested to accomplish the Training Needs Assessment questionnaire accessible through this link: https://bit.ly/LNA_GabayAlalay. The responses that will be generated from this TNA shall be handled with utmost confidentiality.
3. School heads are requested to monitor the accomplishment of questionnaire by the teachers which is expected to be completed on or before October 15, 2024.
4. Compliance to this memorandum is desired.


CECILE C. FERRO, CESO VI
Assistant Schools Division Superintendent
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Dear Teachers,

This questionnaire aims to gather information pertaining to your emotional intelligence, emotional health well-being and psycho-social support activities/training implementation in school. The results of this assessment will be utilized in the implementation of the Gabay-Alalay Program for teachers and non-teaching personnel. Your responses in this evaluation will be treated with the utmost confidentiality.

Thank you.

Instruction: The following information will be used as important variables significant to the study. Please fill in/check all the needed information.

PART I: Profile

Name: _____

1. Age:

21- 25 _____
26- 35 _____
36- 45 _____
21- 25 _____
26- 35 _____
36- 45 _____
46- 55 _____
46- 55 _____
56- 65 _____

2. Marital Status:

Single _____
Married _____
Separated _____
Widow/er _____

4. Number of Dependents:

5. Number of Children in School:

3. Teaching Position:

Teacher 1 _____
Teacher 2 _____
Teacher 3 _____
Master Teacher _____

6. Years in Service:

below 1 year _____
1-3 Years _____
4- 10 Years _____
10 years above _____

Instructions: For each statement below, decide which of the answers on the following scale best describes you by checking the appropriate column. Column headings are coded as:

- 5- Very good
- 4- Good
- 3- Acceptable/Ok
- 2- Could be better
- 1- Not very good

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II.

SELF-AWARENESS

Indicators	INDICATORS				
	Very Good 5	Good 4	Acceptable /Ok 3	Could be better/ Inconsistent 2	Not Very Good/ Never 1
1. Acting confidently when I have some relevant experience					
2. Making decisions without approval or support					
3. Evaluating when I am Close to the limit of my capabilities					
4. Sharing with others when I am close to the limit of my capabilities					
5. Managing how much pressure I put myself under					
6. Identifying when I am starting to fall under pressure.					
7. Being open about the emotional impact events may have had on me.					
8. Recognizing when my feelings will be impacting my judgment.					
9. Anticipating accurately my reaction to the event					
10. Admitting when my behavior has been unreasonable					

SELF-MANAGEMENT

Indicators	INDICATORS				
	Very Good 5	Good 4	Acceptable/ Ok 3	Could be better/ Inconsistent 2	Not Very Good/ Never 1
1. Maintaining a calm appearance when my situation becomes uncomfortable					
2. Making my actions match my words.					
3. Controlling any potentially emotional outburst					
4. staying openly committed to tasks I do not consider.					
5. Holding from expressing criticisms of others.					
6. Adjusting rapidly when the situation changes					

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7. Tackling obstacles and problems rather than simply complaining about them.					
8. Initiating action on tasks without needing to be asked					
9. Taking advantage of new opportunities in the workplace					
10. Considering all criticisms non-defensively.					

C. Emotional Health and Well-Being

Below are some statements about feelings and thoughts. For each statement below, decide which of the answers on the following scale best describes you by checking the appropriate column. Column headings are coded as:

- 5- Very Often
- 4- Fairly Often
- 3- Sometimes
- 2- Almost Never
- 1- Never

STRESS LEVEL

ITEMS	INDICATORS				
	Very Often	Fairly Often	Sometimes	Seldom	Never
1. In the last month, how often have you been upset because of something that happened unexpectedly?					
2. In the last month, how often have you felt that you were unable to control the important things in your life?					
3. In the last month, how often have you felt nervous and stressed?					
4. In the last month, how often have you felt confident about your ability to handle your problems?					
5. In the last month, how often have you felt that things were going your way?					
6. In the last month how often have you not coped with all the things					
7. In the last month, how often have you been able to control irritations in your life?					
8. In the last month, how often have you felt that you were on top of things?					
9. In the last month, how often have you been angered because of things that were outside of your control?					
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

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SUPPORT AT WORK

Instruction: This section inquires about giving and receiving support in the workplace. Please check the column that best describes your experience. Column headings are coded as:

- 5- Extremely
- 4- Quite A bit
- 3- Moderately
- 2- A little bit
- 1- Not At All

A.

Items	Extremely 5	Quite a Bit 4	Moderately 3	A little Bit 2	Not At All 1
1. How confident would you feel in helping a colleague who appears stressed or down?					
2. How confident would you feel in helping a student who appears stressed or down?					

B.

Items	Everyday 5	Once or twice a week 4	One or twice a month 3	When asked 2	Never 1
1. In the past months, how often have you provided emotional support to a depressed support?					
2. How confident would you feel in helping a student who appears stressed or down?					

C.

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Items	Everyday 5	Once or twice a week 4	One or twice a month 3	When asked 2	Never 1
1. In the past months, how often have you talked to a colleague because you were feeling stressed or down?					
2. How often have you wanted to talk to a colleague because you were feeling stressed or down but have not felt able?					

D. Please rate how much you agree with the following statements;

Items	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Our school cares about staff well-being.				
2. Our school cares about students' well-being.				
3. Teachers and students generally have good relationships in this school.				
4. Staff have good relationships with each other in this school.				

1. Have you ever attended a Psycho-Social Support Activity/training?

2. If yes, please give the title of the activity or the training.

Thank you for your cooperation.

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