



Republic of the Philippines
Department of Education
Region V (Bicol)
DIVISION OF CATANDUANES
Virac, Catanduanes



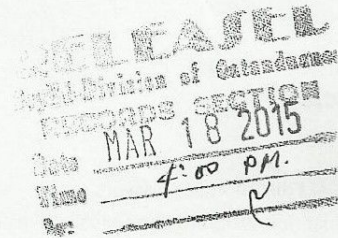
March 18, 2015

DIVISION MEMORANDUM

No. 34, s. 2015


2015 PRINCIPAL'S TEST

To: Chief Education Supervisors
Education Program Supervisors/Division Coordinators
Public Schools District Supervisors
Elementary and Secondary School Heads/TIC's
All Other Concerned



1. With reference to DepEd Memorandum No. 18, s. 2015 and Advisory from DepED- ROV dated March 13, 2015, the Department of Education through the National Educators Academy of the Philippines (NEAP) shall administer the 2015 Principal's Test on **June 21, 2015**. The examination shall serve as mechanism for selecting competent school heads in the public education sector.
2. The 2015 Principals' Test is open to all aspirants for Principal I position as required under DepEd Order No. 97, s. 2011 entitled *Revised Guidelines on the allocation and Reclassification of School Heads Positions*.
3. The following are the criteria in evaluating the qualifications and eligibility of the applicants who will take the test:
 - a. Experience of at least any of the following: one year as head teacher, two years as teacher-in-charge, two years as master teacher, or five years as teacher III (with attachments-service record or TIC designation);
 - b. Forty hours of relevant trainings (with attachments) certified by the Schools Division Office;
 - c. A performance rating of Very Satisfactory (VS) for the last two years (with attachments), certified by the Schools Division Office; and
 - d. Certification of no pending administrative case.
4. The test shall be held simultaneously in all identified regional testing centers in all regions with a time allocation of four hours starting from 8:00 a.m. to 12:00 noon, will cover the following topics anchored on DepEd Order No. 32, s. 2010 entitled *National Adoption and Implementation of the National Competency-Based Standards for School Heads and Enhanced Basic Education Program*:
 - a. School Leadership;
 - b. Instructional Leadership;
 - c. Creating Student-Centered Learning Climate;
 - d. Human Resource Management and Professional Development;
 - e. Parent Involvement & Community Leadership;
 - f. School Management and Operations;
 - g. Personal and Professional Attributes and Interpersonal Effectiveness; and
 - h. 21st Century Managerial and Leadership Skills.
5. The following are the guidelines in the filing and processing of application forms:
 - a. All aspirants shall secure a copy of the application form from their respective school heads or download from http://www.deped.gov.ph/sites/default/files/memo/2015/DM_s2015_018.pdf and shall file the duly accomplished form together with supporting documents at the Schools Division Office.
 - b. The Schools Division Office shall be responsible in evaluating and processing the application forms to determine the qualifications and eligibility of the applicants;
 - c. A registration fee of Five Hundred Pesos (P500.00) shall be collected by the cashier or any official collecting officer in the Schools Division Office. Each examinee shall be issued a corresponding official receipt by the collecting officer.
 - d. The last day for filing will be on **March 31, 2015**. There shall be **NO** extension in the deadline of filing of application forms.
6. Immediate dissemination of this memorandum is desired.

By Authority of the Schools Division Superintendent:


EVA S. TOLENTINO
Administrative Officer V
Officer-In-Charge

To be indicated in the Perpetual Index under the following subjects:

EXAMINATIONS OFFICIALS TESTS
QUALIFICATIONS PROMOTIONS WORKSHOPS

(Enclosure to DepEd Memorandum No. 18, s. 2015)

This form is not for sale. Reproduction is allowed. Please print in legal size paper (8.5" x 14").



Department of Education
National Educators Academy of the Philippines
APPLICATION FOR PRINCIPAL'S TEST

REGION	DIVISION	APPLICANT NUMBER

2 x 2 picture
(with signature at the back)

INSTRUCTIONS:

Please read the application requirements in the attached DepEd Memo. **DO NOT APPLY IF NOT QUALIFIED.**
Write legibly using black ink. All applications must be filed personally by the applicant.
If submitted information was proven inaccurate or falsified, applicant is automatically disqualified to take the exam.

NAME (Surname)		(First Name)		(Middle Name)	
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Others		
PERMANENT ADDRESS:					
MOBILE NUMBER		TELEPHONE NUMBER		EMAIL ADDRESS	
DepEd Employee Number		CURRENT POSITION		NAME OF SCHOOL AND ADDRESS	
EXPERIENCE					
Must meet any of the following:					
<input type="checkbox"/> Head Teacher (at least 1 year)	Inclusive Dates	Number of Years	Name of School and Address		
<input type="checkbox"/> Teacher-In-Charge (at least 2 years)					
<input type="checkbox"/> Master Teacher (at least 2 years)					
<input type="checkbox"/> Teacher III (at least 5 years)					
RELEVANT TRAININGS ATTENDED <i>(Use separate sheet if necessary)</i>					
Inclusive Dates	Number of Hours	Organizer			
1.					
2.					
3.					
PERFORMANCE					
Rating Period (mm/yyyy – mm/yyyy)	Evaluator's Name		Rating Received		
1.			<input type="checkbox"/> Outstanding <input type="checkbox"/> Very Satisfactory		
2.			<input type="checkbox"/> Outstanding <input type="checkbox"/> Very Satisfactory		

I hereby declare that the information provided in this form is true and correct to the best of my knowledge and belief.

Signature over Printed Name of Applicant

Date Accomplished

THIS PORTION IS FOR THE EVALUATOR AT THE SCHOOLS DIVISION OFFICE.

Paid Registration Fee (attach official receipt in the Exam Permit)

ACTION TAKEN:

Approved Disapproved

REASON: _____

SIGNATURE OF EVALUATOR
OVER PRINTED NAME AND POSITION

-----CUT THIS PORTION-----



Department of Education
National Educators Academy of the Philippines
Principal's Test
EXAM PERMIT

2 x 2 picture
(with signature at the back)

NAME (Surname)		(First Name)		(Middle Name)	

REGION	DIVISION	APPLICANT NUMBER

BRING THE FOLLOWING ON EXAM DAY

- | | |
|--|--------------------------|
| 1. This Exam Permit with attached official receipt | 3. Valid DepEd issued ID |
| 2. Lead pencil/s No. 1 or 2 and eraser | |