**NOMINATION FORM 2 SCHOOL CATEGORY**

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| **School Category:** | |
| **THE NOMINEE** | |
| **School:** | |
| **School/Office Address:** | |
| **District:** | **SDO:** |
| **Telephone Number:** | **DepEd Email Address:** |
| **SCHOOL HEAD** | |
| **Name:** | **Sex:** |
| **Designation:** | |
| **Telephone/Mobile No:** | |
| **Deped Email Address:** | |
| **NOMINATOR** | |
| **Name:** | **Position:** |
| **Office:** | **Telephone/Mobile No.:** |
| **Office Address:** | **Email Address:** |
| **ADDITIONAL INFORMATION ABOUT THE NOMINEE** | |
| Was your school a previous Gawad Patnugot Nominee? *Yes No* If yes, what year?\_\_\_\_  What award category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Was your school a previous Gawad Patnugot Semi-finalist? *Yes No* If yes, what year? \_\_\_\_\_\_\_\_\_\_  What award category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was your school a previous Gawad Patnugot Winner? *Yes No* If yes, *w*hat year? \_\_\_\_\_\_\_  What award category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Name of School:** | |  | |
| **Schools Division Office:** | | |  |
| **Category:** |  | | |

**NOMINATION WRITE-UP***(Maximum of 10 pages, A4 size bond paper, Bookman Old Style #11 font, including executive summary)*

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| **I. Executive Summary** (Description of why the school is deserving of the award in not more than 150 words which includes the implementation of the BE LCP) |
| **II. Significant Accomplishment/s within the year (SY 2020-2021 and or FY 2020)**  (Description of the Program/ Project/Work Accomplished/Innovation done that have significantly impacted the performance of the learner/ school / school community/district/division or region with relevance to the current situation. Indicate problems addressed, people/office benefited, and transactions facilitated. Indicate that the accomplishments are part of the nominee’s regular functions/mandated or the product of his/her initiative.  Justify why the accomplishments are considered exemplary or extraordinary.)  The following are the criteria to observe:   1. **Outstanding Contribution or Innovation**- Scope and magnitude of how unique and original the contribution or innovation that has brought significant impact to education. (Include a certification that the contribution and innovation is original and  within the function)  * scope  (discuss the coverage of the contribution or innovation) * beneficiaries (discuss how many have benefited from the contribution or innovation) |

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| 1. **Reliability of Contribution or Innovation** – The results/outcomes of the contribution or innovation.  * percentage of increase in performance (should have basis or supporting docs for stage 2 validation) * annotation(descriptions, explanations on the reliability of contribution or innovation) |
| **III. Awards** (List or mention Major Awards/Citations Received by the school in connection to the award. No need to attach photocopies of certificates.) |

**CERTIFICATION**

We attest to all facts contained herein and authorize the use of these information for publication. We understand that the Regional PRAISE Committee will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable CSC laws and rules.

PRINTED NAME AND SIGNATURE

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SCHOOL PRINCIPAL DIVISION PRAISE COMMITTEE CHAIR

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DIVISION HRMO DIVISION OFFICE HEAD