**POLICY FEEDBACK FORM**

The purpose of this Policy Review Form is to guide the region’s program lead and focal persons in reviewing and developing a policy document and to ensure alignment with the national policies. This will guide the Policy, Planning and Research Division (PPRD) in gathering feedback on policy implementation. Once completed by the policy feedback committee, this form should accompany the final draft of the policy document along the approval pathway.

**Direction 1:** Write/check the necessary information to this policy document information

|  |  |
| --- | --- |
| **POLICY DOCUMENT INFORMATION** | |
| **Title of the Policy** |  |
| **Official date signed by authorized official**  *(for review of existing policy only)* | Click or tap to enter a date. |
| **DepEd Order number and Control number with Series (s.) of year disseminated**  *(for review of existing policy only)* |  |
| **Affected Stakeholders**  *Primary groups that need to know and/or follow this policy* |  |
| **Policy document category**  See bit.ly/PolicyFeedbackDefinition | |  |  |  | | --- | --- | --- | | Academic | Governance | Operational | |
| **Policy document type** See bit.ly/PolicyFeedbackDefinition | |  |  |  | | --- | --- | --- | | Policy | Procedure | Guidelines | | Framework | Plan | Local Protocol | |
| **Process Owner/Responsible Office** | Choose an item. |
| **Inclusive Date of Policy Review** | from Click or tap to enter a date. to Click or tap to enter a date. |

| **FEEDBACK ON THE NEW POLICY** | |
| --- | --- |
| **Policy Issues/gaps** *(Please check box)* | **Comments** |
| The previous policy is no longer  followed |  |
| The previous policy is no longer  effective or have the desired  impact/purpose/outcomes |  |
| New issues have arisen that mandate the policy to be amended |  |
| ☐ Changes to the mother policy make  the existing policy redundant or  non-compliant |  |
| ☐ There is a need to review the  mother policy |  |

**Direction 2: Kindly write your feedback using the template below. Write N/A if you have no comments and suggestions.**

|  |  |  |
| --- | --- | --- |
| **Parts of the Policy** | **Comments** | **Specific suggestions or changes to the policy** |
| 1. Title |  |  |
| 1. Policy Cover/Paragraph Number |  |  |
| 1. Background/Rationale |  |  |
| * 1. Contextual analysis |  |  |
| * 1. Statement of the policy gap |  |  |
| * 1. Reasons or purpose |  |  |
| 1. Scope |  |  |
| 1. Definition of Terms |  |  |
| 1. Policy Statement |  |  |
| 1. Procedures |  |  |
| 1. Actors and implementers together with their roles and responsibilities |  |  |
| 1. Monitoring and Evaluation |  |  |
| 1. References |  |  |
| 1. Effectivity/transitory provisions |  |  |

**POLICY FEEDBACK COMMITTEE**

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Assistant Regional Director

Lead Reviewer

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| --- | --- |
|  |  |
| Functional Division Chief | Position |
| Program Lead | Program Focal Person |
|  |  |
| Schools Division Superintendent |  |
| Internal Stakeholder |  |

Approved:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Regional Director