**FORM A1- APPLICATION FOR CURRICULUM EVALUATION/REVIEW**

**(for the Establishment of Schools and/or Special Programs)**

|  |  |  |
| --- | --- | --- |
| **Requesting School** | **:** |  |
| **Schools Division Office** | **:** |  |
| **Name of Requesting Party** | **:** |  |
| **Position/Designation** | **:** |  |
| **Address** | **:** |  |
| **Contact Number** | **:** |  |
| **Email Address** | **:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode of Request** | **:** | Printed |  |  |  | Email |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type of School** | **:** | Public |  |  |  | Private |  |  |  | SUC/LUC |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Offering/Establishment of** | **:** | SPED |  |  |  | IPED |  |  |  | Special Science |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | SPA |  |  |  | SPS |  |  |  | TechVoc |  |  |

**I. Documentary Requirements**

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| --- | --- | --- |
|  | 1. | Letter of Request Addressed to the Regional Director (Attention: Chief of |
|  |  | the Curriculum and Learning Management Division) |
|  | 2. | Indorsement from the Schools Division Superintendent |
|  | 3. | Curriculum Guide/s |
|  | 4. | Class Program |
|  | 5. | Executive Curriculum Matrix/Summary |

**II. Standards**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Evident** | **Not Evident** | **Remarks** |
| 1. The curriculum guide presents clear curricular descriptions, and performance and content standards as per DepEd Order No. 21, s. 2019 and other existing guidelines as minimum standards. |  |  |  |
| 1. The target learning topics and/or competencies/contents are clearly indicated in the curriculum guide/s. |  |  |  |
| 1. The minimum required number of hours per week is reflected in the class program. |  |  |  |
| 1. The executive curriculum matrix or summary presents clear curriculum design and approaches in line with Republic Act 10533. |  |  |  |

**III. Findings**

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**IV. Remarks and/or Recommendations**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved | : |  |  | Disapproved | : |  |  |
|  |  |  |  |  |  |  |  |
| Without Action | : |  |  | Referred To | : |  | |

|  |  |  |
| --- | --- | --- |
| **Documents Processed by** | : |  |
|  |  | (signature above printed name) |
| **Position/Designation** | : |  |
|  |  |  |
| **Date** | : |  |

|  |  |  |
| --- | --- | --- |
| **Approved by** | : |  |
|  |  | Chief  Curriculum and Learning Management Division |