**Checklist for APPLICATION of a School**

**Implementing Special Science CUrricula**

*Enriched Curriculum (SPECIAL SCIENCE CURRICULA)*

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***R E Q U I R E M E N T S*** | **or ** | ***REMARKS*** | | | |
|  | ***Document Evaluation*** | | ***Ocular Inspection*** | |
| 1. **Endorsement of Schools Division Superintendent** |  |  | |  | |
| 1. **Letter of Intent** |  |  | |  | |
| 1. **Academic Personnel** | | | | | |
| * 1. Qualifications (based on PRC-LET rating or Transcript of Records) |  |  | |  | |
| * 1. Relevant trainings attended by teachers |  |  | |  | |
| * 1. Teaching loads |  |  | |  | |
| 1. **Curriculum Requirements** | | | | | |
| 1. Class programs |  |  | |  | |
| 1. Curriculum matrix |  |  | |  | |
| 1. **Report on NAT Results for the last three (3) years** |  | S.Y. \_\_\_\_\_\_\_\_\_\_\_\_\_ | S.Y. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | S.Y. \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |  |
| 1. **Records of Participations to International/National/Regional/** |  |  | |  | |

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| **Division Mathematics and Science Competitions** |  |  |  |
| 1. **Enrolment** |  |  |  |
| 1. **Facilities (Additional to the required facilities of the Basic Education Curriculum)** | | | |
| * 1. Science Laboratories, Equipment, Tools and Materials   1. General Science  2. Biology  3. Chemistry  4. Physics |  |  |  |
| * 1. Learners’Resource Centers (LRC)   1. Science LRC  2. Math LRC |  |  |  |
| * 1. Science Garden |  |  |  |
| * 1. ICT Room/ On-line Library |  |  |  |
| * 1. Others |  |  |  |
| 1. **Copy of Memorandum/Memoranda of Agreement/Memorandum of Understanding for partnership with stakeholders supporting the program (**optional for private schools**). These may include:** | | | |
| 1. Engagement of stakeholders in the localization of the curriculum |  |  |  |
| 1. Provision of facilities and workshops |  |  |  |
| c. Sponsorship of scholarships and related assistance to students and program activities |  |  |  |
| 1. **Copy of Board Resolution approving the offering of the curriculum (**for private schools only**)** | | | |

**List of Needed Documents from Previous Year’s Validation:**

**Remarks:**

Recommended for Approval

With Deficiencies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Processed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regional Evaluator, CLMD Regional Evaluator, QAD**

(signature over printed name and designation) (signature over printed name and designation)

**Date of Ocular Inspection:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended Action:

\_\_\_\_\_ Issuance of Permit

\_\_\_\_\_ Defer the Issuance of Permit upon completion of the Program

requirements

**Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Conforme:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature over printed name) (signature over printed name) (signature over printed name)

**Noted:**

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**Chief, QAD Chief, CLMD**

(signature over printed name) (signature over printed name)