**NEEDS ASSESSMENT REPORT FORM**

**DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **PERFORMANCE INDICATOR** | **PRIORITY NEEDS** | | **TA PROVIDER** | | | **REMARKS** |
| **URGENT** | **NOT URGENT** | **RO** | | **DO** |  |
| 1. Provision of Equitable ACCESS |  |  |  | |  |  |
| 2. Quality and Relevance |  |  |  | |  |  |
| 3. Management of Educational Service |  |  |  | |  |  |
| 4. Others |  |  |  | |  |  |
| **Assessed:**  *(FTAD EPS)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name/Date | | | | **Reviewed and Noted:**  *(Chief, FTAD)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name/Date | | |