



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DE ORO



**Office of the Schools Division
Superintendent**

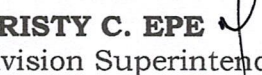
January 16, 2024

DIVISION MEMORANDUM
CID-2024-075

**MONTHLY SUBMISSION OF AFTER-ACTIVITY REPORTS IN EVERY DISTRICT
ALS OFFICES IN DAVAO DE ORO DIVISION**

To: Public Schools District Supervisors
District Coordinating Principal
School Principal
Division ALS Focal Person
Education Program Specialists II
District ALS Coordinators/ ALS Teachers

1. In a concerted effort to enhance the monitoring and evaluation of Alternative Learning System (ALS) activities across all districts, this directive mandates all District ALS Coordinators and ALS Teachers to submit a comprehensive monthly After-Activity Report for each school district. This imperative measure is designed to facilitate the timely and accurate gathering of pertinent information at the division level, ensuring a robust overview of the accomplishments within the ALS framework.
2. This also aims to acknowledge the efforts and initiatives of the District ALS Offices in creating avenue for the learners to be exposed in community service, job opportunities, capacity building, and personal development.
3. Deadline of Submission will fall on every last Thursday of the month.
4. The Education Program Specialist II for ALS will consolidate the reports every last Friday of the month and submit the report to the Division ALS Focal Person.
5. All reports must be uploaded to MS OneDrive link sent through the group chat created. Attached in the Annex A is the format of the After Activity Report or access the format through this link <http://tinyurl.com/AfterActivityReportFormat>.
6. Strict compliance on this memorandum is directed.


CRISTY C. EPE
Schools Division Superintendent

Encl.: As stated
Reference:
FN: ALS-NUMBERED



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Annex A: After-Activity Report Format



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ALTERNATIVE LEARNING SYSTEM
 AFTER - ACTIVITY REPORT SY 2023-2024

Date Prepared:
Title of the Activity:
Dates and Venues:
Hosted/Conducted by:
No. of Day(s):
No. of Participants: **Male:** _____ **Female:** _____


I. Narrative Report
II. Documentation
III. Annexes
 - Such as Attendance Sheets, Program, Tarpaulin Lay-out,
 Activity Design, communication letter, and etc

Prepared by: _____ **Reviewed by:** _____

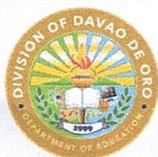
Name and Signature **Name and Signature**
Designation **District ALS Coordinator**

Approved by: _____ **Noted by:** _____

Name and Signature **Name and Signature**
School Principal **PSDS/DCP**



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