



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

May 16, 2022

REGIONAL MEMORANDUM

No. **458**, s. 2022

SUBMISSION OF UPDATED COMPLETE LIST OF SCHOOLS' SCHOOL-BASED MANAGEMENT(SBM) LEVEL OF PRACTICE

To: Schools Division Superintendents
All Others Concerned

1. In line with the goal of improving the SBM Level of Practice among schools through the provision of Technical Assistance, this Office, through the Field Technical Assistance Division (FTAD) shall upgrade the database profile on Schools' SBM level of practice either through Self-Assessment, Division, and/or Regional Validated, which will be the bases in prioritizing Technical Assistance provision.

2. Relative to this, Schools Division Superintendents through their SBM Coordinators, are hereby advised to submit the updated complete list of Schools by District with their latest SBM level of practice using the attached format in Google Sheet (Link: https://docs.google.com/spreadsheets/d/1E3cNMeY5SomZ2VtukKgeMobvTP8ISH4J82Vl_rXF5eWw/edit#gid=0) and a copy of the report approved by the Schools Division Superintendent shall be submitted on or before May 30, 2022 through ftad.region8@deped.gov.ph.

3. Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO, CESO IV
Regional Director

Enclosures: As stated

References: FTAD AIP

To be indicated in the Perpetual Index under the following subjects:

REPORT SBM SCHOOLS DIVISION

FTAD-REN



Enclosure to Regional Memorandum No. _____

UPDATED LIST OF SCHOOLS' SBM LEVEL OF PRACTICE

Division: _____ **District:** _____ **Date:** _____

Elementary: No. of Schools: _____ **No. of SBM Level 1:** _____ **Level 2:** _____ **Level 3:** _____

No.	Name of School	Self-Validated(√)	Division Validated(√)	Regional Validated(√)	SBM Level of Practice(1-3)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Secondary: No. of Schools: _____ **No. of SBM Level 1:** _____ **Level 2:** _____ **Level 3:** _____

No.	Name of School	Self-Validated(√)	Division Validated(√)	Regional Validated(√)	SBM Level of Practice(1-3)
1.					
2.					
3.					
4.					

Prepared by:

SBM Coordinator

NOTED:

SGOD Chief

APPROVED:

Schools Division Superintendent