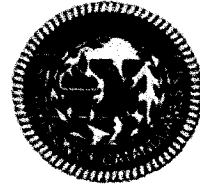




Republic of the Philippines
Department of Education
Region V(Bicol)


SCHOOLS DIVISION OF CATANDUANES
Virac, Catanduanes

Email Add: catanduanes@deped.gov.ph/catanduanesdiv15@gmail.com
Website: www.depedrovcatanduanes.com Tel No.: (052)811-40-63




MEMORANDUM

TO: Public Schools District Supervisors
Elementary/Secondary School Heads
Designated School ICT Coordinators

FROM: 
SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent

SUBJECT: PROFILE OF DESIGNATED SCHOOL ICT COORDINATORS

DATE: October 19, 2016

RELEASED
Schools Division Office of Catanduanes
RECORDS SECTION
Date: OCT 20 2016
Time: 9:45 AM
By: 

In connection with the conduct of ICT Literacy Trainer's Training-Workshop for School ICT Coordinators (Nov. 21-23, 2016-Batch 1; December 1-3, 2016-Batch 2; December 5-7, 2016-Batch 3), participants are advised to accomplish the attached School ICT Profile as one of the basis in his/her designation as School ICT Coordinator. Submit the said form on **October 28, 2016** at SDO-IT section c/o Jennifer B. Metica-ITO-I or via email (jennifer.metica@deped.gov.ph).

Please bring also the following during the training:

1. Designation as School ICT Coordinator signed by the SDS;
2. Laptops with Windows 10(OS) and MSOffice Applications versions 2013 and above installed; and
3. Pocket Wifi(Globe/Smart/Sun)

For queries, just visit at the *Schools Division Office-IT Section c/o Ms. Jennifer B. Metica - Information Technology Officer I.*

For information, guidance and compliance.



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RELEASED

DepEd-Division Office of Catanduanes
RECORDS SECTION

Date OCT 20 2016

Time 9:45 AM

By [Signature]

School ICT Coordinator Profile

Name: _____

School: _____

School ID: _____

District: _____

DepEd E-mail Account: _____

Updated Contact No.: _____

Contact No. of School Head: _____

Position: _____

Subjects Taught: _____

Years in Teaching: 8

Course Graduated: _____

Major: _____

Minor: _____

Trainings Attended for the Last Five Years Related to ICT

Title of Training/Seminar/Workshop Attended	Inclusive Dates		No. of Hours	Conducted/Sponsored by
	from	to		

National Certificates (NC)

Title of Certification/Qualification	Date Acquired	Expiration Date

Submitted by: _____

School Head/Principal