**Re-Entry Action Plan (REAP) Proposal**

1. **Project Context**

|  |  |
| --- | --- |
| **Title of PROGRAM/ACTIVITY/PROJECT Attended**  |  |
| **Name of District/Functional Division**  |  |
| **Name of District Supervisor/Functional Division Head/Chief**  |  |
| **Name of School/Section/Unit** |  |
| **Key changes in my workplace as a result of this project***What key changes do you want to see in your workplace as a result of your having attended the said PAPs? What are your specific, verifiable indicators of these changes?* |  |
| **Target Competency Improvement***What competency/ies will be developed or improved through your proposal? Identify maximum of three (3).* |  |
| **Describe current situation (problem or opportunity) in your school that you need to address through your proposal***Give specific, quantifiable, observable details. For example, number of non-readers in Grade 2 or, number of teachers that need training by a certain period or, timely utilization of MOOE* |  |
| **Title of Application Project** |  |
| **Nature of the Project** *(Research, L&D, Innovation, Dev’t. Project, etc.)* |  |
| **PROJECT OBJECTIVE/S: SMART – Specific, measurable, attainable, result-oriented, and with time-frame** | To: |
| **Start Date** |  |
| **Length of Project***The project should be completed within 3 to 6 months* |  |
| **Expected Outputs** |  |
| **Beneficiary/ies**  |  |
| **Identify Success Indicators or measures of success** | *This project will be a success when the following indicators have been achieved and verified through unbiased means (maximum of three (3)):* |

1. **Action Steps**

*Identify significant Milestone targets that could be achieved by the end of 30 days and every 30 days thereafter. Milestones are (a) significant changes achieved; and/or, (b) major steps taken towards achieving the desired improvement in your school*

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| --- | --- | --- | --- | --- |
| **Target Milestone** | **Actions** | **Responsible Person** *Who will do this step?* | **Support Needed from:** | **Target Date***When will this step be accomplished?* |
| **Milestone 1** | Action Step 1 |  |  |  |
|  | Action Step 2 |  |  |  |
|  | Action Step 3 |  |  |  |
|  | Etc., |  |  |  |
| **Milestone 2** | Action Step 1 |  |  |  |
|  |  |  |  |  |
| **Milestone 3** | Action Step 1 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Etc.** |  |  |  |  |

*\*add rows if needed*

1. **Required Resources**

*Provide specific details of the physical and human resources required to successfully implement your Application Project*

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| --- | --- | --- | --- |
| **Milestone** (must be same with letter B) | **Resources Needed** | **Budget** | **Approvals Needed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*add rows if needed*

1. **Risk Management Plan**

*All projects are exposed to risk. Risks are unpredictable events that might or might not happen, and endanger the achievement of your project objectives. You should therefore know what risks prioritize and what to do when the risk happens.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestone** (must be same with letter B) | **Likely Risk** | **Impact on Project if Risk Happens** | **Specific Action to prevent risk** | **If risk happens, specific action to soften impact of risk** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*add rows if needed*

1. **Monitoring and Evaluation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Objective Statement** | **Indicators**(What will be measured?) | **methods/ Tools**(What methods/tools will be used to collect data?)( | **Data Sources**(Who and/or what documents will provide data or evidence on the indicators?) | **Schedule of M and E**(When will M and E activities be undertaken?) | **Persons/s Responsible**(Who will be accountable for ensuring that M and E activities are done?) | **Support Needed**(What resources are needed to implement M and E activities?) | **User/s of M and E Data**(Who will use the data gathered**?)** | **Communication/Reporting Strategy** |
| **Outcome** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **OUTPUT 1** |  |  |  |  |  |  |  |  |  |
| Activity 1 |  |  |  |  |  |  |  |  |  |
| **OUTPUT 2** |  |  |  |  |  |  |  |  |  |
| Activity 1 |  |  |  |  |  |  |  |  |  |
| **OUTPUT 2** |  |  |  |  |  |  |  |  |  |
| Activity 1 |  |  |  |  |  |  |  |  |  |

*\*add rows if needed*

1. **Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Printed Name, Position* | *Signature* | *Date* |
| Prepared by: (the proponent) |  |  |  |
| Checked and Reviewed by: | **FLORENCE F. ESPARRAGO**HT V/OIC SEPS-HRD |  |  |
|  |  |  |
| **ROMULO S. ANCHETA PhD***SGOD Chief* |  |  |
|  |  |  |
| **MARICEL S. FRANCO PhD, CESE***CID Chief* |  |  |
| Recommending Approval: | **ADONIS C. CEPEREZ EdD, CESE***Assistant Schools Division Superintendent* |  |  |
| Approved by: | **ORLANDO E. MANUEL PhD, CESO V***Schools Division Superintendent* |  |  |

**Re-Entry Action Plan (REAP) Completion Form**

|  |  |
| --- | --- |
| **TITLE** |  |
| **DATE/S, VENUE** |  |
| **OBJECTIVES** |  |
| **PARTICIPANTS** |  |
| **SOURCE/S OF FUND/S** |  |
| **TOTAL ALLOCATED AMOUNT** |  |
| **TOTAL AMOUNT SPENT** |  |
| **PROPONENT** |  |
| **OTHER RESOURCES USED** | Man: |
| Materials: |
| **CONSULTANTS** *(If any)* |  |
| **REFERENCES** |  |
| **OVERALL REMARKS AND ISSUES ENCOUNTERED** *(Max. of 2 paragraphs, 5 sentences each)* |  |
| **ATTACHMENTS** *(accomplish all applicable)* | * Approved REAP Proposal
* Pertinent Documents based on proposed REAP: L&D, Research, Innovation, Dev’t. Project, Partnership, etc.
* Duly Signed Registration Form and/or Attendance Sheet
* QAME Result with the Analyses
* Memorandum
* Receiving Copy of Certificates Awarded (duly signed by the participants)
* Documentation (max. of 5 captioned pictures)
* *Others (Program, Invitation, Communication letters, etc.*
 |

**Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Printed Name, Position* | *Signature* | *Date* |
| Prepared by: (the proponent) |  |  |  |
| Checked and Reviewed by: | **FLORENCE F. ESPARRAGO**HT V/OIC SEPS-HRD |  |  |
|  |  |  |
| **ROMULO S. ANCHETA PhD***SGOD Chief* |  |  |
|  |  |  |
| **MARICEL S. FRANCO PhD, CESE***CID Chief* |  |  |
| Recommending Approval: | **ADONIS C. CEPEREZ EdD, CESE***Assistant Schools Division Superintendent* |  |  |
| Approved by: | **ORLANDO E. MANUEL PhD, CESO V***Schools Division Superintendent* |  |  |

**IMPORTANT:**

The REAP proposal must be:

* in an A4 clear folder, *Book Old Style* font for the document
* with transmittal letter addressed to the SDS

The completion/terminal report must be:

* well-packaged, in **RED** ring bound, A4, *Book Old Style* font for the document
* properly labeled with ear tabs
* with transmittal letter addressed to the SDS