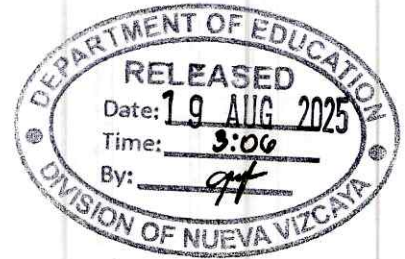




Republic of the Philippines
Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF NUEVA VIZCAYA



August 19, 2025

DIVISION MEMORANDUM

No. **391**, s. 2025

**EVALUATION AND VALIDATION OF ELIGIBILITY OF THE BATCH 1
CANDIDATES FOR THE NATIONAL ASSESSMENT FOR SCHOOL HEADS
FOR FY 2025**

To: Assistant Schools Division Superintendent
Chief Education Program Supervisor, SGOD
Chief Education Program Supervisor, CID
Education Program Supervisors
Public Schools District Supervisors/District-In-Charge
Elementary and Secondary School Heads
All Others Concerned

1. Relevant to DepEd Memorandum No. 069, s.2025 titled "*Administration of the National Assessment for School Heads for Fiscal Year 2025*", this office would like to inform the field on the Evaluation and Validation of Documents of applicants for the National Assessment for School Heads for SY 2025 (NASH) Batch 1 to determine their eligibility to join the assessment.

2. Anent this, all applicants pre-listed based on DepEd Memorandum No. 069, s. 2025 and **applicants who are interested to take the NASH** are advised to submit the following documents until **August 22, 2025 at 12:00PM** for the initial evaluation.

- a. Accomplished Registration Form (*see attached document*)
- b. **Photocopy** of the approved Individual Performance Commitment and Rating Form (IPCRF) with a rating of at least Very Satisfactory in the last two (2) consecutive rating periods duly certified by the authorized personnel in the SDO;
- c. **Original** copy of Service Record duly certified by the Administrative Officer V of the Schools Division Office;
- d. **Photocopy** of the Transcript of Records or Diploma certifying the attainment of relevant master's degree;
- e. **Two (2) pieces of passport size picture** with name tag taken within the last six (6) months with the signature of the applicant at the back.


For applicants who are acting as School Heads, the following documents are also required:

- a. **Photocopy** of Office Performance Commitment and Rating Form (OPCRF); and



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Cellphone No: • +63 962 681 4945 • +63 992 035 2123
Email Address: nuevavizcaya@deped.gov.ph
Website: <https://sdonuevavizcaya.com/>

- b. **Photocopy** of Designation of Special Order as School Head or TIC/OIC of a public school duly signed by the Schools Division Superintendent.
4. Other eligible takers of FY 2025 NASH, who met all the parameters in Item No. 7 of DepEd Memorandum 069, s.2025 but are **not included in the list**, may submit the required documents as provided in item 2 of this memorandum. It should be noted however, that the following prioritization parameters based on the aforementioned DepEd Memorandum will be the basis for possible inclusion in the list:
- a. Individuals currently holding positions affected by the implementation of the Expanded Career Progression System (e.g., Head Teachers and Assistant Principals) or incumbent school heads (Teacher-In-Charge)
 - b. Individuals who meet the revised QS of the School Principal 1 position per DO No. 19, s.2025; and
 - c. Individuals who have not yet passed the NQESH/ Principal's Test.
5. This division will be submitting the qualified personnel to the Regional Office and inclusion of additional takers shall be within their discretion.
6. For information, guidance and wide dissemination.


ORLANDO E. MANUEL PhD, CESO V
Schools Division Superintendent 

08-2025-367



REGISTRATION FORM

INSTRUCTIONS: Please fill out all required information completely and legibly.
(To be accomplished by the Candidate)

Last Name _____
 Given Name _____
 Middle Name _____
 Name Extension _____
 Date of Birth _____ Sex ☐ Female ☐ Male
month / day / year
 Email Address _____ Mobile No. _____

Attach your most
recent passport-size
ID photo here

The undersigned hereby confirms that all documents I submitted are true, correct, and authentic to the best of my knowledge. Any misrepresentation, falsification, or omission of facts may be grounds for disqualification, withdrawal of any granted privilege, or the filing of appropriate legal action.

Signature Over Printed Complete Name



VALIDATION FORM

- Copy for the Regional Office -

(To be accomplished by the Candidate)

Last Name _____
 Given Name _____
 Middle Name _____
 Name Extension _____
 Date of Birth _____ Sex ☐ Female ☐ Male
month / day / year
 Email Address _____ Mobile No. _____
 Schools Division Office _____ School _____
 Current Position _____ Designation _____
 no. of years in _____ no. of years of _____ Highest
 Current Position _____ Teaching Experience _____ Educational Attainment _____

Attach your most
recent passport-size
ID photo here

(To be accomplished by the SDO Validator)

DOCUMENTARY REQUIREMENTS

(Check based on submitted document/s.)

<input type="checkbox"/>	approved IPCRF (Photocopy) <small>with a rating of at least Very Satisfactory in the last two (2) consecutive rating periods duly certified by the authorized personnel in the SDO</small>
<input type="checkbox"/>	Service Record (Original copy) <small>duly certified by the Administrative Officer V of the Schools Division Office</small>
<input type="checkbox"/>	Transcript of Records or Diploma (Photocopy) <small>certifying the attainment of relevant master's degree</small>
*Additional for Acting School Heads (TIC/OIC)	
<input type="checkbox"/>	OPCRF (Photocopy)
<input type="checkbox"/>	Designation or Special Order as School Head or TIC/OIC of a public school (Photocopy) <small>duly signed by the Schools Division Superintendent</small>

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DISAPPROVED due to: _____
VERIFIED BY:	
Signature _____	Date _____
Name _____	
Position _____	



ASSESSMENT PERMIT

This permit must be presented to the Assessment Facilitator together with your DepEd ID on the day of the NASH

(To be accomplished by the Candidate)

Last Name _____
 Given Name _____
 Middle Name _____
 Name Extension _____
 Date of Birth _____ Sex ☐ Female ☐ Male
month / day / year

After careful evaluation of the submitted documents, it is hereby certified that the candidate has met the criteria and complied with all the documentary requirements for the FY2025 National Assessment for School Heads (NASH) Batch 1.

CERTIFIED BY:

Signature _____ Date _____
 Name _____
 Position _____