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| **TESDA-OP-CO-05-F26**  Rev. 00 – 03/01/17  ✄ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **tesda logo.jpg** | | | | | **TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY**  Pangasiwaan sa Edukasyong Teknikal at Pagpapaunlad ng Kasanayan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **APPLICATION FORM**   PICTURE  *colored,*  *passport size,*  *white background*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | REFERENCE NUMBER : |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | | |  | ***Qual – alpha code*** | ***YY*** | | ***Region*** | | | ***Province*** | | | ***Number Series Assigned to AC*** | | | | ***Number Series*** | | | | | | |   UNIQUE LEARNERS IDENTIFIER (ULI):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  | - |  |  |  | - |  |  |  |  |  | - |  |  |  | |   ***to be filled – out by the Processing Officer*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Application  Applicant’s Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Name of School/Training Center/Company:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title of Assessment applied for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Full Qualification | | | | | | | | | | | | | | | | | * COC | | | | | | | | | | | | | | | | | | | | | | | | * Renewal | | | | | | | | | |
| **1. Client Type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * TVET Graduating Student | | | | | | | | | | * TVET graduate | | | | | | | | | | | | | * Industry worker | | | | | | | | | | | | | * K-12 | | | | | | | | * OWF | | | | | | |
| **2. Profile** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1. | | **Name**: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | * **SURNAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | * **FIRSTNAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | * **MIDDLE NAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MIDDLE INITIAL | | |  |  | NAME EXTENSION (e.g. Jr., Sr.) | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2. | | **Mailing Address**: | | | | | |  | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Number, Street** | | | | | | | |  | **Barangay** | | | | | | | | | | | | | | | |  | **District** | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **City** | | | | |  | | | | | **Province** | | | | | | | | | **Region** | | | | | | | | | |  | **Zip Code** | | | | | | | | | | | | |
| 2.3**. Mother’s Name** | | | | | | | | | | | | | | | | | | | | 2.4**. Father’s Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5. **Sex** | | | | 2.6. **Civil Status** | | | | | | | 2.7. **Contact Number(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | 2.8. **Highest Educational Attainment** | | | | | | | | 2.9. **Employment Status** | | | | | |
|  | Male | | |  | | | Single | | | | Tel: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | Elementary Graduate | | | | |  | Casual | | | | |
|  | Female | | |  | | | Married | | | | Mobile: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | High School Graduate | | | | |  | Job Order | | | | |
|  | | |  |  | | | Widow/er | | | | E-mail: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | TVET Graduate | | | | |  | Probationary | | | | |
|  | | |  |  | | | Separated | | | | Fax: | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | College Level | | | | |  | Permanent | | | | |
|  | | |  |  | |  | | | | | Others: | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | College Graduate | | | | | |  | Self - Employed | | | | |
|  | | |  |  | |  | | | | |  | | Others: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | OFW | | | | |
| 2.10 | | | Birth date (mm/dd/yy): | | | | | | ***M*** | | | ***M*** | | | ***D*** | | | | ***D*** | | | ***Y*** | | ***Y*** | | | | | 2.11 | Birth place: | | | | |  | |  | | | | | | | | | | | 2.12 | Age: | |  | |
| **3. Work Experience**  **(National Qualification-related)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1. | | | | | | | | | | | | | | 3.2. | | | | | | | 3.3. | | | | | | | | | | 3.4. | | | | | | | | | | | 3.5. | | | | | 3.6 | | | |
| Name of Company | | | | | | | | | | | | | | Position | | | | | | | Inclusive Dates | | | | | | | | | | Monthly  Salary | | | | | | | | | | | Status of Appointment | | | | | No. of Yrs. Working Exp. | | | |
|  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | | | | | | |  | | | | |  | | | |
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| *(For more information, please use separate sheet)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **4. Other Training/Seminars Attended (National Qualification-related)** | | | | | | | | | | | | | | | | |
| 4.1. | | | 4.2. | | | 4.3. | | | | | 4.4 | | 4.5 | | | |
| Title | | | Venue | | | Inclusive Dates | | | | | No. of Hours | | Conducted By | | | |
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| *(For more information, please use separate sheet)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **5. Licensure Examination(s) Passed** | | | | | | | | | | | | | | | | |
| 5.1. | 5.2. | | | 5.3. | | | | 5.4. | | 5.5. | | | | 5.6. | | |
| Title | Year Taken | | | Examination Venue | | | | Rating | | Remarks | | | | Expiry Date | | |
|  |  | | |  | | | |  | |  | | | |  | | |
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| *(For more information, please use separate sheet)* | | | | | | | | | | | | | | | | |
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| **6. Competency Assessment(s) Passed** | | | | | | | | | | | | | | | | |
| 6.1. | | 6.2. | | | 6.3 | | 6.4. | | | | | 6.5. | | | 6.6. | |
| Title | | Qualification Level | | | Industry Sector | | Certificate Number | | | | | Date of Issuance | | | Expiration Date | |
|  | |  | | |  | |  | | | | |  | | |  | |
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| *(For more information, , please use separate sheet)* | | | | | | | | | | | | | | | |  |

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| --- | --- | --- |
| ✄  **ADMISSION SLIP** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | REFERENCE NUMBER : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **Name of Applicant:** | | **Tel. Number:**  PICTURE  (Passport size) |
| **Assessment Applied for:** | | **Official Receipt Number:**  **Date Issued:** |
| ***To be accomplished by the Processing Officer*** | | |
| **Name of Assessment Center:** | | |
| Check submitted requirements: | Remarks: | |
| * Accomplished Self-Assessment Guide | * Bring own Personal Protective Equipment | |
| * Three (3) pieces colored passport size pictures | * Others. Pls. specify | |
| Assessment Date: | Assessment Time: | |

|  |  |
| --- | --- |
| Printed Name & Signature of Processing Officer | Printed Name & Signature of Applicant |
| Date: | Date: |
| *Note: Please bring this Admission Slip on your assessment date.* | |

**TESDA-OP-QSO-02-F07**

Rev.No.00-03/01/17

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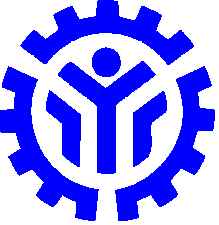
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| Reference No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*to be filled out by the Processing Officer*

SELF ASSESSMENT GUIDE

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification: |  | | |
| Units of Competency Covered: |  | | |
| **Instruction:**   * + Read each of the questions in the left-hand column of the chart.   + Place a check in the appropriate box opposite each question to indicate your answer. | | | |
| **Can I?** | | **YES** | **NO** |
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| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor. | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Candidate’s Name & Signature** | | **Date:** | |

|  |  |
| --- | --- |
| Evaluated by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AC Manager  Date: | 🞏 Qualified for Assessment  🞏 Not yet Qualified for Assessment |

**TESDA-OP-CO-05-F31**

Rev.No.00-03/08/17

Technical Education and Skills Development Authority

ASSESSMENT AND CERTIFICATION PROGRAM

ATTENDANCE SHEET

(Title of Qualification)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Competency Assessment Center: | |  | | |
| Date of Assessment: | |  | | |
| No. | CANDIDATE’S NAME | Reference Number: | Signature | Assessment Results |
|  |  |  |  |  |
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|  |  |  |  |  |
| Assessor/s:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Accreditation Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | TESDA Representative:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  Accreditation Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | AC Manager:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name | |

**TESDA-OP-CO-05-F28**

Rev.No.00-03/08/17

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Technical Education and Skills Development Authority

ASSESSMENT AND CERTIFICATION PROGRAM

**LETTER OF APPOINTMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam:

This letter officially appoints you as competency assessor on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please report to the Assessment Center as scheduled.

( name and address of assessment center )center)

(state title of Qualification)

(schedule of assessment)

(phone number)

(contact person)

If you have any questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We look forward to your acceptance of this appointment.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AC Manager

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Assessor

**TESDA-OP-CO-05-F30**

Rev.No.00-03/08/17

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REQUEST FORM FOR ASSESSMENT PACKAGE/S

|  |  |
| --- | --- |
| TITLE OF QUALIFICATION |  |
| NAME OF ASSESSMENTCENTER |  |
| DATE OF ASSESSMENT |  |
| NUMBER OF CANDIDATES FOR ASSESSMENT |  |
| REQUESTED BY  (PO CAC Focal) |  |
| DATE OF REQUEST |  |
| APPROVED BY  (Provincial Director) |  |
| DATE APPROVED |  |

**TESDA-OP-CO-05-F29**

Rev.No.00-03/08/17

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**LETTER OF ASSIGNMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter officially designates you as TESDA Representative on (\_\_Date \_\_) for **( Title of Qualification )** at **( name and address of AC/AV )**. Please report to the Assessment Center/Venue as scheduled.

If you have any questions/ queries, please call the undersigned at telephone number/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Very truly yours,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provincial Director

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

of TESDA Representative

**TESDA-OP-CO-05-F34**

Rev.No.00-03/08/17

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**REPORT ON ASSESSMENT PROCEEDINGS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Competency  Assessment Center |  | | | | | |
| Accreditation Number |  | | | | | |
| Title of Qualification |  | | | | | |
| Date of Assessment |  | | | No. of Candidates | |  |
| Name of Competency Assessor |  | | | | | |
| Findings and Observations: | | | | | | |
| Items | | Yes | No | | Areas for Improvement | |
| * 1. Competency Assessor has a signed Letter of Appointment | |  |  | |  | |
| * 1. Attendance of the candidates is checked and Admission Slips are verified and collected | |  |  | |  | |
| * 1. Supplies and materials are available during the conduct of assessment | |  |  | |  | |
| * 1. Tools and equipment are available and in good working conditions | |  |  | |  | |
| * 1. Assessment starts on time | |  |  | |  | |
| * 1. Conduct of assessment is in accordance with the methods identified in the CATs | |  |  | |  | |
| * 1. Projects produced by the candidates are in accordance with the requirements in the CATs. | |  |  | |  | |
| * 1. Candidates are provided with clear and constructive feedback on the assessment decision (one-on-one) | |  |  | |  | |
| * 1. Assessor has the ability to manage the competency assessment proceedings | |  |  | |  | |
| * 1. Complaints of candidates are properly addressed and handled by the Assessor & the AC, when applicable | |  |  | |  | |
| * 1. Assessment Packages issued to the Assessor are completely returned upon completion of assessment | |  |  | |  | |
| * 1. Assessment-related documents are accurately accomplished and submitted promptly after assessment * Rating Sheets * CARS * Attendance Sheet * RWAC * Application Forms with SAGs * Assessor’s Guide & Specific Instruction to Candidate | |  |  | |  | |
| Narrative: *(Recommended areas for improvement of items which are not covered or named above)* | | | | | | |
| Prepared by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name (TESDA Rep) | | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**TESDA-OP-CO-05-F35**

**Rev.No.00-03/08/17**

**LETTER OF DESIGNATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

(Head of TVI/ Company)\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter officially designates \_\_(NAME OF TVI/ Company) as assessment venue for (TITLE OF QUALIFICATION) on (DATE OF ASSESSMENT). Conduct of assessment shall be governed by Procedures Manual on Competency Assessment.

We look forward to your acceptance of this agreement.

Very truly yours, Approved by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AC Manager TESDA Provincial Director

CONFORME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head, TVI/ Company

**TESDA-OP-CO-05-F36**

**Rev.No.00-03/08/17**

ASSIGNMENT OF ASSESSORS

For the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QUALIFICATION TITLE |  | | PROVINCE | |  |
| NAME OF ASSESSOR | | ASSESSMENT CENTER | | DATE OF ASSESSMENT | |
|  | |  | |  | |
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**TESDA-OP-CO-05-F37**

**Rev.No.00-03/08/17**

Performance Evaluation Instrument

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assessor’s Name | |  | | | | | | | | | | |
| Qualification | |  | | | | | | | | | | |
| Name of Respondent | |  | | | Date Accomplished | | | |  | | | |
| [Pls. Tick (🗸) where applicable]   * ACAC Manager | | | | | * Candidate | | | | | | | |
| INSTRUCTIONS: Put a tick (🗸) mark in the appropriate column | | | | | | | | | | | | |
| SCALE GUIDE | 5– Very Satisfactory  4 – Satisfactory | | 3 – Good  2 – Fair | | | 1 – Poor | | | | | | |
| **ITEM** | | | | | | | **RATING** | | | | | |
| 5 | 4 | | 3 | 2 | 1 |
| * + - 1. Physical appearance and composure   *(Pangkalahatang anyong pisikal at kung paano magdala sa sarili)* | | | | | | |  |  | |  |  |  |
| * + - 1. Ability to pace instruction   *(Kakayahang magpaliwanag ng malumanay at mahusay kung ano ang mga dapat gawin)* | | | | | | |  |  | |  |  |  |
| * + - 1. Ability to establish good rapport with candidates   *(Kakayahang magpadaloy ng komunikasyon sa pagitan niya at ng mga kukuha ng pagsusulit)* | | | | | | |  |  | |  |  |  |
| * + - 1. Ability to ensure that the candidate understands the instruction   (*Kakayahang siguraduhing ang lahat ng instruksyon ay* n*aiintindihan ng mga kukuha ng pagsusulit)* | | | | | | |  |  | |  |  |  |
| * + - 1. Ability to answer querries, comments, etc.   *(Kakayahang magbigay ng karapat dapat nasagot o tugon sa mga tanong, puna o mga paglilinaw)* | | | | | | |  |  | |  |  |  |
| 1. Ability to establish the assessment context and purpose of assessment   *(Kakayahang magpaliwanag tungkol sa layunin ng pagsusulit)* | | | | | | |  |  | |  |  |  |
| 1. Ability to plan and prepare the evidence gathering process   *(Kakayahang paghandaan at iayos ang mga pangangailangan sa*  *pagsusulit)* | | | | | | |  |  | |  |  |  |
| 1. Ability to provide allowable/reasonable adjustments in the assessment procedure   (*Kakayahang magbigay ng makabuluhang konsiderasyon sa may*  *Mga pangangailangan sa pagsusulit)* | | | | | | |  |  | |  |  |  |
| 1. Ability to conduct assessment in accordance with the methodologies   *(Kakayahang ipatupad ang pagsusulit ayon samga itinakdang*  *panuntunan)* | | | | | | |  |  | |  |  |  |
| 1. Ability to collect appropriate evidence during the conduct of assessment   *(Kakayahang mangalap at sumuri ng mga tamang ebidensya*  *habang nagbibigay ng pagsusulit* | | | | | | |  |  | |  |  |  |
| 1. Ability to provide clear and constructive feedback on the assessment decision   (*Kakayahang magbigay ng malinaw at tamang kaukulang opinyon*  *sa resulta ng pagsusulit)* | | | | | | |  |  | |  |  |  |
| 1. Ability to provide fair, reliable and valid assessment decision   *(Kakayahang magbigay ng pantay, ugma at tamang desisyon sa resulta ng pagsusulit)* | | | | | | |  |  | |  |  |  |
| Sub - score | | | | | | |  |  | |  |  |  |
| **FINAL RATING** | | | |  | | | | | | | | |
| **Signature of Respondent** | | | |  | | | | | | | | |

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| FOR TESDA USE ONLY | | |
| EVALUATOR’S REMARKS: | | |
| RECOMMENDATION: | | |
| For re-accreditation | * YES * NO | * For further review |

\*Frequency

For AC Manager – once a month

For Candidate - at least 2 candidates per assessment schedule

**TESDA-OP-CO-05-F38**

**Rev.No.00-03/08/17**

**UTILIZATION REPORT ON BLANK CERTIFICATES ISSUED**

REGION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| From | To | From | To | Qty | Serial  No. |
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| Prepared by: | | | Signature: | | | | | Date: | | | |
| Certified Correct: (Regional Director) | | | Signature: | | | | | Date | | | |

**TESDA-OP-CO-05-F42**

**Rev.No.00-03/08/17**

TRACKING SHEET

PREPARATION AND ISSUANCE OF CERTIFICATE

For the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | | | TITLE OF QUALIFICATION | DATE OF ASSESSMENT | DATE OF RECEIPT OF CARS BY THE PO | DATE OF PRINTING OF NC/COC | SIGNATURE OF CANDIDATE | DATE OF RECEIPT OF NC/ COC BY THE CANDIDATE |
| LAST NAME | FIRST NAME | MI |
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| Prepared by: |  | Noted by: |  |
| Name & Signature | Provincial Director |

**TESDA-OP-CO-05-F27**

**Rev.No.00-03/08/17**

LETTER OF AUTHORIZATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, Filipino, single/married with address at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby name, constitute and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of legal age, Filipino, single/ married and with address at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be my true and lawful attorney, for me and in my name, place and stead, to perform the following acts and things, to wit:

1. To claim my Certificate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
2. To sign all documents necessary for the conduct of said transaction.

Issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Certified Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative (Signature over Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For TESDA use only

I hereby attest that the claimant presented the following:

Original copy of CARS

 Photocopy of ID of the certified worker

Accreditation ID of claimant (if Liaison Officer)

Photocopy ID of claimant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TESDA PO CAC Focal person

(Signature over Printed Name)