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|  | **Department of the Interior and Local Government**  Assessment for the Seal of Good Local Governance (Cities/Municipalities)  CY 2024 | **Form CM 3.5**  Sustainable Education |
| Seal of Good Local Governance – REGIONAL ASSESSMENT  Form CM 3.5 Sustainable Education | | |

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| City/Municipality of | : | MANGALDAN | Income Class | : | 1ST |
| Province | : | PANGASINAN | Region | : | 1 |

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

***For the RAT Members***

*1) Based on your thorough review of documents provided by the assigned DILG Field Officers and on-site visit, please supply the required information or tick applicable LGU condition under Column A. (2) Please refer to the NGA data provided by the BLGS for indicators/items with N. (3) In case of a correction/erasure, the RAT leader must affix a signature parallel to the corrected portion. (4) AFFIX SIGNATURE AT THE END OF EACH ASSESSMENT AREA, and PUT INITIALS AT THE BOTTOM OF EACH PAGE. ONLY DULY ACCOMPLISHED FORMS ARE TO BE ENCODED BY THE RFP OR PFP.*

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| **Required data** | **LGU condition** |
| **1. The LGU has a functional Local School Board** |  |
| |  |  | | --- | --- | |  | 1. 1 LSB Composition*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Constituted according to Sec. 98 of the LG Code | |  | Not constituted per Sec. 98 | |
| |  |  | | --- | --- | |  | 1.2 Met at least once a month in CY 2023 (based on accomplished Form 2D: DepEd Representative)*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| **2. FY 2023 Special Education Fund Disbursement or PAPs Completion** |  |
| |  |  | | --- | --- | |  | 2.1 (N) Disbursement rate for PAPs funded by the FY 2023 SEF as of December 31, 2023 for education, culture, & sports/manpower development | |  |
| |  |  | | --- | --- | |  | 2.2 Percent completion of PAPs related to education, culture, & sports/manpower development funded by the FY 2023 SEF as of December 31, 2023 (based on accomplished Form 2D: DepEd Representative) | |  |
| **3. The LGU provided support to programs and projects that promote inclusive education** |  |
| |  |  | | --- | --- | |  | a. No. of PAPs in CY 2023 that promote inclusive education *(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. PAPs conducted are in relation to *(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Programs for the Gifted and Talented | | [ ] | Programs for Learners with Disabilities | | [ ] | Madrasah and ALIVE Program | | [ ] | Indigenous People Education Program | | [ ] | Special Education | | [ ] | Alternative Learning System | | [ ] | Parent effectiveness service programs | | [ ] | Family or community livelihood project or similar programs that supports school age children’s education | | [ ] | Establishment and maintenance of Child Development Centers | | [ ] | Others | | [ ] | No PAPs conducted | |
| |  |  | | --- | --- | |  | If others, please specify: | |  |
| **4. Early Childhood Care Development** |  |
| |  |  | | --- | --- | |  | 4.1 Percentage of barangays with established daycare center/child development center (based on accomplished Form 2J: Social Welfare and Development Office) | |  |
| **5. The LGU has conducted a Community-based technical education and skills development training for CYs 2023 and 2024.***(pls. tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 5.1 If yes, the total no. of community-based technical education and skills development training conducted by the LGU is:*(pls. supply information)* | |  |
| |  |  | | --- | --- | |  | Please indicate the nature/title of activity:*(pls. supply information)* | |  |
| |  |  | | --- | --- | |  | 5.2 If no, the LGU has budget allocated for, or PAPs related to community-based technical education and skills development training for CY 2024. | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | List of PAPs related to community-based technical education and skills development training*(pls. supply information)* | |  |

**[END OF SUSTAINABLE EDUCATION]**

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| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| RAT Leader | | | | |
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|  | Signature over Printed Name |  | Agency/Organization |
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| RAT Member | | | | |
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|  | Signature over Printed Name |  | Agency/Organization |
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| RAT Member | | | | |
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|  | Signature over Printed Name |  | Agency/Organization |
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| Official Release of this Form: | | (Please affix release stamp of DILG RO/PO here) | | |