



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City




June 30, 2017

DIVISION MEMORANDUM
No. 409 s. 2017

RAFI-SEED Program Orientation

To : Assistant Schools Division Superintendents
Chief, Functional Divisions
Education Program Supervisors/ Coordinators
District Supervisors/ OICs
Appointed SEED Point Persons
Elementary and Secondary School Heads

1. Attached is a Regional Memorandum No. 0421 s. 2017, dated June 20, 2017, entitled "Ramon Aboitiz Foundation, Inc. –Seal of Excellence in Education Development Program Orientation", for information and guidance of all concerned
2. For details, refer to the attached communication.
3. Immediate dissemination of this memorandum is desired.


RHEA MAR A. ANGTUD, Ed. D., CESO VI
Schools Division Superintendent

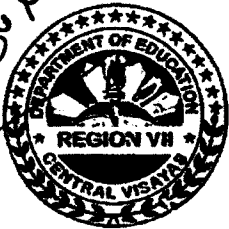
Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405
Asst. Schools Division Superintendent:	(032) 414-7457
Accounting Section:	(032) 254-2632
Disbursing Section:	(032) 255-4401
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REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City



REGIONAL MEMORANDUM

No. 0429 s. 2017

JUN 20 2017

RAFI - SEED Program Orientation

TO: All Schools Division Superintendents of Cebu Province and 9 cities in Cebu
All Others Concerned

1. For the information and guidance of all concerned, enclosed is a communication from Ramon Aboitiz Foundation, Inc. – Seal of Excellence in Education Development, encouraging the participation of all Division Superintendents, District Supervisors and their appointed SEED Point Persons (preferably not a school head) of Cebu Province and 9 other cities in Cebu to its Program Orientation at Alta Village Garden Resort, Cordova, Cebu.
2. Attention is invited to paragraph 2 of the said communication, relative to the objectives of the SEED 2017. The abovementioned participants are requested to bring a *laptop* and a *flash drive* for the practice use of the tools.
3. For the details of the schedule and program, the said communication is herewith attached for further reference.
4. Widespread dissemination of this Memorandum is enjoined.

Juliet A. Jeruta
JULIET A. JERUTA
Director III
OIC-Regional Director

RD/ARY
Office of the Director (ORDir), Tel. No.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4542
Field Technical Assistance Division (FTAD), Tel. No.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. No.: (032) 414-7323
Quality Assurance Division (QAD), Tel. No.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. No.: (032) 233-9030;
414-7065 Administrative Division, Tel. No.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. No.: (032) 256-2375; 253-8061; 414-7321

“ *ESD 2015: Kapapanan ng Lahat, Pananagutan ng Lahat* ”

15 June 2017

JULIET JERUTA, Ph.D., CESO V Director III
Regional Director
Department of Education Region VII



Dear Dr. Jeruta:

Greetings from the Ramon Aboitiz Foundation, Inc. (RAFI)!

With the start of another school year, we are very excited to have the opportunity to partner with you again in elevating the lives of our public schoolchildren through the Seal of Excellence in Education Development (SEED) program.

From its successful run last school year, we are pleased to announce the commencement of the SEED 2017 with its aim to:

- a. Gather and analyze relevant data as bases for strengthening, modifying or introducing; new interventions to improve the quality of public education;
- b. Engage and mobilize school communities;
- c. Promote best practices in Organizational Management, Instruction, Learning Environment and Performance; and
- d. Recognize and reward outstanding school community performance.

A Program Orientation is organized for all Division Superintendents, Cebu Province District Supervisors and their appointed SEED Point Person (preferably not a school head) for the cascade of the program guidelines, mechanics and updates.

On this light, we would like to request your office to issue memo regarding this event to ensure the attendance and participation of the above-mentioned stakeholders in the Program Orientation which will be held in Alta Village Garden Resort, Cordova, Cebu. Assembly will be in RAFI Bldg., Eduardo Aboitiz St. (former Lopez Jaena, St.), Brgy. Tinago, Cebu City at 7:00 AM.


Furthermore, we also would like to ask all the participants of the orientation to accomplish the attached form and submit the form on or before June 23, 2017. They can submit directly in the RAFI Bldg. or send the scanned copy through the following:

e-mail address: maria.rizza.labao@rafi.org.ph
FB page: RAFI Education Development Unit

We also would like to request all the SEED Point Persons to bring a laptop and a flash drive for the practice use of the tools.

For more details about the schedule and the program, kindly see attached documents. Should you have any concerns, please do not hesitate to contact our office at (032) 411-1700 loc. 24558 or our SEED Program Officer at 0923-1950409.

We look forward for a productive year of SEED with you as partner. Thank you very much. God bless.

Sincerely yours,

ERNESTO ALIX
Executive Director
RAFI Education Development Unit

INTEGRATED DEVELOPMENT | MICRO-FINANCE & ENTREPRENEURSHIP | CULTURE & HERITAGE | LEADERSHIP & CITIZENSHIP | EDUCATION

Ramon Aboitiz Foundation, Inc. 35 Lopez Jaena Street, Cebu City 6000, Philippines
tel: (032) 411-1700 www.rafi.org.ph www.facebook.com/RAFIedu

PROGRAM ORIENTATION SCHEDULES

DepEd Division Heads and SEED Point Persons	June 28 – 30, 2017 <i>*June 30 – for the Point Persons only</i>	Bogo City, Carcar City, Cebu City, Danao City, Lapu-lapu City, Mandaue City, Naga City, Talisay City, Toledo City
DepEd Northwest District Heads and SEED Point Persons	July 3 – 5, 2017 <i>*July 5 – for the Point Persons only</i>	Asturias, Balamban, Bantayan, Daanbantayan, Madridejos, Medellin, San Remigio, Sta. Fe, Tabuelan, Tuburan
DepEd Southwest District Heads and SEED Point Persons	July 6 – 8, 2017 <i>*July 8 – for the Point Persons only</i>	Alegria, Aloguinsan, Badian, Barili, Dumanjug, Ginatlian, Malabuyoc, Moalboal, Pinamungajan, Ronda, Samboan,
DepEd Southeast District Heads and SEED Point Persons	July 10 – 12, 2017 <i>*July 12 – for the Point Persons only</i>	Alcoy, Argao, Boljoon, Dalagueta, Minglanilla, Oslob, San Fernando, Santander, Sibonga
DepEd Northeast District Heads and SEED Point Persons	July 19 – 21, 2017 <i>*July 21 – for the Point Persons only</i>	Borbon, Carmen, Catmon, Compostela, Consolacion, Cordova, Liloan, Sogod, Tabogon

THINGS TO BRING

- Decent clothes good for 3 days (Division and District Heads will only stay for two days.) *First day activities require a comfortable sports attire. Shorts, high-heeled shoes and sandals are strongly discouraged.*
- Toiletries
- Tumbler
- Laptop and Flash drives (USBs)
- Personal medication
- Pens and notebooks

PROGRAM FLOW

Date and Time	Activity/Topic	Person Responsible
First Day		
07:00 am	Assembly in RAFI Bldg.	
09:00 am - 10:00 am	Registration and Morning Snacks	
10:00 am - 10:30 am	Preliminaries - Invocation - Welcome Remarks - Acknowledgement of Participants - Rationale and House Rules	Education Development Unit
10:30 am - 12:00nn	Initiative Activities	Kool Adventure Camp
12:00nn - 1:00pm	LUNCH TIME	
01:00 pm – 03:00pm	Initiative Activities	Kool Adventure Camp
03:00 pm – 03:30 pm	Afternoon Snacks	
03:30pm – 05:00 pm	Initiative Activities	Kool Adventure Camp
05:00 pm – 05:15 pm	Final Briefing - Review of day's learnings - Instructions for next day's activity	Education Development Unit
06:00 pm – 07:00 pm	Dinner Time	
07:00 pm onwards	Free/Fellowship Time	
Second Day		
06:00 am – 08:00 am	BREAKFAST TIME	
08:00 am – 08:30 am	Call time for Registration	
08:30 am – 09:00 am	Preliminaries - Prayer - Rationale - Review of the Learnings the other day	Education Development Unit
09:00 am – 12:00nn	SEED Program Orientation, its Process and Timeline	Education Development Unit
12:00 pm – 01:00pm	LUNCH TIME	
01:00 pm – 03:30 pm	SEED and its Rubric	Education Development Unit
03:30 pm – 04:00 pm	Afternoon Snacks	
04:00 pm – 05:00 pm	Concluding Rites - Open Forum - Announcements - Learnings for the day - Closing Remarks	Education Development Unit

For the SEED Point Person ONLY:

Third Day		
06:00 – 07:00am	Preparation and BREAKFAST TIME	
07:00 – 08:00 am	Call time for Registration	
08:00 - 08:15 am	Preliminaries - Prayer - Rationale - Review of the learnings the other day	Education Development Unit
08:15 – 12:00 nn	Training on the implementation of SEED in the district/division level	Education Development Unit
12:00 – 01:00 pm	LUNCH	
01:00 – 04:00 pm	SEED Rubric and Tool	Education Development Unit
04:00 – 05:00 pm	Concluding Rites - Open Forum - Announcements - Learnings of the day - Giving of Certificates - Closing Remarks	Education Development Unit

CONFIDENTIAL (FORM Y)

RAMON ABOITIZ FOUNDATION INC.
KOOL ADVENTURE CAMP

Organizational Member: Association for Experiential Education (AEE), USA www.aee.org
Organizational Member: Association for Challenge Course Technology (ACCT), USA www.acctinfo.org



COURSE REGISTRATION FORM (Form Y)

To help us ensure your safety, please fill out the form (Parts A to D) completely and honestly.
Please do not use pencil.

COURSE DETAILS

Course Title: _____ Course Location: _____
Course Dates: _____ School/Organization/Company: _____

PART A. PERSONAL INFORMATION: (Complete in CAPITAL LETTERS please.)

Table for Name, Surname, and Initials with grid columns.

Table for Address with grid columns.

Table for Date of Birth, Gender, Height, Weight, and Contact Information.

Table for Education Level, Disability, and Health/Insurance information.

EMERGENCY CONTACTS:

Table for Emergency Contact Details including Name, Relationship, Address, and Contact No.

Signature and verification section: This form is checked and verified by: Name and Signature, Date

FOR KOOL ADVENTURE CAMP: OFFICIAL USE ONLY. Includes ACCEPTED status, Participation Level (O, P, F), MEDICAL status, EXEMPTION FROM PART D. MEDICAL FITNESS ASSESSMENT, YDP/PDP DEPUTY DIRECTOR, FACILITATOR'S SIGNATURE, and REMARKS.

CONFIDENTIAL (FORM Y)

PART B. MEDICAL DECLARATION

To be completed only by Applicant of 18 years & above.

1. Kool Adventure Camp (KAC) courses are mostly conducted outdoors in all weather conditions and involve long hours of physically and mentally demanding activities like carrying heavy packs, Challenge Ropes Courses, abseiling, trekking overland and sea kayaking.
2. To help us ensure your safety, please declare and specify fully and honestly any history of the following medical conditions and carefully. Consider the possibility of aggravating these conditions if you participate in the course.

No.	Does the Applicant suffer from experience of above any history of the following conditions?	Yes	No	Details of Condition, its date, last date of treatment, hospitalization, medication, etc. (to be specified)
1.	<input type="checkbox"/> Seizures <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Migraine <input type="checkbox"/> Headache			
2.	<input type="checkbox"/> Dizziness <input type="checkbox"/> Chest pain <input type="checkbox"/> Unusual shortness of breath while walking or exercising			
3.	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Attack <input type="checkbox"/> Palpitations <input type="checkbox"/> Heart Murmur			
4.	<input type="checkbox"/> High Blood Pressure (Hypertension) <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes (Insulin Dependent/Non-Insulin Dependent)			
5.	<input type="checkbox"/> Bronchial asthma <input type="checkbox"/> Exercise-induced asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other lung problem (pls. specify)			
6.	<input type="checkbox"/> Blood disorders (Leukemia/Anemia /Thalassemia/Hemophilia) <input type="checkbox"/> Thyroid Problems			
7.	Allergy to: <input type="checkbox"/> Medicines <input type="checkbox"/> Foods and others/for medication reactions (pls. specify)			
8.	Allergic reactions to insect bites/ pollens or the like			
9.	Routine or current maintenance medications (pls. specify: dosage, schedule of intake)			AM- Noon- PM-
10.	Medical treatment or hospitalization within the last two years			
11.	Surgery in the past years or follow-up care from a surgical procedure			
12.	Carrier of any infectious diseases (pls. specify)			
13.	<input type="checkbox"/> Eye problems <input type="checkbox"/> Ear problems <input type="checkbox"/> Vertigo			
14.	Bone or joint injuries and other Orthopedic conditions (temporary/permanent): e.g. fractures/dislocation, sprains/strains			
15.	Any problems on the following areas: <input type="checkbox"/> Neck. <input type="checkbox"/> Clavicle <input type="checkbox"/> Shoulders <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Others			
16.	Any form of physical limitations/disability or impairment, medical limitations (pls. specify)			
17.	History of severe head injury, nervous system conditions			
18.	<input type="checkbox"/> Meningitis <input type="checkbox"/> Severe tonsillitis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney problems			
19.	<input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> Bipolar Disorder			
20.	Active or chronic medical conditions			
21.	Other important medical information (pregnancy, disabilities, obesity, others)			
22.	Acute anxiety concerning heights/fear of heights, any identified phobias			
23.	Treatment or therapy for a psychological condition			
24.	Date/Year you received a tetanus immunization			

Please use separate sheet for details of medical conditions/history if space above is insufficient.

CONFIDENTIAL (FORM Y)

PART C. ACKNOWLEDGEMENT OF RISK & CONSENT

To be completed and signed only by Applicant of 18 years & above.

ACKNOWLEDGEMENT AND CONSENT TO ATTEND COURSE

I, _____, AGREE TO ATTEND
 THE COURSE AT KOOL ADVENTURE CAMP FROM (date) _____ TO _____.

I am aware that my attendance in the Course involves a significant element of risk. The risk of serious injury is extremely small but it is not non-existent. While safety is of the highest priority in every Course, I understand that in any adventure activity, there will be some factors beyond control. I will be briefed before every activity and am expected to follow the safety procedures explained to me and to indicate if I am unsure of what is expected.

I certify that the level of my participation is in no way forced by anyone, that the way in which I participate is always my choice, and I knowingly and voluntarily assume all risks associated with my participation in these activities.

I declare that all the medical information provided in Part B are true and that I have not withheld any relevant information. I understand that failure to disclose this information could affect my safety and those around me, and I agree to hold *Kool Adventure Camp (KAC) of the Ramon Aboliz Foundation Inc. (RAFI)* harmless if full disclosure of pre-existing medical conditions has not been provided.

In the event of illness or injury, consent is hereby given to provide me with emergency medical care, hospitalization or other treatment, which may become necessary.

I shall diligently comply with all KAC safety regulations, training conditions and instructions, which include no smoking and no consumption of alcoholic drinks and drugs. I shall fully cooperate with the instructors and staff of KAC.

I agree to be responsible for any damage I may cause to KAC facilities or equipment. KAC is not responsible for loss, theft or damage to my personal belongings stored at its facilities.

I shall therefore release the *Ramon Aboliz Foundation Inc. (RAFI) - Kool Adventure Camp*, its staff and Board of Trustees from all liability for any damages including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my participation in the RAFI-Kool Adventure Camp program.

I VOLUNTARILY SIGN AS PROOF OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND THAT I HAVE READ AND COMPLETELY UNDERSTOOD ALL ASPECTS OF THIS COURSE REGISTRATION FORM AND AGREE TO ITS TERMS IN ITS ENTIRETY.

 Name of Applicant Signature Date