



Republic of the Philippines  
Department of Education  
Region VII, Central Visayas  
**DIVISION OF BOHOL**  
City of Tagbilaran



May 7, 2015

**UNNUMBERED MEMORANDUM**

To : DRR Focal Person of DepED-Bohol, *Phy. Facilities Div. Coord.*  
All Public Schools District Supervisors and District Coordinating Principals (*NEW*)  
All District PTA Federated Presidents  
Districts of Maribojoc, Loon North and Loon South

Subject: **FRONTLINE RESPONDERS TRAINING**

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In partnership with Save the Children Bohol Program Office in the implementation of the School-based DRR Project in the Municipalities of Maribojoc and Loon, a Frontline Responders Training will be conducted on May 12-14, 2015 at Panda Tea Garden Suites, Dao, Tagbilaran City.

The participants of the Responders Training are the District Supervisors and Coordinating Principals of Maribojoc, Loon North and Loon South, District Federated PTA Presidents and DepED- Division of Bohol DRR Focal Person.

Attached is the program/training schedule for your reference and confirmation slip to be sent to the Save the Children Office via email 4 days before the actual conduct of the activity using the email add or call the following numbers below:

09196163920 / 09158471971

**Pepito.Romero@savethechildren.org**

Immediate dissemination of this Memorandum is desired.

**WILFREDA D. BONGALOS, Ph.D.**  
Schools Division Superintendent

SGOD/dvd



Save the Children

*D. Deliguan*

May 4, 2015

WILFREDA D. BONGALOS, Ph.D.  
Schools Division Superintendent  
Department of Education – Division of Bohol

Dear Dr. Bongalos,

Greetings from Save the Children, a world's leading independent organization for children. Currently, we are implementing a 30-month disaster risk reduction and resiliency building project in 25 schools in the Municipalities of Loon and Maribojoc, Bohol.

Apparently, we are already gaining momentum as we are about to end the Year I in project implementation. There are already notable changes in behavior and understanding among children, teachers and other key target groups in the communities we served as a result of our interventions. Much of this achievements can be attributed to the strong coordination, complementation and partnership to your office.


One of the program activities is a Frontline Responders Training for which we are inviting the following:

- 1 – Supervisor for the Municipality of Loon and Maribojoc
- 3 – Coordinating Principals (Loon North & Loon South and Maribojoc)
- 1 – DRR Focal Person (DepEd Division)
- 3 – District PTA Federation President
- 1 – *Phy. Facilities Coordinator*

This activity will held at **Panda Tea Garden Suites Dao, Tagbilaran City, Bohol on the 12<sup>th</sup> to 14<sup>th</sup> day of May 2015**. Attached is the program/training schedule for your reference and confirmation slip to be sent to our office via email [Pepito.Romero@savethechildren.org](mailto:Pepito.Romero@savethechildren.org) 4 days before the actual conduct of the activity.

Our program staff, Petes Romero with his contact nos. 0919-6163920 or 09158471971 will be directly coordinating with you on this invitation. We look forward to your acceptance of this invitation, for which we thank you in advance.

Our best regards,

  
Roxanna B Epe  
Program Manager  
Save the Children, Bohol Program Office



**Save the Children**

### **CONFIRMATION SLIP**

This is to confirm attendance to "Frontline Responders Training" to be hold on the 12<sup>th</sup> to 14<sup>th</sup> day of May 2015, Tuesday to Thursday. I/We will be sending representative(s) to the said activity:

Name of Person : \_\_\_\_\_  
Name of Office : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Email Add : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date Signed : \_\_\_\_\_  
Live-in or Live-out : \_\_\_\_\_

*Please send your Confirmation Slip to this e-mail address: [Pepito.Romero@savethechildren.org](mailto:Pepito.Romero@savethechildren.org)*



## SCHOOL DRR PROJECT IN THE PHILIPPINES

Save the Children – Bohol Program Office

### EDUCATION IN EMERGENCY TRAINING NEEDS ASSESSMENT

#### Part I. Participant Profile

**Procedures:** The information collected on this form is **strictly confidential** and will be used to track Save the Children activities only, and will not be shared with outside entities. Please make sure to enter accurate and current information and complete **ALL the columns**. The completed FLRT tool/paper forms should be submitted to the DRR Community Mobilizer after completion. Thank you.

<b>Name</b>	Last _____		Suffixes (i.e. Jr, III, IV, Hja, Hji, etc.) _____	
	First _____			
	Middle Name _____			
	Email: _____		Cell phone Number: _____	
<b>Gender (please check)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (mm/dd/yy): _____ Age: _____	
<b>Name of Institution / School</b>	Region _____ Division/Provincial _____ District/Municipality _____			
<b>Present Position (check)</b>	<input type="checkbox"/> Principal/School Head <input type="checkbox"/> Guidance Counselor/Teacher		<input type="checkbox"/> DEPED Officials/Administrators <input type="checkbox"/> Guidance Coordinator <input type="checkbox"/> Others (specify): _____	
<b>Education Qualification: (Highest Educational Attainment)</b>	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> No degree		Civil Service Eligibility: _____ <input type="checkbox"/> LET <input type="checkbox"/> PBET <input type="checkbox"/> RA 7836 <input type="checkbox"/> Others: _____	
<b>Technology that you have access to use at your home or workplace (check all that applies):</b>	<input type="checkbox"/> Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Smart Phone		<input type="checkbox"/> Projector <input type="checkbox"/> Audio/Visual player (DVD) <input type="checkbox"/> TV <input type="checkbox"/> None <input type="checkbox"/> Others (specify): _____	
<b>For principals and teachers to complete only</b>				
DepEd School ID (6 digit BIES No): _____		Length of service (number of years in service) _____		
For teachers: Grade Levels currently teaching:		<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 Other: _____		Class session assigned: <input type="checkbox"/> AM <input type="checkbox"/> PM Are you a DRR focal person in your institution? <input type="checkbox"/> YES <input type="checkbox"/> NO
For teachers: Language you are most comfortable teaching in: (check all that apply)	<input type="checkbox"/> Filipino <input type="checkbox"/> English	<input type="checkbox"/> Cebuano <input type="checkbox"/> Ilokano	<input type="checkbox"/> Maguindanoan <input type="checkbox"/> Tagalog	<input type="checkbox"/> Others (specify): _____
For teachers: Select all the languages spoken by your students: (check all that apply)	<input type="checkbox"/> Filipino <input type="checkbox"/> English	<input type="checkbox"/> Cebuano <input type="checkbox"/> Ilokano	<input type="checkbox"/> Maguindanoan <input type="checkbox"/> Tagalog	<input type="checkbox"/> Others (specify): _____ Rank the 2 most commonly spoken language by your students: (1): _____ (2): _____
<b>Gender Questions:</b> G1 - Based on your observation and experience, which group has a higher rate of dropping out: <input type="checkbox"/> Male students? <input type="checkbox"/> Female students?	G2 - Based on your experience, which group is more active in class participation: <input type="checkbox"/> Male students? <input type="checkbox"/> Female students?	G3 - Do you feel that you are treated differently in your professional setting because you are a woman/man? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disability Questions:</b> D1 - Do you have students with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many: _____	D2 - If yes, what type of disability? <input type="checkbox"/> visual <input type="checkbox"/> audio <input type="checkbox"/> mental/intellectual <input type="checkbox"/> physical <input type="checkbox"/> others: _____
G4 - Have you had any training on gender equality, gender mainstreaming and/or gender awareness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where did you get the training? <input type="checkbox"/> DEPED Sponsored <input type="checkbox"/> NGO/Community Training <input type="checkbox"/> Church/Religious Training <input type="checkbox"/> OTHERS: Specify _____			D3 - Have you had any training on how to teach children with special needs and disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity Title: _____			Activity Date: _____ Venue: _____	



## Part II. Self-Needs Assessment on Competencies

Note: Please tick (✓) the corresponding column for your answer.

COMPETENCIES	No Knowled ge or Skill  (1)	Little Knowled ge or skill  (2)	Just Enough Knowled ge or Skill  (3)	Superior Knowled ge or Skill  (4)
<b>BASIC DISASTER RISK REDUCTION TOPICS</b>				
• Disaster Risk Reduction Concepts and Terminologies				
• Types and Kinds of Disasters in the Philippines				
• Definition and Meaning of Disaster Management Cycle				
• DRR and CCA Related Laws and Policies				
• Disaster Risk Reduction and Management Framework				
• Gender and Disaster Risk				
<b>EMERGENCY PREPAREDNESS</b>				
• Importance of Disaster Preparedness and Contingency Plans				
• Definition, Methodologies and Conduct of Risk Assessments				
• Emergency Management System				
• Incident Command System				
• Roles and Duties of Various Disaster Management Committee				
• Stages of Emergencies				
• Conduct of Emergency Drills in Schools				
<b>EMERGENCY RESPONSE</b>				
• Cluster Approach in Emergency Response				
• Psychological First Aid and Stress Debriefing				
• Temporary Shelter Provision During Disasters				
• Types of Damage Reports on Disaster Assessment				
• Different Types of Rehabilitation.				
<b>DepEd DRR CIRCULARS</b>				
• DepEd Memorandum Circulars & Guidelines				
• School DRRM Structures				
• Child School Safety (CSS)				
<b>OTHERS (Please specify)</b>				
•				
•				
•				
•				



**Save the Children**

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Name of Office : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Email Add : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date Signed : \_\_\_\_\_  
Live-in or Live-out : \_\_\_\_\_

Please send your Confirmation Slip to this e-mail address: [Pepito.Romero@savethechildren.org](mailto:Pepito.Romero@savethechildren.org)



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<b>Name</b>	Last		Suffixes (i.e. Jr, III, IV, Hja, Hji, etc.)	
	First			
	Middle Name			
	Email:		Cell phone Number:	
Gender (please check)	<input type="checkbox"/> Male		Birthdate (mm/dd/yy):	
	<input type="checkbox"/> Female		Age:	
Name of Institution / School	Region _____			
	Division/Provincial _____			
	District/Municipality _____			
Present Position (check)	<input type="checkbox"/> Principal/School Head		<input type="checkbox"/> DEPED Officials/Administrators	
	<input type="checkbox"/> Guidance Counselor/Teacher		<input type="checkbox"/> Guidance Coordinator	
<input type="checkbox"/> Others (specify): _____				
Education Qualification: (Highest Educational Attainment)	<input type="checkbox"/> Bachelors		<input type="checkbox"/> No degree	
	<input type="checkbox"/> Masters		Civil Service Eligibility:	
	<input type="checkbox"/> Doctorate		<input type="checkbox"/> LET	
Others: _____				
<input type="checkbox"/> PBET				
<input type="checkbox"/> RA 7836				
Technology that you have access to use at your home or workplace (check all that applies):	<input type="checkbox"/> Computer		<input type="checkbox"/> Projector	
	<input type="checkbox"/> Tablet		<input type="checkbox"/> Audio/Visual player (DVD)	
	<input type="checkbox"/> Smart Phone		<input type="checkbox"/> TV	
	<input type="checkbox"/> None			
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<b>For principals and teachers to complete only</b>				
DepEd School ID (6 digit BIES No):		Length of service (number of years in service)		
For teachers: Grade Levels currently teaching:		<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3		Are you a DRR focal person in your institution? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: _____		Class session assigned: <input type="checkbox"/> AM <input type="checkbox"/> PM		
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For teachers: Select all the languages spoken by your students: (check all that apply)	<input type="checkbox"/> Filipino	<input type="checkbox"/> Cebuano	<input type="checkbox"/> Maguindanoan	
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Rank the 2 most commonly spoken language by your students: (1): _____ (2): _____				
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<b>Disability Questions:</b> D1 - Do you have students with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many: _____		D2 - If yes, what type of disability? <input type="checkbox"/> visual <input type="checkbox"/> audio <input type="checkbox"/> mental/intellectual <input type="checkbox"/> physical <input type="checkbox"/> others: _____		
G4 - Have you had any training on gender equality, gender mainstreaming and/or gender awareness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where did you get the training? <input type="checkbox"/> DEPED Sponsored <input type="checkbox"/> NGO/Community Training <input type="checkbox"/> Church/Religious Training <input type="checkbox"/> OTHERS: Specify _____		D3 - Have you had any training on how to teach children with special needs and disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Activity Title: _____		Activity Date: _____ Venue: _____		



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