**PROFILE OF TEACHER IN-CHARGE OF THE LIBRARY HUB**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree & Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Year in Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School & Address: Sabtang Central School, Sabtang Batanes\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Assignment/s other than Library Hub Manager**

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

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**Training/Orientation/ Seminar Related to Library Management**

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

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**Activities Conducted for Library Hub**

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

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LH FORM 1 **Interview and Rating Scale**

**COMPETENCY OF THE LIBRARY HUB STAFF**

(To be accomplished by COMPT)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form measures the extent of performance of the Hub Staff in their roles and responsibilities. Tick the appropriate box if the indicators are achieved or evident. Use the following rating scale according to the number of indicators achieved of evident:

10 – 13 indicators = VS (Very Satisfactory)

7 – 9 indicators = S (Satisfactory)

4 – 6 indicators = F (Fair)

1 -3 indicators = NI (Needs Improvement)

|  |  |  |
| --- | --- | --- |
|  | **INDICATORS** | **MOVs** |
|  | 1. Attendance in training program to improve technical skills |  |
|  | 1. Planning and formulating doable action plans |  |
|  | 1. Implementing action plans |  |
|  | 1. Rendering varied types of Hub services |  |
|  | 1. Applying learning gained from training/s |  |
|  | 1. Demonstrating efficient management of activities in the Hub |  |
|  | 1. Demonstrating efficient time management |  |
|  | 1. Promoting patronage of the Hub |  |
|  | 1. Helping promote a pervasive reading culture |  |
|  | 1. Maintaining the Hub Resources |  |
|  | 1. Maintaining the physical upkeep of the Hub |  |
|  | 1. Conducting surveys on the book utilization/preference |  |
|  | 1. Motivating clientele on maximizing the use of the reading materials according to identified instructional needs |  |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 2 **Observation Rating Scale**

**ACQUISITION AND UTILIZATION OF BOOKS**

(To be accomplished by Central, Regional. Division and School)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form measures the mode of acquisition and maintenance of books in the Hub. Tick the appropriate box if the indicators are achieved or evident. Use the following rating scale according to the number of indicators achieved of evident:

12 – 15 indicators = VS (Very Satisfactory)

8 – 11 indicators = S (Satisfactory)

5 – 7 indicators = F (Fair)

1 - 4 indicators = NI (Needs Improvement)

|  |  |  |
| --- | --- | --- |
| **INDICATORS** |  | **MOVs** |
| Acquisition |  |  |
| 1. Donation (at least 100 copies a year) |  |  |
| 1. Grants (at least 10,000 pesos) |  |  |
| 1. Book shower (at least 100 copies) |  |  |
| 1. Purchased (National/Local Government Funds) |  |  |
| Maintenance |  |  |
| 1. Reported number of books acquired from various means |  |  |
| 1. Reported number of damaged/missing books upon delivery |  |  |
| 1. Reported damaged books due to fortuitous event |  |  |
| 1. Books accessioned |  |  |
| 1. Books catalogued and classified |  |  |
| 1. Books covered with plastic sheet |  |  |
| 1. Books scored in bins |  |  |
| 1. Lost books recovered |  |  |
| 1. Repaired damaged book covers |  |  |
| 1. Repaired books with torn pages |  |  |
| 1. Books lost and replaced |  |  |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 3: **Physical Observation and Rating Scale**

**MAINTENANCE AND HUB RESOURCES**

(To be accomplished by Division)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form gathers feedback on the proper maintenance of Hub’s facilities and equipment.

Use the following rating scale. Check your appropriate answer.

**VERY GOOD (VG):** Maintenance requirements well provided

**GOOD (G):** Shows deterioration in some items due to poor maintenance

**NEEDS IMPROVEMENT (NI):** Shows serious deterioration in many items

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **Very Good** | **Good** | **IN** |
| 1. **Books (Local)** |  |  |  |
| * Big Books |  |  |  |
| * Small Books |  |  |  |
| * Other supplementary reading materials |  |  |  |
| 1. **Books (Foreign)** |  |  |  |
| * Big Books |  |  |  |
| * Small Books |  |  |  |
| * Other supplementary reading materials |  |  |  |
| 1. **Physical Facilities** |  |  |  |
| * Bins |  |  |  |
| * Shelves |  |  |  |
| * Office Tables |  |  |  |
| * Stackable Chairs |  |  |  |
| * Conference Table |  |  |  |
| * Conference Chairs |  |  |  |
| * Card catalog Cabinet |  |  |  |
| * Computer Stand |  |  |  |
| * Computer Chair |  |  |  |
| * Step Stool |  |  |  |
| * Trolleys |  |  |  |
| 1. **Equipment** |  |  |  |
| * Camera |  |  |  |
| * Computers |  |  |  |
| * Printers |  |  |  |
| * Typewriter |  |  |  |
| * Calculator |  |  |  |
| * Bindery Kit |  |  |  |
| * Photocopier/Duplicating Machine |  |  |  |
| * Mimeograph Machine |  |  |  |
| * Barcode scanner |  |  |  |
| * Barcode printer |  |  |  |
| 1. **Office Supplies** |  |  |  |
| 1. **Safety Equipment** |  |  |  |
| * Fire Extinguisher |  |  |  |
| * Burglar Alarm |  |  |  |
| * Monitoring Camera |  |  |  |
| * Padlocks |  |  |  |
| * Others (pls. specify): |  |  |  |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name & Signature of Interviewer/Rator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LH FORM 4 **Observation Rating Scale**

**HUB ACTIVITIES**

(To be accomplished by Division)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form measures the implementation of projects and activities of the Hub. Use a scale of 1 – 3 to assess the degree of implementation where 3 is fully implemented, 2 is ongoing and 1 not started. Check your appropriate answer.

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **3**  **(Fully implemented)** | **2**  **(On-going)** | **1**  **(not started)** |
| 1. Preparing action plan on Hub operation |  |  |  |
| 1. Advocating meetings on Hub operation for teachers and stakeholders |  |  |  |
| 1. Attending national orientation on the Hub operation and conduct of echo training thereafter |  |  |  |
| 1. Undertaking educational and creative activities to attain the objectives of the Hub |  |  |  |
| 1. Keeping records of resources and Hub-related activities |  |  |  |
| 1. Conducting periodic evaluation of pupil’s /students’ Hub-related activities |  |  |  |
| 1. Sourcing-out funds and networking with GOs and NGOs for Hub maintenance |  |  |  |
| 1. Monitoring, evaluation and reporting of the utilization of Hub materials |  |  |  |
| 1. Suggesting plans to improve the Hub operation the following year |  |  |  |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 5 **Observation Rating Scale**

**HUB ASERVICES**

(To be accomplished by Division)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form measures the degree of providing routine Hub Services using the scale below.

Check the appropriate box of your answer.

3 = Always

2 = Sometimes

1 = Never

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMS** | **3**  **(Always)** | **2**  **(Sometimes)** | **1**  **(Never)** |
| 1. Preparing action plan on Hub operation |  |  |  |
| 1. Advocating meetings on Hub operation for teachers and stakeholders |  |  |  |
| 1. Attending national orientation on the Hub operation and conduct of echo training thereafter |  |  |  |
| 1. Undertaking educational and creative activities to attain the objectives of the Hub |  |  |  |
| 1. Keeping records of resources and Hub-related activities |  |  |  |
| 1. Conducting periodic evaluation of pupil’s /students’ Hub-related activities |  |  |  |
| 1. Sourcing-out funds and networking with GOs and NGOs for Hub maintenance |  |  |  |
| 1. Monitoring, evaluation and reporting of the utilization of Hub materials |  |  |  |
| 1. Suggesting plans to improve the Hub operation the following year |  |  |  |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 6

**PROJECT IMPACT EVALUATION**

(To be accomplished by Division and School)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Served: SABTANG CENTRAL SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following outcome indicators show (s) the impact of the project? Please tick.

Improved academic performance

Specify your school achievement level in the last three (3) school years (2007, 2008, 2009)

2007 2008 2009

* English: from\_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS
* Mathematics: from\_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS
* Science: from\_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS
* Filipino: from\_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS
* HEKASI/AP: from\_\_\_\_\_\_\_%MPSto \_\_\_\_\_\_\_%MPS to \_\_\_\_\_\_\_%MPS

Improved reading levels in the last three-years period (2007-2009)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GRADE LEVEL | ENGLISH | | | FILIPINO | | |
| 2007 | 2008 | 2009 | 2007 | 2008 | 2009 |
| I |  |  |  |  |  |  |
| II |  |  |  |  |  |  |
| III |  |  |  |  |  |  |
| IV |  |  |  |  |  |  |
| V |  |  |  |  |  |  |
| VI |  |  |  |  |  |  |
| AVERAGE MPS |  |  |  |  |  |  |

Improved School Indicators in the last three-years period (2007-2009)

2007 2008 2009

Participation Rate \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Completion Rate \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 7a

**BEST PRACTICES**

(To be accomplished by Division and School)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your initiatives in improving the operation of the Hub along the following:

(Please tick the appropriate boxes)

|  |
| --- |
| **TITLE DESCRIPTION** |
| Improvement of facilities  🗸 |
| Procurement of materials |
| Partnership scheme (donor-donee relationship) |
| In-service trainings |
| Program policies |
| Monitoring and Evaluation |
| Reporting |
| Feed backing |
| Others (pls. specify) |

Note: be sure to answer LH Form & b for each item that has been ticked and attach it to this form.

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Indicators Ticked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Descriptive Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name & Signature of Interviewer/Rator

LH FORM 7b

**BEST PRACTICES**

(To be accomplished by Division and School)

Name of Hub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hub Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **TITLE DESCRIPTION** |  |
| **Background** |  |
| **Objective/s** |  |
| **Expected Outcomes** |  |
| **Strategies Used** |  |
| **Project Intervention** |  |
| **Evaluation** |  |
| **Recipients** |  |

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

Printed Name & Signature of Interviewer/Rator