



Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BENGUET
Wangal, La Trinidad, Benguet



RESEARCH PROPOSAL APPLICATION FORM AND ENDORSEMENT OF IMMEDIATE SUPERVISOR

A. RESEARCH INFORMATION

Research Title:	
Short Description of Research	
RESEARCH CATEGORY <i>(Check only one)</i> <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Schools Division <input type="checkbox"/> District <input type="checkbox"/> School <i>(Check only one)</i> <input type="checkbox"/> Action Research <input type="checkbox"/> Basic Research	RESEARCH AGENDA CATEGORY <i>(Check only one main research theme)</i> <input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Child Protection <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Governance <i>(Check up to one cross-cutting theme, if applicable)</i> <input type="checkbox"/> DRRM <input type="checkbox"/> Gender and Development <input type="checkbox"/> Inclusive Education Others (please specify) _____ _____
FUND SOURCE (e.g. BERF, SEF, Others)	AMOUNT
BERF	
PERSONAL FUNDS <i>(include this only if it is applicable)</i>	
TOTAL AMOUNT	

B. PROPONENT INFORMATION

INDIVIDUAL PROPONENT

LAST NAME	FIRST NAME	MIDDLE NAME
BIRTHDATE (MM/DD/YYYY)	SEX	POSITION/ DESIGNATION
REGION/DIVISION/SCHOOL (whichever is applicable)		
CONTACT NUMBER 1	CONTACT NUMBER 2	EMAIL ADDRESS
EDUCATIONAL ATTAINMENT (DEGREE TITLE) Enumerate from bachelor's degree up to doctorate degree	TITLE OF THESIS / RELATED RESEARCH PROJECT	
SIGNATURE OF PROPONENT:		

IMMEDIATE SUPERVISOR'S CONFORME

I hereby endorse the attached research proposal. I certify that the proponent/s has/have the capacity to implement a research study without compromising his/her office functions.

Name and Signature of Immediate Signature
Designation: _____
Date: _____



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RESEARCH PROPOSAL APPROVAL FORM

Title of Research: _____

Name and signature of proponent: _____

Contact Number _____

Name and address of school affiliated: _____

Reviewed by:

XYLENE GRAIL D. KINOMIS
SEPS Planning & Research
SDRC Member

Education Program Supervisor
SDRC Member

RIZALYN A. GUZNIAN, Ed. D.
Chief Education Supervisor
CID
SDRC Co- Chair

LUCIO B. ALAWAS
Chief Education Supervisor
SGOD
SDRC Co-Chair

Recommending Approval:

NESTOR L. BOLAYO
OIC – Assistant Schools Division Superintendent
SDRC Chairman

Approved:

MARIE CAROLYN B. VERANO
Schools Division Superintendent
SDRC Adviser



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RESEARCH PROPOSAL EVALUATION FORM

Title of Research:

Name and signature of proponent: _____

Name and address of school affiliated: _____

Schools Division Research Committee	General Remarks	Action Taken
Xylene Grail D. Kinomis SEPS Planning & Research SDRC Member		<input type="checkbox"/> Recommended for Approval <input type="checkbox"/> Returned to incorporate suggestions / corrections
_____ EPS - _____ SDRC Member		<input type="checkbox"/> Recommended for Approval <input type="checkbox"/> Returned to incorporate suggestions / corrections
Rizalyn A. Guznian, Ed. D. Chief Education Supervisor CID SDRC Co-Chair		<input type="checkbox"/> Recommended for Approval <input type="checkbox"/> Returned to incorporate suggestions / corrections
Lucio B. Alawas Chief Education Supervisor SGOD SDRC Co-Chair		<input type="checkbox"/> Recommended for Approval <input type="checkbox"/> Returned to incorporate suggestions / corrections

DECLARATION OF ABSENCE OF CONFLICT OF INTEREST

1. I, _____, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise my judgment in evaluating, conducting, or reporting research.
2. I hereby declare that I do not have any personal conflict of interest that may arise from my application and submission of my research proposal. I understand that my research proposal may be returned to me if found out that there is conflict of interest during the initial screening as per (insert RMG provision).
3. Further, in case of any form of conflict of interest (possible or actual) which may inadvertently emerge during the conduct of my research, I will duly report it to the research committee for immediate action.
4. I understand that I may be held accountable by the Department of Education and (insert grant mechanism) for any conflict of interest which I have intentionally concealed.

PROPONENT: _____

SIGNATURE: _____

DATE: _____

DECLARATION OF ANTI-PLAGIARISM

1. I, _____, understand that plagiarism is the act of taking and using another's ideas and works and passing them off as one's own. This includes explicitly copying the whole work of another person and/or using some parts of their work without proper acknowledgment and referencing.
2. I hereby attest to the originality of this research proposal and has cited properly all the references used. I further commit that all deliverables and the final research study emanating from this proposal shall be of original content. I shall use appropriate citations in referencing other works from various sources.
3. I understand that violation from this declaration and commitment shall be subject to consequences and shall be dealt with accordingly by the Department of Education and (insert grant mechanism).

PROPONENT: _____

SIGNATURE: _____

DATE: _____



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RESEARCH COMPLETION REPORT EVALUATION FORM

Title of Research:

Name and signature of proponent: _____

Name and address of school affiliated: _____

Schools Division Research Committee	General Remarks	Action Taken
Xylene Grail D. Kinomis SEPS Planning & Research SDRC Member		<input type="checkbox"/> Recommended for Acceptance <input type="checkbox"/> Returned to incorporate suggestions / corrections
_____ EPS - _____ SDRC Member		<input type="checkbox"/> Recommended for Acceptance <input type="checkbox"/> Returned to incorporate suggestions / corrections
Rizalyn A. Guznian, Ed. D. Chief Education Supervisor CID SDRC Co-Chair		<input type="checkbox"/> Recommended for Acceptance <input type="checkbox"/> Returned to incorporate suggestions / corrections
Lucio B. Alawas Chief Education Supervisor SGOD SDRC Co-Chair		<input type="checkbox"/> Recommended for Acceptance <input type="checkbox"/> Returned to incorporate suggestions / corrections



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RESEARCH COMPLETION REPORT ACCEPTANCE FORM

Title of Research: _____

Name and signature of proponent: _____
Contact Number _____
Name and address of school affiliated: _____

Reviewed by:

XYLENE GRAIL D. KINOMIS

SEPS Planning & Research
SDRC Member

Education Program Supervisor _____
SDRC Member

RIZALYN A. GUZNIAN, Ed. D.

Chief Education Supervisor
CID
SDRC Co- Chair

LUCIO B. ALAWAS

Chief Education Supervisor
SGOD
SDRC Co-Chair

Recommending Acceptance:

NESTOR L. BOLAYO

OIC – Assistant Schools Division Superintendent
SDRC Chairman

Accepted:

MARIE CAROLYN B. VERANO, CESO VI

Schools Division Superintendent
SDRC Adviser

Checklist/ Format 1 ACTION RESEARCH

PROPOSAL			COMPLETION				
Forms	Attached	Not Attached	Forms	Attached	Not Attached		
SDRC Review Form	Attached to memo		SDRC Review Form	Attached to memo			
Approval Form			Acceptance Form				
Research Proposal Application Form and Endorsement of Immediate Supervisor	Download forms at DepEd Order no. 16, s. 2017		Research Proposal Application Form and Endorsement of Immediate Supervisor attached	Download forms at DepEd Order no. 16, s. 2017			
Anti-Plagiarism Declaration			Anti-Plagiarism Declaration attached				
Declaration of absence of conflict of interest			Declaration of absence of conflict of interest attached				
Blank Appraisal Form for SDRC			Blank Appraisal Form for SDRC				
Other Attachments & Format			Attached			Not Attached	Other Attachments & Format
Title Page			Title Page				
Table of Contents			Abstract				
Context and Rationale			Acknowledgement				
Action Research Questions			Table of Contents				
Innovation, intervention, and strategy			Context and Rationale				
Action Research Methods: Participants and / or other sources of data and information			Action Research Questions				
Action Research Methods: Data Gathering Methods			Innovation, intervention, and strategy				
Action Research Methods: Data Analysis Plan			Action Research Methods: Participants and / or other sources of data and information				
Action Research Methods: Ethical Issues			Action Research Methods: Data Gathering Methods				
Action Research Work plan and Timeline			Action Research Methods: Data Analysis Plan				
Cost Estimates			Action Research Methods: Ethical Issues				
Plan for Dissemination and Utilization			Discussion of Results and Reflection				
Reference (APA)			Conclusion and Recommendation				
Attached Tool / module / cognitive tests			Action Plan				
Remarks: (only to be filled-in by Planning and Research Section)			References				
			Financial Report				
			Appendices				
			Remarks: (only to be filled-in by Planning and Research Section)				