# LOCAL OFF-CAMPUS ACTIVITY FORM

**Report of Compliance**

Before the Off-Campus Activity

(Following CHED CMO No. 63 Series of 2017)

2023-2024

# OFFyouGOform

**General Guidelines:**

1. This OFFyouGO form applies to all, SHSSHS, undergraduate and graduate studies.
2. Download the OFFyouGo form *(https://www.dlshsi.edu.ph/academics/student-affairs/downloadable-forms/)*
3. Submit the OFFyouGOform with its supporting documents to TSA at least 25 working days before the target date of the event.

* 5 (Five) days for TSA review and validation of conformes
* 5 (Five) days for the signing of VCA, President, notarization of Certificate of Compliance, and request of Transmittal from The registrar’s Office
* 15 (fifteen) days for CHED requirement

1. All documents shall be submitted in hard copy, enclosed in one folder.
2. Once The Student Affairs has reviewed and validated the content of the OFFyouGO form with completion, the requesting unit/department/organization/college must accomplish the “Certificate of Compliance” for notarization.
3. With a notarized Certificate of Compliance, the requesting unit/department/organization/college shall submit it to the Registrar’s Office to secure a Letter of Endorsement/Transmittal addressed to the CHED Regional Director through email or to their regional office located at City Hall Compound, Brgy President Jose P. Laurel Hwy, Lipa, Batangas.
4. The CHED will review the documents and will give feedback within 15 working days through the Registrar’s office.
5. No need to submit/process the OffYouGo if the off-campus activity is part of a Clinical Internship except for extra-curricular. Please refer to the separate CMO about the Clinical Internship Program.

**Summary list of supporting documents:**

*Please check if it has already been accomplished:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attachment #** | **Type of Document** | **Step #** |
|  | 1 | Accomplished OffYouGo Form | -- |
|  | 2 | If the Off-Campus activity is:   * Curriculum – attach the Syllabus. * Non-curriculum – attached (whichever is applicable) the Letter of Invitation from the organizing committee, or Intent letter duly approved and signed by the immediate head, VCA, and President | Step 2  Step 3.1  (curriculum)  Step 4 (non-curriculum) |
|  | 3 | Provision of Alternative Classes (if needed only)   * If NO: A letter explaining WHY ALL MUST ATTEND |
|  | 4 | Approved letter of intent allowing to conduct/join the Off-Campus Activity duly approved and signed by the respective Director, Dean, and VCA (if needed)   * The letter shall be course through to the Dean of the TSA, SDAD Chair, and SHSD chair | Step 6 |
|  | 5 | Cost/Fees/Fund Source   * This can be reflected in the AFPP, Resolution, Sponsorship Letter and Special collection from the student/s | Step 2.5  Step 9 |
|  | 6 | Faculty Conforme who will be joining the Off-Campus activity | Step 6 |
|  | 7 | Student Notarized Conforme (applicable within and outside Cavite) | Step 7 |
|  | 8 | Certificate of Validation from the Student Discipline and Formation | Step 7 |
|  | 9 | Report from School Clinic of Medically Cleared Students or Medical clearance c/o SHSD | Step 8 |
|  | 10 | Student and Faculty Insurance | Step 9 |
|  | 11 | List of Expenses *(whichever is applicable)*   * Letter of Approved Budget * Approved Breakdown * AFPP (if there is) | Step 10 |
|  | 12 | Mobility of the student such as – refer to step 11.   * Photocopy of Transportation Trip Ticket request c/o Transportation unit (if land travel) * Booking ticket/details with travel insurance if air and/or sea travel – must secure the approval of the off-campus activity before booking | Step 11 |
|  | 13 | Communication letter addressed to LGUs/NGOs (if needed only) – refer to step 12. | Step 12 |
|  | 14 | Minutes of the Meeting – refer to step 13. | Step 13 |
|  | 15 | Printed copy of the CHED Memorandum Order No. 63; Series of 2017, Policies & Guidelines on Local Off-Campus Activities | Step 6 |
|  | 16 | Printed copy of the Article XVI; Under Student Activities; Section 9: “Off-campus activities”. | Step 6 |

**Procedures:**

**STEP 1:** General Information About Off-Campus Activity

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name**  **Title/Name of Off-Campus Activity** |  | | |
| **College/Course/Organization** |  | | |
| **Organizer** *(Please check)* | \_\_\_ DLSMHSI/College/Department  \_\_\_ Outside/External Organization  *Name of Organization:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Destination/s & Venue** |  | | |
| **Inclusive Date/s** |  | | |
| **Number of Students** |  | Compute for **Faculty: Student Ratio** | : |
| **Number of Faculty Members**  **(Personnel-in-Charge [PIC])** |  |

*\*Please be reminded to ensure a* ***1:35/50*** *PIC-student ratio for the curricular activities. For non-curricular, the DLSMHSI-TSA shall adopt an appropriate PIC-student ratio, as it deems fit. (CHED CMO No. 63 Series of 2017, Page 5)*

**STEP 2:** Specific Information about Off-Campus Activity

\**Please mark the chosen entry about the nature of off-campus activity with a check*

1. Classification of Off-Campus Activity - *(CHED CMO No. 63 Series of 2017)*

|  |  |  |
| --- | --- | --- |
|  | **Educational Tour** | Refer to off-campus learning activities which last for more than one (1) day and involve relatively more places of destination than a field trip. |
|  | **Field Trip** | Refer to off-campus learning activities which are of relatively shorter duration usually lasting for only one (1) day and with fewer places of destination. |

1. Category of Off-Campus Activity

|  |  |  |
| --- | --- | --- |
|  | **Curricular** | Are required off-campus activities and considered integral part of the instructional program. All students are expected to attend the scheduled off-campus activity since it is part of the regularly scheduled class time. *(Proceed to STEP 3)* |
|  | **Non-Curricular** | Considered otherwise from latter. Non-program-based activities and are left to the discretion of DLSMHSI for strategies of implementation as long as the safety & security of the students are duly ensured. *(Proceed to STEP 4)* |

1. Provision of Alternative Classes *– if the off-campus activity is part of the curriculum.*

|  |  |  |
| --- | --- | --- |
|  | **YES** | Must provide mechanisms for the implementation of parallel activities to those students will not be participating in the activity. |
|  | **NO** | Requires separate sheet explaining WHY ALL MUST-ATTEND (Attachment # 3 – if needed only)  *\*Subject for approval by DLSMHSI-President; VCA; College Dean; Year-Level Coordinator/Adviser and TSA Dean (HEI’s Discretion)* |

1. Venue of Off-Campus Activity & Mode of Travel

|  |  |  |  |
| --- | --- | --- | --- |
|  | **International\*** | Require separate letter “Letter Addressed to Parents” & FLIGHT #: | |
|  | **National** |  | By Land: \_\_\_\_ Owned by DLSMHSI or \_\_\_\_ 3rd party/subcontracting (outsource) |
|  | By Sea: Vessel Name: Voyage No.: |
|  | By Air: with FLIGHT #: |
|  | Commute: |

*\*As much as practicable, the destination of off-campus activities should be NEAR the concerned HEI to minimize cost.*

*\*International educational tours or field trips shall be governed by separate CHED Memo Order No. 26, s. 2015*

1. Cost/Fees/Fund Source - *This can be a separate letter or part of the Activity Form and Project Proposal (AFPP)*

|  |  |  |
| --- | --- | --- |
|  | **Part of Enrolment** | \**The fees to be collected from the students must be duly approved & disseminated to stakeholders concerned. (Letter of Approved Budget)*  *\*There should be a breakdown of fund sources & other resources properly secured & accounted for. (Approved Breakdown)* |
|  | **Special Collection** |
|  | **Sponsored** | Letter of Sponsorship |
|  | **Others** | Any supporting document/s (AFPP) |

**STEP 3:** Nature of Off-Campus Activity if considered part of CURRICULUM

*\*Please mark chosen entry about nature of off-campus activity with check*

1. Curricular

|  |  |
| --- | --- |
|  | Visits to reputable firms or government sites & other areas identified by concerned local government units concerned (LGUs) safe for students; or |
|  | Visits which are considered under culture and arts related activities i.e., museums, cultural sites, landmarks, & other related venues; or |
|  | Visits to plant industry, host training establishment visit, institution learning visit/benchmarking, hospital visit, & other related visits; or |
|  | Participation &/or attendance in degree program-relevant events; or |
|  | Field study/Experimental Learning/ related Learning Experience/Community Immersion  Referred to off-campus activities which are congruent to the learning outcomes of the course in terms of time & context. These activities require substantial off campus learning as curriculum delivery. |
|  | Others: Please specify: |

*\*Gentle Reminder: Should be part of APPROVED CURRICULUM: duly approved by DLSMHSI & duly noted by the CHED Regional Offices [CHEDROS’s] (CHED CMO No. 63 Series of 2017)*

**FOR CURRICULAR-TYPE OF OFF-CAMPUS ACTIVITY:**

Prepare Proofs as “Attachment # 1” *(for Curricular-Type of Off-Campus Activity Only)*

Then please skip STEP 4 & Proceed to STEP 5

|  |  |
| --- | --- |
| **ATTACHMENT # 1** | **PROOFS** |
| The curriculum should include the off-campus activity with corresponding unit credits and time-allotment whether or laboratory hours, specifying course title & unit credits | 1. Course Syllabus which reflects the relevance of requiring an educational tour & field trip. 2. Minutes of the Meeting. 3. Or: Discussed/Agendum during Parent Orientation 4. Or: Sample Invitation/Program from Organizer   *(CHED CMO No. 63 Series of 2017)* |

**STEP 4:** Nature of Off-Campus Activity if considered **NOT** part of CURRICULUM.

*\*Please mark chosen entry about nature of off-campus activity with check*

Non-Curricular (Extracurricular/Paracurricular)

|  |  |
| --- | --- |
|  | Mission-based activities e.g., retreat, recollection, etc.; or |
|  | Conventions, seminars, conferences, symposia, trainings, leadership trainings, & teambuilding; or |
|  | Volunteer work including peer helper programs, relief operations, community outreach, medical mission |
|  | Advocacy projects and campaigns; or |
|  | Participation in sports activities; or |
|  | Culture & arts performances & competition; or |
|  | Interschool competitions/tournaments; or |
|  | Research presentation/competitions; or |
|  | Activities initiated by recognized various student groups |
|  | Others: Please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR NON-CURRICULAR-TYPE OF OFF-CAMPUS ACTIVITY:**

Prepare Proofs as “Attachment # 3” *Invitation from duly recognized Organizer or Official Memo/Letter of Invitation of sponsoring group/organization.*

**STEP 5:** Description of Off-Activity

|  |  |
| --- | --- |
| **General Objective:** |  |
| **Specific Objectives:** | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| Brief Description of Activities *(Please include Desired Projected Outcome)* | |
|  | |

**STEP 6:** Instructions from DLSMHSI-TSA

*\*This will serve as checklist. Put a check once considered DONE & COMPLETED by the unit/department/college/*

*organization*

|  |  |
| --- | --- |
|  | As faculty adviser/Faculty in charge, I was able to accomplish the following:  \_\_\_ Read CHED Memorandum Order No. 63; Series of 2017 re: ***“Subject: Policies & Guidelines on Local Off-Campus Activities.”***  ***\_\_\_*** Able to discuss with the students the vital content of the Local Off-Campus Activities by the CHED  \_\_\_ Provide a printed copy of the CHED Memorandum Order No. 63; Series of 2017 |
|  | As faculty adviser/Faculty in charge, I was able to accomplish the following:  \_\_\_ Read DLSMHSI Institutional Student Handbook S.Y. 2020-2023 page 81; Article XVI; Under Student Activities; Section 9: ***“Off-campus activities.”***  ***\_\_\_*** Able to discuss with the students the vital component of the DLSMHSI Institutional Student Handbook S.Y. 2020-2023 page 81; Article XVI; Under Student Activities; Section 9: ***“Off-campus activities”.***  \_\_\_ Provide a printed copy of the Article XVI; Under Student Activities; Section 9: “Off-campus activities”. |
|  | Check Collegiate IRR/Policies/Procedures regarding Off-Campus Activity – if there is |
|  | Create/Furnish a Letter addressed to DLSMHSI-VCA *(Part of Attachment # 4 – two (2) copies)*  **Date:**  **To:** Naomi M. de Aro, RN, MAN, EdD  **Vice Chancellor for Academics**  *Through:* Billy Jay N. Pedron, PTRP, PhD  **Dean, TSA**  Floyd Robin Puno, PTRP, CWAT, MAE  **Chair for Student Development and Activities Department (SDAD)**  Jomar Jake Buenafe, RN, CSHC  **Chair for Student Health and Safety Department (SHSD)**  Roberto III L. Cruz, RN, MAN  **Chair, Student Discipline and Formation Department (SDFD)**  **From:** *(Faculty in-charge/Adviser/Subject or year level Coordinator)*  **Endorsed by:**  *(College Vice Dean/Director/Chair)*  **Recommending for Approval:**  *(College Dean/Director/Student Organization Adviser)*    ***Note: Purpose of letter for TSA***   1. *Dean of the TSA to signify ATTENTION for Off-Campus Activity* 2. *SDAD Chair to check and validate the compliance with the OffYouGoForm requirements.* 3. *SHSD chair to check and provide medical clearance and borrowing of first aid kit.* 4. *SDFD chair to validate the compliance of students with the Student Conforme.* 5. *Submit a separate letter to SHSD and SDFD*   *Make sure to include in the letter* ***the complete list of participating students*** *with their program/course, year level.* |
|  | Ensure all letters signed & approved by all correspondents *(College Dean; Vice-Dean & Year-Level Coordinator or Faculty-In-Charge)* |
|  | Start distributing Consent Forms to get Consent of Parents or Student’s Guardian.  Downloadable “Student Conforme” Form through: <http://www.DLSMHSI.edu.ph/academics/office-of-student-services/downloadable-forms-TSA> |
|  | Collect All Student Conforme (Proceed to STEP 7 re: Conforme Strict Requirement) |

**STEP 6:** Personnel-In-Charge (PIC)

***Reminder:*** The designated PIC must be an employee of the institution & must have the appropriate qualifications & experiences related to off-campus activities. When necessary, Identify the overall leader amongst the PIC’s. Designation or order from the Administration indicating PIC’s roles and responsibilities before, during, & after the off-campus activities. Relevant certificate in First-Aid Training

|  |  |  |
| --- | --- | --- |
| **Overall College**  **Faculty-In-Charge** | |  |
| **Accompanying Faculty Members**  *\*Gentle reminder:*  *follow 1:35/50* | | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| **Accompanying College/Institutional Staff Members**  *(School nurse, NTPs, etc.)* | | 1. |
| 2. |
| 3. |
| **Contact Information of Overall College Faculty-In-Charge** | | |
| **Name:** |  | |
| **Cellphone #:** |  | |
| **Email address:** |  | |

*Secure “Faculty Conforme” at least 4 weeks before set date. Downloadable “Faculty Conforme” Forms through:* [*http://www.DLSMHSI.edu.ph/academics/office-of-student-services/downloadable-forms-TSA*](http://www.dlshsi.edu.ph/academics/office-of-student-services/downloadable-forms-oss)

Compiled “Faculty Conforme” will serve as Attachment # 5

**STEP 7:** Strict Requirement re: Student Conforme

|  |
| --- |
| 1. Complete Name; Complete Address; Contact Number |
| 1. Please declare “relationship to-student” of signing parent/guardian |
| 1. Photocopy of signing parent/guardian’s government-issued ID.   *\*If the signing guardian is a landlord; landlady; faculty member; mentor; adviser; chair of International Student Desk or the likes – It is a must to secure printed copy of SMS &/or E-mail deputizing & stating that signatory will serve as immediate guardian for that specific event.* |
| 1. Duly Notarized Student Conforme/Subscribed Consent (CHED CMO No. 63 Series of 2017, page 7) – Applicable if the Off-Campus Activity is **within or outside** Cavite Province |
| 1. **Submit Conforme 30-working days/4 weeks PRIOR** schedule date of egress for checking c/o Discipline Officers of DLSMHSI-TSA-Student Discipline & Formation Department   *Note: The organizing committee shall be in charge of following up on the result of the conforme evaluation made by the Discipline Officers of the DLSMHSI-TSA-Student Discipline & Formation Department.*  *The Discipline Officers of DLSMHSI-TSA-Student Discipline & Formation Department shall release a* ***“Certificate of Validation”*** *signed by the Discipline Officer, Chair of the Student Discipline & Formation Department and Dean of the TSA. This will serve as* ***attachment # 7*** |
| 1. Please make sure to submit Conforme with detached “Parent Copies” of the Conforme as we leave them to parents/guardians |

**STEP 8:** Medical Clearance of the Students

|  |
| --- |
| 1. The School Clinic will determine based on their record which participating students shall be required to undergo medical examination prior to the off-campus activity.   Determinant of medical examination:   * 1. Nature of activities   2. With existing medical conditions *(based on the database of the School Clinic)*   3. Others |
| 1. The school clinic through its School Nurse shall release the names of students to undergo medical examination (should there be any). |
| 1. The school clinic shall release a **“Report from School Clinic of Medically Cleared Students”** duly signed by the School Physician (Part of Attachment # 8) at least 4 weeks prior set date of activity. |
| 1. Students who are declared **NOT CLEARED**: either School Physician will prescribe special attention/needed standby-medication or totally **NOT** allowed to join the trip |
| 1. Give due consideration to students or learners with special needs or Persons-with- Disabilities (PWDs) |
| 1. Should inform the faculty-In-Charge regarding Person/Student-At-Risk during Tour/Trip |
| 1. The list of materials needs for the “First Aid Kit” shall be requested from the school clinic. On the other hand, the organization/colleges shall be the one to produce or procure the suggested content of the first aid kit. |
| 1. Highly recommended: ask for an accompanying School Nurse during your Off-Campus Tour. A separate letter shall be submitted to TSA. |

**Step 9:** Student and Faculty Insurance

* 1. Secure a letter addressed Property head for student and faculty Insurance.
  2. To: Ms. Maura G. Polmano, CPA

Property Head

* 1. Send the letter to the *mgpolmano@dlsmhsi.edu.ph*

**STEP 10:** Fees/Fund Source

1. Reminder: Students should only be charged for:
   1. Actual costs of transportation.
   2. Entrance fees, and;
   3. Related expenses (subject to consultation).
2. Requirements:

|  |
| --- |
| The fees to be collected from the students must be duly approved & disseminated to stakeholders concerned.  “Letter of Approved Budget” **Attachment # \_9\_** |
| There should be a breakdown of fund sources & other resources properly secured & accounted for.  “Approved Breakdown” **Attachment # \_9\_** |

***Reminder:*** *These should be part of Parent-Student Orientation &/or Consultation*

*In some cases, the fees or expenses are shouldered or sponsored by the unit/department/college/organizing committee.*

**STEP 11:** Mobility of Students

Ensure to follow the guidelines applicable to your scenario:

|  |
| --- |
| 1. Call DLSMHSI Motorpool through local 1441 look for Sir Larry Pechino re: Mobility of Students. This can be done by the faculty-in-charge |
| 1. Ask for PTSAible Proofs listed after this table: |
| 1. Should Follow: 1:10 if van; 2:50/60 if bus; for NSTP 1:14/18 if jeepney. *(NO Student in-front-passenger’s seat)* |

|  |  |  |
| --- | --- | --- |
| **Mark with Check** | **Choices** | **PROOFS Needed**  *c/o transportation unit of DLSMHSI* |
|  | OWNED By the HEI (DLSMHSI) | *Trip Ticket Request (photocopy only signed by the requesting unit/department/college/organization)*  *\*Will serve as Attachment # 10*  *In-house and outsourcing must comply with the comply with the minimum requirements set by the institution* |

*Note: All asking documents/details c/o the transportation office*

1. If air and sea travel:
   1. Ensure to attach the travel details such as air/sea booking or ticket.
   2. Ensure to attach the photocopy of the **travel insurance.**

**STEP 12**: Coordination with Government, LGUs/NGOs

The HEI (DLSMHSI) should duly coordinate with appropriate LGUs/NGOs. If they are the ones who will organize the off-campus activity

Whenever necessary for the safety & convenience of the touring party, advance & proper coordination with the local government units with acknowledged letter from the concerned government agency shall be secured before the scheduled dates of the activity.

*Note: In the event that the HEI (DLSMSHSI) invited for an off-campus activity by an external organization, it is the responsibility of the external organization to coordinate with the LGUs/NGOs about this matter.*

PTSAible Proofs: (will serve as Attachment # 10) –I

Copy of the letter/s sent to the LGUs, i.e., letters addressed to City Mayor of Destination, City Mayor/s whose roads will be used for vehicular traffic and considered public access towards area of destination, Museum Director, President of Chosen Venue, or CEO, CHED, DOT, DILG, LTO, LTFRB, LCP, LMP, & the likes

It is the obligation of government agencies, based on their respective mandates, to provide necessary services, actions, & assistance relative to off-campus activities pursuant to the JMC that shall be issued by & between the forenamed agencies. *(CHED CMO No. 63 Series of 2017, pages 4,5, & 8)*

**STEP 13:** Activities Prior Off-Campus Tour/Trip

|  |  |
| --- | --- |
|  | **PROOFS will all serve as ATTACHMENT # 11** |
| 1. General Orientation to Students | * Set a meeting with all participating students and parents * Minutes & attendance of the briefing & consultation conducted with concerned students, faculty & stakeholders. Make sure Signatures are affixed by all attendees. * Pictures or proof of meeting/s/gathering |
| 1. Announcement to students, faculty, & parents of the activity 1 or 2 months before the scheduled date of the conduct of off-campus activities. | * Letters to parents, students, & adult companions preferably faculty. * Appointment with Conforme of Personnel-in-charge. * Sample bulletin postings * Pictures of these materials (while posted) |
| 1. Briefing to concerned faculty & students and provide the needed info materials before the trip. | * Itinerary * Handy information materials for students |
| 1. Learning journals for students regarding the planned off-campus activity. Reading Materials prior exposure | * The standard format of learning journals given to students * Assigned reading-material |
| 1. Emergency Preparedness Plan to be given to students & stakeholders | * Appropriate Report |
| 1. Proposed alternative/parallel activity for student/s who cannot join the off-campus activity – if applicable | * Proposed activity-equivalence |
| 1. Ocular Visit – if applicable | * Planned Visit, Minutes, Invitation * Pictures |

*(CHED CMO No. 63 Series of 2017 others required by DLSMHSI-TSA*

**Probable Areas of Violations**

***Reminder:*** The following are considered violations of these policies and guidelines:

1. Failure to comply with any of the requirements in the CMO, such as:
   1. Conduct of orientation or consultation.
   2. Conduct of activity without the approval of the President/ Head of the HEI.
   3. Verification with the agency concerned on road worthiness of vehicles.
   4. Validation of the appropriate license of the driver.
   5. Establishment of parallel activities.
   6. Submission of required reports to CHEDRO.
   7. Submission of requirements per required timelines; or
2. Compliance with the requirements and obligations (Faculty / student ratio, loading capacity of transportation, etc.).
   * 1. Imposition of punitive measures upon the student who failed to attend / join the activity.
     2. Deployment of unqualified PIC.
     3. All other analogous circumstances.

*(CHED CMO No. 63 Series of 2017, page 11. Please also read the sanctions)*

**STEP 14:** Report of Compliance

*To be accomplished the requesting unit/department/organization/college*

Name of HEI: **De La Salle Medical and Health Science Institute (DLSMHSI)**

Address: **DLSMHSI, Governor D. Mangubat Avenue, City of Dasmariñas, Cavite**

Region: **IV-A**

Date Complied: **MM-DD-YEAR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name**  **Title/Name of Off-Campus Activity** |  | | |
| **College/Course/Organization** |  | | |
| **Destination/s & Venue** |  | | |
| **Inclusive Dates** |  | | |
| **Number of Students** |  | **Compute for Faculty: Student Ratio** | : |
| **Number of Faculty Members to join the activity** |  |

|  |  |
| --- | --- |
| **Student Name** *(Surname, Name, MI)* | **Program, year Level, Section** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Overall College Faculty-In-Charge** |  | |
| **Faculty/Staff/NTP Name (***Surname, Name, MI)* | | **Designation** *(Faculty, Admin post, Adviser, Etc.)* |
|  | |  |

*Gentle reminder: follow 1:35/50*

**Report Before the Activity (***to be accomplished by the SDAD-TSA)*

|  |  |  |  |
| --- | --- | --- | --- |
| **REVIEW OF ATTACHEMENTS** | **COMPLIANCE** | | |
| **Checklist** | **YES** | **NO** | **Remarks** |
| 1. Curriculum Requirement |  |  |  |
| 1. Destination |  |  |  |
| 1. Students:   Consent of the Parents/Guardians |  |  |  |
| 1. Personnel-In-Charge conforme |  |  |  |
| 1. First Aid Kit   Medical Clearance of the Students |  |  |  |
| 1. Fees/Funds |  |  |  |
| 1. Insurance   Student Insurance  Travel Insurance |  |  |  |
| 1. Mobility of Student (vehicles) – photocopy only |  |  |  |
| 1. LGUs/NGOs coordination |  |  |  |
| 1. Minutes of the Meeting with the students and parents |  |  |  |
| 1. Minutes of the Meeting with the students and parents   Orientation to Students  Consultation  Announcements  Briefing Before the Trip  Learning Journals  Emergency Preparedness Plan |  |  |  |
| **Verified by:**  **Floyd Robin M. Puno, PTRP, CWAT, MAE**  Chair, Student Development and Activities - TSA | | | |

**STEP 15:** HEI Certification & Recommendation Prior Submission to CHEDRO/CHED

|  |  |
| --- | --- |
| **Certified Correct** | **Recommending Approval** |
|  | **Naomi M. de Aro, RN, MAN, EdD** |
| **Personnel-In-Charge** | **Vice President for Academics** |
|  | **Antonio B. Ramos, MD, FPCS, FPATACSI, MBA** |
| **Dean or Program Director** |
| **Billy Jay N. Pedron, PTRP, PhD** |
| **Dean of The Student Affairs** | **President/Head of HEI/ Authorized Rep** |