IMPLEMENATION OF THE JOINT DELIVERY VOUCHER PROGRAM FOR
SENIOR HIGH SCHOOL TECHNICAL VOCATIONAL LIVELIHOOD
SPECIALIZATIONS (JDVP-SHS TVL) FOR SY 2020-2021

To: Schools Division Superintendents

1. Pursuant to DepEd Order 35, s. 2020, entitled “Guidelines on the
   Implementation of the Joint Delivery Voucher Program for Senior High School
   Technical Vocational Livelihood Specializations (JDVP-SHS TVL) for School Year
   2020-2021,” the Department of Education through the Bureau of Curriculum
   Development would like to reiterate the task to be done relevant to the said
   guidelines.

2. In this connection, this Office forwards the attached templates to be
   accomplished for the implementation of the Joint Delivery Voucher Program for
   Senior High School Technical Vocational Livelihood for School Year 2020-2021.

3. For information, guidance and compliance.

TOLENTINO G. AQUINO
Director III
OIC-Office of the Regional Director

Encl.: DM-OUCI-2020-378
Reference: DM-OUCI-2020-378
To be included in the Perpetual Index
   Under the following subjects:

   IMPLEMENTATION
   JDVP-SHS TVL

CLMD/jra/jed/RMCLMD
December 7, 2020
**LIST OF LEARNER-BENEFICIARIES**  
**SY 2020-2021**

<table>
<thead>
<tr>
<th>LRN</th>
<th>Name of Learner-Beneficiaries</th>
<th>TVL Specialization/s (Taken in Grade 11)</th>
<th>TVL SPECIALIZATION/S (To be taken in Grade 12 to complete the SHS TVL Specializations)</th>
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</tbody>
</table>

Total Number of Learner-Beneficiaries: __________

Prepared by: ____________________________  
Certified by: ____________________________

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**Class Adviser**  
*(Signature over Printed Name)*

---

**School Head/Authorized Representative**  
*(Signature over Printed Name)*
JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVLS)

CONSOLIDATED LIST OF NUMBER OF LEARNER-BENEFICIARIES
FOR SY 2020-2021

Region: ____________________________
Division: __________________________
Division Contact No.: __________________________
Division Email Address: __________________________
Division's Focal Person for JDVP-TVLS: __________________________
Contact Detail of the Division's Focal Person for JDVP-TVLS:
   a. Cellphone No.: __________________________
   b. Landline No.: __________________________
   c. Email Address: __________________________

Total Number of Schools that will participate in the implementation of JDVP-TVLS for SY 2019-2020:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>School ID</th>
<th>School Address</th>
<th>School Contact No./ Email Address</th>
<th>Contact Person (JDVP-TVLS Focal Person for the School Level)</th>
<th>No. of Learner-Beneficiaries</th>
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<tbody>
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</tbody>
</table>

Total Number of Learner-Beneficiaries for the Entire Division:

PREPARED BY:

__________________________
Division TVLS Supervisor or Assigned JDVP-TVLS
Focal Person for the SDO
(Signature over Printed Name)

CERTIFIED:

__________________________
Schools Division Superintendent
(Signature over Printed Name)
Region: 
Address: 

Contact Details 
a. Cellphone No.: 
b. Landline No.: 
c. Email Address: 

Regional TVL Supervisor / Regional Focal Person for JDVP-TVL: 

Contact Details of the Regional TVL Supervisor / Focal Person for JDVP-TVL: 
a. Cellphone No.: 
b. Landline No.: 
c. Email Address: 

Total Number of Divisions that will participate in the JDVP-TVL: 

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>Address</th>
<th>Contact No. Email Address</th>
<th>Contact Person (Person-In-Charge of JDVP-TVL in the Division Level)</th>
<th>No. of Learner-Beneficiaries</th>
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</table>

Total Number of Learner-Beneficiaries for the Entire Region: 

PREPARED BY: 

Regional TVL Supervisor or Assigned JDVP-TVL Focal Person for the Regional Office (Signature over Printed Name) 

CERTIFIED: 

Regional Director (Signature over Printed Name)
LIST OF LEARNER-BENEFICIARIES
SY 2020-2021

Region: ___________________________ School Contact No.: ___________________________
Division: __________________________ School Email Address: ___________________________
School: ___________________________ School Contact Person: (In-charge of JDVP-TVL) ___________
School Address: ___________________________

<table>
<thead>
<tr>
<th>LRN</th>
<th>Name of Learner-Beneficiaries (Surname, First Name, Middle Name)</th>
<th>VOUCHER Number</th>
<th>TVL Specialization/s (Taken in Grade 11)</th>
<th>TVL SPECIALIZATION/S (To be taken in Grade 12 to complete the SHS TVL Specializations)</th>
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</table>

Total Number of Learner-Beneficiaries for the entire school: __________

Prepared by: ___________________________ Certified by: ___________________________

Focal Person of JDVP-TVL – School Level
(Signature over Printed Name)

School Head/
Authorized Representative
(Signature over Printed Name)
MEMORANDUM
DM-OUCI-2020-378

TO : MINISTER, MBTHE-BARMM
    REGIONAL DIRECTORS

FROM : DIOSDADO M. SAN ANTONIO
       Undersecretary

SUBJECT : IMPLEMENTATION OF THE JOINT DELIVERY VOUCHER
          PROGRAM FOR SENIOR HIGH SCHOOL TECHNICAL
          VOCATIONAL LIVELIHOOD SPECIALIZATIONS (JDVP-SHS
          TVL) FOR SCHOOL YEAR 2020 – 2021

DATE : November 16, 2020

1. Pursuant to DepEd Order No. 35, s. 2020, entitled "Guidelines on the Implementation
   of the Joint Delivery Voucher Program for Senior High School Technical
   Vocational Livelihood Specializations (JDVP-TVL) for School Year 2020-2021,"
   the Department of Education through the Bureau of Curriculum Development would
   like to reiterate the following tasks to be done relevant to the said guidelines:

<table>
<thead>
<tr>
<th>Tasks/Activities</th>
<th>Duration</th>
<th>Forms to be Accomplished</th>
<th>Due Date (Submission to CO)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Orientation on the Guidelines on the Implementation of JDVP-TVL for School Year 2020-2021</td>
<td>November 16, 2020</td>
<td>Evaluation Form (Google Forms)</td>
<td>November 17, 2020</td>
<td>Conducted on November 16, 2020, Monday, 9:00 AM to 10:30 AM, via Microsoft Teams. The Regional JDVP Coordinators shall submit via email the proposed number of learner-beneficiaries to the Central Office thru the BCD JDVP Task Force including the list of the recipient schools. The DepEd Public SHSs that do not meet the criteria stated in the JDVP Guidelines shall not be included in the list. The list to be submitted and the proposed number of learner-beneficiaries shall be signed by the respective Regional Directors.</td>
</tr>
<tr>
<td>Submission of the list of recipient schools and the proposed number of the learner-beneficiaries (per region)</td>
<td></td>
<td>November 19, 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ground Floor, Rizal Building, DepEd Complex, Meralco Avenue, Pasig City 1600
Telephone No. Direct Line: (632) 8-633-7202 / (632) 8-687-4146 Fax: (632) 8-631-5057
Website: www.deped.gov.ph; E-mail: ouci@deped.gov.ph
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<th>Tasks/Activities</th>
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<th>Forms to be Accomplished</th>
<th>Due Date (Submission to CO)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of Learner-Beneficiaries</td>
<td>Nov. 16 – 20, 2020</td>
<td>Templates 11, 12, 13</td>
<td>November 20-22, 2020</td>
<td>The beneficiaries are Grade 12 students enrolled in the TVL Track in identified DepEd Public SHSs for SY 2020-2021 based on the given criteria as indicated in DO 35, s. 2020. DepEd Public SHSs with adequate TVL Tools and Equipment are not qualified to participate in the program. The consolidated soft copies of Templates 11, 12, and 13 shall be forwarded to the JDVP Task Force by the JDVP Regional Coordinators.</td>
</tr>
<tr>
<td>Identification of JDVP-TVL Partners</td>
<td>Nov. 16 – 20, 2020</td>
<td></td>
<td>November 20-22, 2020</td>
<td>The SDO shall also furnish the qualified DepEd Public SHSs the list of JDVP-TVL Partners. The JDVP-TVL Coordinators of the concerned SDOs shall submit the list of eligible JDVP-TVL partners to the respective Regional Offices. The consolidated list of eligible JDVP-TVL partners per region shall also be submitted to the Central Office via email.</td>
</tr>
<tr>
<td>Assigning and distribution of unique control numbers</td>
<td>Nov. 23 – 24, 2020</td>
<td>Template 14 Template for Master list</td>
<td></td>
<td>The Bureau of Curriculum Development shall assign a set of unique control numbers per region to be distributed by the ROS to the Concerned SDOs.TEMPLATE 14 shall be consolidated by the respective ROS thru the Regional JDVP Coordinators to be submitted to the Central Office -BCD JDVP Task Force via email signed by the Regional Directors.</td>
</tr>
<tr>
<td>Submission of Template 14</td>
<td></td>
<td></td>
<td>November 24-25, 2020</td>
<td>This shall be issued to the learner-beneficiaries which shall be forwarded to the JDVP-TVL trainer/instructors as reference for the training preparations.</td>
</tr>
<tr>
<td>Preparation of Certificate for the least mastered</td>
<td>Nov. 23-24, 2020</td>
<td>Annex 4</td>
<td></td>
<td>The learner-beneficiaries shall present his/her Voucher Certificates to the JDVP-TVL Partner on the first day of education/training.</td>
</tr>
<tr>
<td>competencies and skills of the learner-beneficiaries</td>
<td></td>
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</tr>
<tr>
<td>Issuance of Voucher Certificates to the Learner-</td>
<td>Nov. 25 – 26, 2020</td>
<td>Annex 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beneficiaries</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Conduct of Online Orientation on DepEd Order 35, s.</td>
<td>Nov. 24 – 26, 2020</td>
<td></td>
<td></td>
<td>This shall be conducted by the concerned SDOs.</td>
</tr>
<tr>
<td>2020 to the JDVP Partners</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Conduct of Online Orientation with the learner-</td>
<td>Nov. 24 – 26, 2020</td>
<td></td>
<td></td>
<td>This shall be conducted by the DepEd Public SHS Head.</td>
</tr>
</tbody>
</table>
### Republic of the Philippines

#### Department of Education

**UNDERSECRETARY FOR CURRICULUM AND INSTRUCTION**

<table>
<thead>
<tr>
<th>Tasks/Activities</th>
<th>Duration</th>
<th>Forms to be Accomplished</th>
<th>Due Date (Submission to CO)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct of Training and Education</td>
<td>November 2020 to March 2021</td>
<td></td>
<td></td>
<td>A tuition fee voucher amounting to Php 12,550.00 shall be granted to each learner-beneficiaries which covers the training cost for 320 hours per learner in any one or combination of 1 to 4 specializations taken into consideration the TVL Specialization taken in Grade 11. No assessment shall be conducted for SY 2020-2021.</td>
</tr>
<tr>
<td>Conduct of Monitoring and Evaluation</td>
<td>From the start of the training until its completion</td>
<td>Annex 11</td>
<td>December 2020- March 2021</td>
<td>This shall be conducted by SDOs, ROs, and CO.</td>
</tr>
<tr>
<td>Preparation and Submission of the billing statements</td>
<td>After twenty days from the start of training or from the date of enrollment to the JDVP-TVLP partners</td>
<td>Annex 8 Annex 9 Annex 10 STT 1</td>
<td>December 2020 to February 2021</td>
<td>The billing statements (hard and soft copies) shall be submitted to the ROs. As soon as the concerned ROs signed the billing statements, only 2 copies will be submitted to the Central Office - BCD while one copy will be returned to the concerned Schools Division Offices and the other one will remain in the Regional Offices. JDVP-TVLP. Coordinators from ROs and SDOs shall make sure that the attachments for the billing statements are complete (Annex 9, Annex 10 and STT 1) The SDO’s JDVP-TVLP. Coordinators shall submit the consolidated soft copies of proof of enrollment (registration sheet) and attendance sheets to the JDVP-TVLP. Regional Coordinators and to the Central Office - BCD JDVP Task Force</td>
</tr>
<tr>
<td>Submission of the Narrative Report</td>
<td>After twenty days from the start of the training and another one after the completion of the training</td>
<td>Annex 7</td>
<td>December 2020 to February 2021</td>
<td>The JDVP-TVLP Partners shall submit the narrative report to the concerned public-school heads and schools division offices thru the JDVP-TVLP coordinators, copy furnished the BCD through email. Contents and other attachments are indicated in the DO 35, s. 2020 paragraph no.36.</td>
</tr>
<tr>
<td>Submission of the consolidated report on the monitoring and evaluation conducted</td>
<td></td>
<td>Annex 11</td>
<td></td>
<td>The JDVP-TVLP Regional Coordinators shall consolidate the report based on the monitoring and evaluation conducted both by SDO’s and ROs. The soft copies shall be submitted via email to the Central Office thru the BCD JDVP Task Force</td>
</tr>
</tbody>
</table>

**BCD-CSDD-O-2020-2117**

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Ground Floor, Rizal Building, DepEd Complex, Meralco Avenue, Pasig City 1600
TelephoneNumber: (632) 8-633-7202 / (632) 8-687-4146 Fax: (632) 8-631-5057
Website: [www.deped.gov.ph](http://www.deped.gov.ph); E-mail: ousci@deped.gov.ph
2. The DepEd Public SHSs that were already provided with adequate TVL workshops and laboratories, as well as the TVL Tools and Equipment are no longer qualified to participate in this program.

3. The other details of the implementation as well as the annexes can be found in DepEd Order No. 35, series 2020 and can be downloaded through the link: https://www.deped.gov.ph/2020/11/04/november-4-2020-do-035-s-2020-guidelines-on-the-implementation-of-joint-delivery-voucher-program-for-senior-high-school-technical-vocational-livelihood-specializations-for-school-year-2020-2021/

4. Attached to this memo are Templates 11, 12, 13 and 14 which shall be submitted in the dates indicated above.

5. The soft copies of the said templates and annexes shall be submitted thru email address: bcd.jdvp@deped.gov.ph while the hard copies (Annex 8, 9, 10 and ST11) shall be submitted to the Central Office addressed to:

JOCELYN DR ANDAYA
Director IV
Bureau of Curriculum Development
3rd Floor Bonifacio Building, DepEd Complex, Meralco Ave., Pasig City

6. For more information, you may contact the Office of the Director IV – Bureau of Curriculum Development, through Ms. Aileen M. Supnad, Supervising Education Program Specialist, at emails aileen.supnad@deped.gov.ph / bcd.jdvp@deped.gov.ph or telephone nos. (02) 8-636-5172, 8-632-7746, 8-633-7267.

7. Immediate dissemination of this memorandum is desired.
# JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVRL)

## LIST OF LEARNER-BENEFICIARIES
SY 2020-2021

<table>
<thead>
<tr>
<th>Region:</th>
<th>School Contact No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>School Email Address:</td>
</tr>
<tr>
<td>School:</td>
<td>School Contact Person: (In-charge of JDVP-TVRL)</td>
</tr>
<tr>
<td>School Address:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LRN</th>
<th>Name of Learner-Beneficiaries (Surname, First Name, Middle Name)</th>
<th>TVL Specialization/s (Taken in Grade 11)</th>
<th>TVL SPECIALIZATION/s (To be taken in Grade 12 to complete the SHS TVL Specializations)</th>
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</tbody>
</table>

Total Number of Learner-Beneficiaries: __________

Prepared by: __________________________________________

Certified by: _________________________________________

---

Class Adviser  
*(Signature over Printed Name)*

---

School Head/  
Authorized Representative  
*(Signature over Printed Name)*
JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVLS)

CONSOLIDATED LIST OF NUMBER OF LEARNER-BENEFICIARIES
FOR SY 2020-2021

Region: 
Division: 
Division Contact No.: 
Division Email Address: 
Division’s Focal Person for JDVP-TVLS: 
Contact Detail of the Division’s Focal Person for JDVP-TVLS:
  a. Cellphone No.: 
  b. Landline No.: 
  c. Email Address: 

Total Number of Schools that will participate in the implementation of JDVP-TVLS for SY 2019-2020:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>School ID</th>
<th>School Address</th>
<th>School Contact No./ Email Address</th>
<th>Contact Person (JDVP-TVLS Focal Person for the School Level)</th>
<th>No. of Learner-Beneficiaries</th>
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</table>

Total Number of Learner-Beneficiaries for the Entire Division:

PREPARED BY:

Division TVL Supervisor or Assigned JDVP-TVLS
Focal Person for the SDO
(Signature over Printed Name)

CERTIFIED:

Schools Division Superintendent
(Signature over Printed Name)
JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)

SUMMARY
CONSOLIDATED LIST OF NUMBER OF LEARNER-BENEFICIARIES
FOR SY 2020-2021

Region: ____________________
Address: ____________________

Contact Details
  a. Cellphone No.: ____________________
  b. Landline No.: ____________________
  c. Email Address: ____________________

Regional TVL Supervisor/Regional Focal Person for JDVP-TVL: ____________________

Contact Details of the Regional TVL Supervisor/Focal Person for JDVP-TVL:
  a. Cellphone No.: ____________________
  b. Landline No.: ____________________
  c. Email Address: ____________________

Total Number of Divisions that will participate in the JDVP-TVL: ________

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>Address</th>
<th>Contact No. Email Address</th>
<th>Contact Person (Person-in-Charge of JDVP-TVL in the Division Level)</th>
<th>No. of Learner-Beneficiaries</th>
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</tbody>
</table>

Total Number of Learner-Beneficiaries for the Entire Region: ________

PREPARED BY:

________________________________________
Regional TVL Supervisor or Assigned JDVP-TVL
Focal Person for the Regional Office

(Signature over Printed Name)

CERTIFIED:

________________________________________
Regional Director

(Signature over Printed Name)
# List of Learner-Beneficiaries

**SY 2020-2021**

**Region:**

**Division:**

**School:**

**School Address:**

**School Contact No.:**

**School Email Address:**

**School Contact Person: (In-charge of JDVP-TVL)**

<table>
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<tr>
<th>LRN</th>
<th>Name of Learner-Beneficiaries (Surname, First Name, Middle Name)</th>
<th>VOUCHER Number</th>
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</tr>
</tbody>
</table>

Total Number of Learner-Beneficiaries for the entire school: ___________

Prepared by: __________________________

Certified by: __________________________

**Focal Person of JDVP-TVL – School Level**

*(Signature over Printed Name)*

**School Head/Authorized Representative**

*(Signature over Printed Name)*