



Republic of the Philippines
Department of Education
Region I

DEPED REGIONAL OFFICE I

RELEASED

DEC 07 2020

BY:  14427

Office of the Regional Director

DEC 07 2020

REGIONAL MEMORANDUM
No. 762, s. 2020

**IMPLEMENTATION 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

DepEd Region 1: Built on character; empowered by competence.



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**JOINT DELIVERY VOUCHER PROGRAM FOR SENIOR HIGH SCHOOL
TECHNICAL VOCATIONAL LIVELIHOOD SPECIALIZATION (JDVP-TVL)**

**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: _____

| LRN | Name of Learner-Beneficiaries (Surname, First Name, Middle Name) | TVL Specialization/s (Taken in Grade 11) | TVL SPECIALIZATION/S (To be taken in Grade 12 to complete the SHS TVL Specializations) |
|-----|---|---|---|
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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-TVL)**

**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-TVL: _____
 Contact Detail of the Division's Focal Person for JDVP-TVL:
 a. Cellphone No.: _____
 b. Landline No.: _____
 c. Email Address: _____

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

| Name of School | School ID | School Address | School Contact No./ Email Address | Contact Person (JDVP-TVL Focal Person for the School Level) | No. of Learner-Beneficiaries |
|----------------|-----------|----------------|-----------------------------------|---|------------------------------|
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Total Number of Learner-Beneficiaries for the Entire Division:

PREPARED BY:

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

CERTIFIED:

 Schools Division Superintendent
(Signature over Printed Name)