***Enclosure K***

**NEAP-RECOGNIZED PROFESSIONAL DEVELOPMENT PROGRAMS AND COURSES**

**ACTION PLAN**

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| **PLEASE PRINT ALL INFORMATION REQUESTED** | | |
| **NAME** | **POSITION TITLE / DESIGNATION** | |
| **WORK STATION (School / Office Unit)** | **SCHOOLS DIVISION OFFICE** | **REGION** |
| **SERVICE PROVIDER (Name of DSP/LSP)** | **PROGRAM / COURSE TITLE** | **COURSE DATE** |

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| **Workplace Development Objective** | **Situationer**  *Describe current situation problem or opportunity in your workplace that you need to address through your REAP.* | **Date Implementation** | **Expected Output** | **Expected Beneficiaries** | **Success Indicators:** *What will serve as evidence of success of the REAP?* | **Remarks** |
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| *Prepared By:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Scholar / Date* | *Approved By:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name and Signature of Immediate Supervisor of Scholar / Date* |