

**ASSESSMENT FORM (MMC-B)**

*MIDDLE MANAGERS CLASS*

*(To be filled-out by the Head of Agency / Immediate Supervisor of the Nominee*

*Responses must be* ***typewritten/computerized****.)*



**NAME OF NOMINEE**

**CONFIDENTIAL**

1. **How long have you known the nominee? (years/months)**

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1. **In what connection, or under what circumstances, have you known the nominee?**

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1. **Please rate the nominee in terms of the dimensions which have been identified as critical to program performance using the following scoring scale.**

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| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding | Exceeds Expectations | Competent | Needs Improvement | Unacceptable | No Evidence of Demonstration |

|  |  |  |
| --- | --- | --- |
| **CES COMPETENCIES** | **Rating** | **Remarks** |
| Strategic and Critical Thinking |  |  |
| Leading in a Continuously Changing Environment |  |  |
| Developing/ Empowering Others to Establish Collective Accountability for Results |  |  |
| Linkaging / Networking for Productive Partnership |  |  |
| Planning and Organizing for Greater Impact |  |  |
| Driving Performance for Integrity and Service |  |  |

|  |  |  |
| --- | --- | --- |
| **OTHER DIMENSIONS** | **Rating** | **Remarks** |
| Written Communications |  |  |
| Oral Communications |  |  |
| Energy |  |  |
| Stress Tolerance |  |  |

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| --- |
| 1. **Taking an overall view, what do you consider being the nominee’s major strengths?** |
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| 1. **What do you consider to be the critical areas where he/she needs to focus his/her professional and personal development?** |
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| 1. **Part of the final requirement of the Program is a Capstone Project which needs to be implemented in the agency within a given period. In line with this, what project would you like the scholar to pursue in your agency?** |
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| 1. **Lastly, why is he/she being nominated? What is your overall plan for the nominee in terms of career progression/utilization when he/she graduates from the Program?** |
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|  |
|  |

*Additional Instructions:*

* ***PMDP MMC Form B*** *is the Immediate Supervisor’s assessment form for their agency’s nominees for the* ***Middle Managers Class****.*
* ***For submission of hard copy of the form****: The accomplished assessment form must be in a* ***sealed letter envelope***. *Tampered forms or unsealed forms will not be considered a valid assessment.*
* ***For submission of e-copy****: The Immediate Supervisor can directly submit the form via email at pmdp.admissions@dap.edu.ph or the HR/Admin can submit via http://bit.ly/pmdponlinesubmissionsMMC.*

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***Name and Signature of Person***

***Completing this Form***

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution / Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PRIVACY NOTICE***

*We, at the Development Academy of the Philippines (DAP), would like to thank you for your continued trust in providing us with the personal information of your nominee/s. Rest assured that these data shall only be processed for the admission in the Public Management Development Program (PMDP), and be secured in the concerned office only. For data privacy concerns, you may contact us at (02) 631-2128 or at pmdp.admissions@dap.edu.ph*

**Contact Nos.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Accomplished:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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