

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**  
**CAMPUS: \_\_\_\_\_**

**SCALE INDIVIDUAL ACTIVITY PLAN**

Name of Student: \_\_\_\_\_ Name of Adviser: \_\_\_\_\_

Batch: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Activity No: \_\_\_\_\_ Version No. \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Individual \_\_\_\_\_ Group

Strand (Please check all applicable)

\_\_\_\_\_ Service \_\_\_\_\_ Action \_\_\_\_\_ Creativity \_\_\_\_\_ Leadership Enhancement

Learning Outcomes (Please check all applicable)

\_\_\_ O1 \_\_\_ O2 \_\_\_ O3 \_\_\_ O4 \_\_\_ O5 \_\_\_ O6 \_\_\_ O7 \_\_\_ O8

I. General Description of Activity				
II. Objectives				
III. Persons Involved				
Activity Adult Supervisor				
Name	Designation/Position	Company/ Affiliation	Organization/	Contact number and Email
Other Persons Involved				
Name	Designation/Position	Company/ Affiliation	Organization/	Contact number and Email

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IV. Materials / Resources Needed

V. Timeline:

Specify details for each stage of the proposed activity.

	Events	People Involved	Duration (Days/Weeks)	Total Hours	Remarks/Comments	Date of Completion	Signature of Adviser
Planning and Preparation							
Implementation							

Reviewed by:

\_\_\_\_\_  
*Name and Signature of SCALE Adviser*

\_\_\_\_\_  
*Date Reviewed*

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VI. Activity Risk Assessment

Venue and Locality: \_\_\_\_\_ Date and Duration of Activity: \_\_\_\_\_

Hazards <sup>1</sup> /Risks <sup>2</sup> Identified	Persons at Risk	What precautions are in place? Or How is the risk controlled? <sup>3</sup>	Person/s responsible for control	What further control/ actions are needed? <sup>3</sup>

<sup>1</sup> Hazard is anything that could cause harm; <sup>2</sup> Risk is the chance that someone will be harmed by the hazard;  
<sup>3</sup> Action that will reduce the potential harm

Based on the identified significant hazards, do you think there are satisfactory precautions in place?

\_\_\_ Yes      \_\_\_ No

If No, which specific hazard/s are you most concerned about:

\_\_\_\_\_

Prepared by:

\_\_\_\_\_  
 Name and Signature of Student      Date Prepared

Reviewed by:

\_\_\_\_\_  
 Name and Signature of Adult      Date Reviewed      Relationship to Student

**CERTIFICATION:**

I certify that I have understood the potential hazards and risks that may be encountered by my child/ ward, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.

\_\_\_\_\_  
 Name and Signature of Parent/ Guardian      Date Reviewed

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VII. Activity Expenditures

Items	Projected Amount	Quantity / Frequency	Subtotal	Projected Schedule of Expenditure (Month)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
GRAND TOTAL				

Prepared by:

\_\_\_\_\_  
Name and Signature of Student

\_\_\_\_\_  
Date Prepared

**CERTIFICATION:**

I certify that I have understood the potential expenses that will be incurred, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.

\_\_\_\_\_  
Name and Signature of Parent/ Guardian

\_\_\_\_\_  
Date Reviewed