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**PROGRAM ENHANCEMENT PROJECT (PEP) FEDERAL GRANTS**

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**ACADEMIC OFFICE**

**ADULT EDUCATION**

**PEP END-OF-YEAR REPORT**

**FY 2022-2023**

The Connecticut State Department of Education/Academic Office requires that recipients of federal grants for adult education funded through Title II of the Workforce Innovation and Opportunity Act (WIOA) complete an End-of-Year Report (EOY) for FY 2022-2023.

The PEP End-of-Year report will once again give providers the opportunity to highlight project successes and to reflect on any challenges or barriers to implementation. This report also affords the Bureau consultants the opportunity to review the overall project implementation.

**INSTRUCTIONS FOR COMPLETION**

The PEP End-of-Year Report must be received at the Academic Office by e-mail no later than 4:00 p.m. on **Friday, July 28, 2023.**

1. Thoroughly complete and submit the Microsoft Word document of the PEP End-of-Year Cover Page, General Requirements, Integration with the Local Workforce Development Board, and Performance Accountability sections, as well as individual Priorities Areas Specifications for each area funded. You may delete sections of the document referencing priority areas in which your program has not been funded.
2. Scan and submit the End-of-Year Cover Page with the original signature of the individual who has completed this report.
3. Include your FY 2022-2023 Program Profile and Employment Barrier Performance Report (found under State and Local Performance).
4. Complete and submit the Field Trip Documentation for WIOA Title IIform found at the end of this document *if* you have used federal funds for field trips or entertainment brought into your program.
5. All documents must be sent electronically as individual documents to:

Susan Kocaba, Federal Grant Program Manager

[Susan.Kocaba@ct.gov](mailto:Susan.Kocaba@ct.gov)

Connecticut State Department of Education

Academic Office

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

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**PEP END-OF-YEAR REPORT**

**FY 2022-2023**

For assistance: Please contact Susan Kocaba, Federal Grant Program Manager, [Susan.Kocaba@ct.gov](mailto:Susan.Kocaba@ct.gov).

|  |  |  |
| --- | --- | --- |
| PEP Grant Title: | | |
| Applicant Organization: | | Town/Agency Code: |
| Address: | | Zip Code: |
| Provider/Agency Director: | | Phone: |
| E-mail: |
| Project Coordinator(s): | | Phone: |
| E-mail: |
| Completed by (*signature required)*: | Title: | Date: |

**Provider/Agency receives the following funding (check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority Area** |  | **Priority Area** |  |
| Workforce Readiness |  | Family Literacy Services |  |
| Transition to Postsecondary Education and/or Training |  | National External Diploma Program (NEDP) Expansion |  |
| Integrated Education and Training (IET) |  | Nontraditional/Special Populations AE Instruction |  |
| Integrated English Language and Civics Education (IELCE) |  | Connecticut Adult Virtual High School |  |

**Cost of Intake Services**

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Total Estimated Amount Reported Per Student ($) |
| 1 | Provide the estimated cost per student for intake, pre-test initial assessment, orientation, and referrals to other agencies. |  |

**GENERAL PEP GRANT REQUIREMENTS**

**All PEP funded providers/agencies** must thoroughly complete the Evidence/Comment column of the General PEP Grant Requirement sections: General Proposal Requirements, Integration with the Local Workforce Development Board and One-stop Partner, and Performance Accountability.

**General Proposal Requirements**

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Provide an overall summary of the barrier, transition and other support services offered to assist and support PEP participants. |  |

**Integration with the Local Workforce Development Board and One-stop Partner**

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Provide an overall summary of your coordination of services with the local Workforce Development Board and one-stop partner for FY 2022-2023. |  |
| 2 | Use LACES Statewide and Local Performance Report (SPR) >Services to provide the “percent enrolled in more than one WIOA core program.” |  |
| 3 | Describe any results, challenges, or lessons learned with the local one-stop or other WIOA core partners. |  |

**Performance Accountability**

Use LACES NRS Table 4 to complete the chart for FY 2022-2023 below. For sections that require NRS data from LACES, use the “REPLACE” button when generating the report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NRS Level | # of students enrolled with 12 hours or more of instruction  (Column B) | 2022-2023  State Target  % achieving MSG | Provider % achieving MSG (Column J) | # of students enrolled with one MSG  (Columns E+F+G) | # of students enrolled without an MSG  (Column I) |
| ABE 1 |  | 28% |  |  |  |
| ABE 2 |  | 33% |  |  |  |
| ABE 3 |  | 28% |  |  |  |
| ABE 4 |  | 31% |  |  |  |
| ABE 5 |  | 40% |  |  |  |
| ABE 6 |  | 49% |  |  |  |
|  |  |  |  |  |  |
| ESL 1 |  | 32% |  |  |  |
| ESL 2 |  | 39% |  |  |  |
| ESL 3 |  | 37% |  |  |  |
| ESL 4 |  | 25% |  |  |  |
| ESL 5 |  | 26% |  |  |  |
| ESL 6 |  | 15% |  |  |  |

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Provide an overall reflective summary of your NRS Table 4 program performance. |  |

**PRIORITY AREA SPECIFICATIONS**

An End-of-Year Report for each priority area **must** be completed and submitted **for all federally funded projects**. Priority areas below are listed individually. Priority areas in which you are not funded may be deleted to condense the document.

**Workforce Readiness**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Funds not spent (if applicable) |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Planned number of students |  |
| Final number of students 12 hours or more |  |
| Total instructional hours offered in priority area for FY23 |  |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Transition to Postsecondary Education/ Training**

|  |  |  |
| --- | --- | --- |
| Requested federal funds |  | |
| Funds not spent (if applicable) |  | |
| Target population | CDP NEDP  GED  Advanced ESL | |
| Planned number of students |  | |
| Final number of students 12 hours or more |  | |
| Total instructional hours offered in priority area for FY23 |  | |
| Use LACES NRS Table 4a to complete for Transition to Postsecondary Education  (Use Grand Total of I and J) | Number with EFL Gain by Transition to Postsecondary Education (I): | Percentage Achieving EFL Gain by Transition to Postsecondary Education (J): |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
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If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Integrated Education and Training (IET)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested federal funds |  | | | |
| Funds not spent (if applicable) |  | | | |
| Target population | ESL ABE GED NEDP  CDP Citizenship | | | |
| Planned number of students |  | | | |
| Use LACES NRS Table 3 to complete for Adult Basic Education | Adult Basic Education participant total (H): | | Integrated Education and Training Program participant total for Adult Basic Education (H): | |
| Use LACES NRS Table 3 to complete for Adult Secondary Education | Adult Secondary Education participant total (H): | | Integrated Education and Training Program participant total for Adult Secondary Education (H): | |
| Use LACES NRS Table 3 to complete for English Language Acquisition | English Language Acquisition participant total (H): | | Integrated Education and Training Program participant total for English Language Acquisition (H): | |
| Total instructional hours offered in priority area for FY23 |  | | | |
| IET program(s) offered |  | | | |
| Training partner(s) |  | | | |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: | | | |
| Use LACES NRS Table 11 to complete MSG via Achievement of at Least One Educational Functioning Level Gain | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Secondary School Diploma/Recognized Equivalent | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Postsecondary Transcript | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Passing Technical/Occupational Skills Exam | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Is the IET *enrollment* reported in the student record under the Education tab “Postsecondary Education and Training” panel? | Yes No  If NO, explain: | | | |
| Is the IET *credential* reported (if achieved) in the student record under the Education tab “Postsecondary Education and Training” panel? | Yes No  If NO, explain: | | | |
| Is the IET (MSG 3 or 5) also reported in the student record under the Outcomes tab “IETP and Workplace Literacy Measurable Skills Gains” panel? | Yes No  If NO, explain: | | | |
| Is a copy of the certificate/credential uploaded in the student record under the Student Data tab “Documents” panel? | Yes No  If NO, explain: | | | |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Integrated English Literacy and Civics Education (IELCE)**

Agencies that are collaborating must share relevant information and data to the primary grantee to complete the End-of-Year report. The primary agency/fiscal entity is responsible for all reporting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Requested federal funds |  | | | |
| Funds not spent (if applicable) |  | | | |
| Target population | ESL 1-6/ABE 1-4 ABE/ASE 5-6 | | | |
| Planned number of students |  | | | |
| Use NRS Table 3 to complete for Integrated English Literacy and Civics Education (Sec 243) | Integrated English Literacy and Civics Education (Sec 243) participant total (H): | | Integrated Education and Training Program participant total (H): | |
| Total instructional hours offered in priority area for FY23 | IELCE: | | IET: | |
| Are all IELCE students identified as an IELCE participant in LACES? | Yes No  If NO, explain: | | | |
| IET program(s) offered |  | | | |
| Training partner(s) |  | | | |
| Total IELCE federal funds spent on training costs ($) |  | | | |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: | | | |
| Use LACES NRS Table 11 to complete MSG via Achievement of at Least One Educational Functioning Level Gain | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Secondary School Diploma/Recognized Equivalent | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Postsecondary Transcript | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Use LACES NRS Table 11 to complete MSG via Passing Technical/Occupational Skills Exam | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |
| Is the IET *enrollment* reported in the student record under the Education tab “Postsecondary Education and Training” panel? | Yes No  If NO, explain: | | | |
| Is the IET *credential* reported (if achieved) in the student record under the Education tab “Postsecondary Education and Training” panel? | Yes No  If NO, explain: | | | |
| Is the IET (MSG 3 or 5) also reported in the student record under the Outcomes tab “IETP and Workplace Literacy Measurable Skills Gains” panel? | Yes No  If NO, explain: | | | |
| Is a copy of the certificate/credential uploaded in the student record under the Student Data tab “Documents” panel? | Yes No  If NO, explain: | | | |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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Summarize your overall successes toward IELCE outcomes.

|  |  |
| --- | --- |
| Achieved Citizenship Skills  (Participant attains the skills necessary to pass the U.S. citizenship exam) |  |
| Voter Registration  (Participant registers to vote or votes for the first time anytime during the program year) |  |
| Involvement in Community Activities  (Participant increases involvement in the following community activities: attending or organizing meetings of neighborhood, community, or political organizations; volunteering to work for such organizations; contributing to the support of such organizations; volunteering to work on community improvement activities) |  |
| Are the appropriate IELCE outcomes reported in LACES in the student record under the Outcomes tab “Goals and Achievements” panel “Societal/Community Goals”? | Yes No  If NO, explain: |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Family Literacy Services**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Funds not spent (if applicable) |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Planned number of students |  |
| Final number of students 12 hours or more |  |
| Total instructional hours offered in priority area for FY23 |  |
| Are all Family Literacy students identified as a Family Literacy participant in LACES? | Yes No  If NO, explain: |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Summarize your overall successes toward Family Literacy outcomes.

|  |  |
| --- | --- |
| Increased Involvement in Children’s Education  (Participant increases involvement in the education of dependent children under his/her care, including: helping children more frequently with their schoolwork; increasing contact with children’s teachers to discuss school education; having more involvement in the children’s school, such as attending school activities and parent meetings and volunteering to work on school projects) |  |
| Increased Involvement in Children’s Literacy-Related Activities  (Participant increases involvement in the literacy-related activities of dependent children under his/her care, including: reading to children; visiting a library; purchasing books or magazines for children) |  |
| Are the appropriate Family Literacy outcomes reported in LACES in the student record under the Outcomes tab “Goals and Achievements” panel “Family”? | Yes No  If NO, explain: |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**National External Diploma Program (NEDP) Expansion**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Funds not spent (if applicable) |  |
| Target population | NEDP |
| Planned number of students |  |
| Final number of students 12 hours or more |  |
| Number of NEDP students that graduated this year |  |
| Are the met dates for NEDP competencies (including PTA) reported in LACES in the student record under the Outcomes tab “Goals and Achievements” panel “NEDP”? | Yes No  If NO, explain: |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives. This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Overall Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Nontraditional/Special Populations Adult Education Instruction**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Funds not spent (if applicable) |  |
| Target population | ESL ABE GED NEDP  CDP Citizenship |
| Planned number of students |  |
| Final number of students 12 hours or more |  |
| Total instructional hours offered in priority area for FY23 |  |
| Corrections/Nontraditional setting | Correctional Institution/Re-entry program Halfway House  Homeless Shelter Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of collaborating agency(ies) |  |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**Connecticut Adult Virtual High School**

|  |  |
| --- | --- |
| Requested Federal Funds |  |
| Funds Not Spent (if applicable) |  |
| Target Population | ABE  GED CDP |
| Planned Number of Students |  |
| Final Number of Students 12 hours or more |  |

|  |  |
| --- | --- |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |

List the project objectives identified in your project plan and the overall successes toward meeting those objectives (add more lines if you identified more than four project objectives). This response should be **detailed and include the overall design of your project in your response.**

|  |  |  |
| --- | --- | --- |
| Item | Objective | Current Success Toward Meeting that Objective |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

If your program did **not** meet its anticipated enrollment or goals for this priority area, complete the section below.

|  |  |
| --- | --- |
| Describe the primary barriers that prevented the program from meeting its anticipated enrollment or goals. |  |
| If your program is continuing, how will you address these barriers in the coming year? |  |

**FY 2022-2023 Field Trip Documentation for WIOA Title II funds \*\***

An educational field trip is an extension of classroom instruction. Properly planned and implemented field trips should:

* Supplement and enrich classroom procedures by providing learning experiences in an environment outside the adult education classroom;
* Develop new interests among students;
* Bring the resources of the community within the student’s learning experience.

\*\*Use this form if any presentations/performances (i.e. puppet shows for family literacy) are being funded with federal funds.

|  |  |
| --- | --- |
| **Priority Area:** |  |
| **Type of Field Trip** (where, which class): |  |
| **Costs** (tickets and transportation): |  |
| **Describe goals of the trip:** |  |
| **Educational Outcomes** (what did students learn; what gains were achieved, cite CASAS competencies and CCR/ELP standards whenever possible)**:** |  |

Attach lesson plans or any other documentation to demonstrate that the trip helped fulfill the goals/objectives of the grant.