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

**PEP MID-YEAR /END-OF-YEAR**

**SELF-MONITORING REPORT, COMPREHENSIVE andIELCE**

**BUDGET REVISON**

**FY 2023-2024**

Recipients of federal grants for adult education funded through Title II of the Workforce Innovation and Opportunity Act (WIOA) are required to submit to the Connecticut State Department of Education/Academic Office a mid-year and end-of-year self-monitoring narrative report and a mid-year revised estimate of eligible costs for the current fiscal year.

The PEP mid-year report provides an opportunity to reflect on the successes of the project(s), to identify those specific actions being taken to attain project goals and objectives for the year andto make revisions to budget line items. This report also affords your technical assistant (TA) consultant the opportunity to review a PEP grant’s progress, provide technical assistance or on-site monitoring as necessary and review budget revision requests. 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 Adult Education consultants the opportunity to review the overall project implementation.

**INSTRUCTIONS FOR COMPLETION**

The PEP Mid-Year Self-Monitoring Narrative Report and budget revision must be received by e-mail **no later than 4:00 pm on Friday, February 9, 2024.**

The PEP End-of-Year Self-Monitoring Narrative Report must be received by e-mail **no later than 4:00 pm on Friday, July 26, 2024**.

1. All grantees are required to thoroughly complete and submit the Microsoft Word PEP Mid-Year/End-of-Year Self-Monitoring Report document by the reporting due dates and the Excel Budget Revision Forms.
   * PEP Mid-Year/End-of-Year Self-Monitoring Report and Budget Revision Cover Page
   * General PEP Grants Requirements
     + Accountability Practices
     + Recruitment, Retention and Support Services
     + Integration with the Local Workforce Development Board (WDB) and One-Stop Partner
     + Performance Accountability
   * 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.
   * Mid-Year only- Microsoft Excel Comprehensive Budget Revision Form (ED-114) and/or the IELCE Budget Revision Form (ED-114).
2. Email one Microsoft Word copy of the completed PEP Mid-Year/End-Year Self-Monitoring Report.
3. Scan and submit the Self-Monitoring Report and Budget Revision Cover Page (page 3) with the original signature of the individual who has completed this report.
4. Scan and submit your FY 2023-2024 Program Profile and Employment Barrier Performance Report (found under State and Local Performance).
5. Complete and submit the Field Trip Documentation for WIOA Title IIform *if* you have used federal funds for field trips or entertainment brought into your program (page 24).
6. Mid-year only- Complete and submit the Microsoft Excel Comprehensive Budget Revision Form (ED-114) and/or the IELCE Budget Revision Form (ED-114). If there are no revisions, resubmit your original PEP Excel budget with the title “No Revisions Necessary”. For budget revisions, use the Excel Budget Revision Template located on the CSDE website for Adult Education Federal Legislation and Grants under [Documents/Forms](https://portal.ct.gov/SDE/Adult-Ed/Federal/Federal-Legislation-and-Grants/Documents). When completing Excel Budget Template pages, refer to the [Budget Buddy Guide](https://portal.ct.gov/-/media/SDE/Adult-Ed/State/BudgetBuddy.pdf). In addition, be sure to enter any budget revisions into the electronic Grant Management System (eGMS).
7. 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

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**CONNECTICUT STATE DEPARTMENT OF EDUCATION**

**Academic Office**

**Program Enhancement Project (PEP) Grants**

**PEP MID-YEAR/END-YEAR SELF-MONITORING REPORT AND BUDGET REVISION COVER PAGE**

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

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

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

**Mid-Year PEP Comprehensive Budget Revision/Reduction**

The budget revision form(s) (ED-114) must be included with the submission of the PEP Mid-Year Self-Monitoring Report. Please refer to the 2023 revision of the [Budget Buddy Guide](https://portal.ct.gov/-/media/SDE/Adult-Ed/State/BudgetBuddy.pdf)when making modifications to any PEP grant budget. Any budget modifications that do not adhere to the guide and/or have not been approved by the State Department of Education (SDE) will be considered as disallowed costs. All disallowed variance amounts must be refunded to the SDE.

Remember that Federal legislation requires a 5% cap on allowable administrative costs. New requests for waivers are not allowed for the budget revision. The Budget Narrative Templates for both the Comprehensive and IELCE budgets are also located on the CSDE Web site at <https://portal.ct.gov/SDE/Adult-Ed/Federal/Federal-Legislation-and-Grants/Documents>.

**Mid-Year Budget Revision**

Any revisions made to budget line items must be entered on the revised budget form (ED-114) and explained on the revised Budget Narrative Form***.*** Enter all expenditures and revenues to the nearest dollar. Do not include cents.In addition, be sure to enter any budget revisions into the electronic Grant Management System (eGMS). If no revisions are being made, please resubmit the original PEP Excel budget with the title “***No Revisions Necessary”***.

|  |
| --- |
| 1. **Revisions** were made to the ED-114: Comprehensive YES NO IELCE YES NO N/A |
| 1. If NO, resubmit your original PEP Excel budget with the title “No Revisions Necessary”. |
| 3. If YES, **indicate the changes to line items in the Budget column**. Complete the Budget Narrative pages and Matching Budget Narrative pages as necessary and return the revised ED-114 and the revised Budget Narrative pages with this report. Be sure to enter any budget revisions into the electronic Grant Management System (eGMS). |

**Mid-Year Budget Reduction**

Any budget revision that requires a requested reduction in allocation must be accompanied by an explanation. Do not enter any budget reductions into the electronic Grant Management System (eGMS) until reviewed and approved by the grant manager.

|  |
| --- |
| 1. **Reductions** were made to the ED-114: Comprehensive YES NO IELCE  YES NO N/A |
| 2. If YES, **indicate the changes to line items in the Budget column**. Complete the Budget Narrative pages and Matching Budget Narrative pages as necessary and return the revised ED-114 and the revised Budget Narrative pages with this report. Do not enter any budget reductions into the electronic Grant Management System (eGMS) until reviewed and approved by the grant manager. |
| 3. If YES, provide an explanation for the request for reduction of allocation below. |

**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. |  |

**Additional**

|  |
| --- |
| An on-site visit or virtual meeting is requested.YES NO |
| Additional comments, concerns, or questions: |

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**GENERAL PEP GRANT REQUIREMENTS**

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

**Accountability Practices**

|  |  |  |
| --- | --- | --- |
| Item | Requirement | Evidence/Comment |
| 1 | Grantee adheres to the [Connecticut Competency System (CCS) Policy and Guidelines.](https://portal.ct.gov/SDE/Adult-Ed/Accountability/Adult-Education-Assessment-and-Accountability/Documents) | Yes No  If NO, explain: |
| 2 | Grantee utilizes TOPSpro Enterprise system to provide immediate test scoring and reports. | Yes No  If NO, explain: |
| 3 | Grantee ensures that appropriate staff are trained in LACES and that staff follows the policy and procedures outlined in the [LACES Users’ Guide](https://laces.literacypro.com/Help/LACESNexGen/NetHelp/index.html#!Documents/gettingstarted.htm). | Yes No  If NO, explain: |
| 4 | Grantee ensures that all ABE/General Educational Development (GED), English and Math teachers are trained in using the [Math and English Language Arts CCR Standards](https://lincs.ed.gov/professional-development/resource-collections/profile-521), and all English as a Second Language teachers are trained in using the [English Language Proficiency (ELP) Standards](https://lincs.ed.gov/professional-development/resource-collections/profile-964). | Yes No  If NO, explain: |
| 5 | Grantee provides professional development opportunities for program staff in the areas of reading, writing, speaking, mathematics, English language acquisition, technology, and staff training. | Yes No  If NO, explain: |

**Recruitment, Retention and Support Services**

Limit your response to approximately 200 words per item.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Requirement | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| 1 | Describe your PEP recruitment efforts and plan. |  |  |
| 2 | Describe your PEP retention efforts and plan. |  |  |
| 3 | Describe the barrier, transition and other support services offered to PEP participants. |  |  |
| 4 | Explain if your PEP project has been impacted by your ability to retain or hire qualified teachers and staff. |  |  |

**Integration with the local Workforce Development Board (WDB) and One-Stop Partner**

Limit your response to approximately 200 words per item.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Requirement | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| 1 | Describe how you are aligning your services to the [local WDB plan](http://www.ctdol.state.ct.us/OWC/Reports-Planning.htm). |  |  |
| 2 | Review the required Interagency Collaboration between your agency and the local WDB and provide a status update. |  |  |
| 3 | Describe how your agency is providing access to career and training services to students through the local One-Stop partner and promoting concurrent enrollment. |  |  |
| 4 | Are you co-located in the One-Stop center? | Yes No  If YES, describe: | |
| 5 | Describe any results, challenges, or lessons learned with the local One-Stop or other WIOA core partners. |  |  |
| 6 | Use LACES Statewide and Local Performance Report (SPR) >Services to provide the “percent enrolled in more than one WIOA core program.” |  |  |

**Performance Accountability**

Use LACES NRS Table 4 to complete the chart for FY24 (Year to Date) below. For sections that require NRS data from LACES, use the “REPLACE” button when generating the report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NRS Level | 2023-2024  State Target  % achieving MSG | **FY24 Mid-Year** | | **FY 24 End-of-Year** | |
| # of students enrolled with 12 hours or more of instruction  (Column B) | Provider % achieving MSG (Column J) | # of students enrolled with 12 hours or more of instruction  (Column B) | Provider % achieving MSG (Column J) |
| ABE 1 | 29% |  |  |  |  |
| ABE 2 | 34% |  |  |  |  |
| ABE 3 | 29% |  |  |  |  |
| ABE 4 | 32% |  |  |  |  |
| ABE 5 | 42% |  |  |  |  |
| ABE 6 | 49% |  |  |  |  |
|  |  |  |  |  |  |
| ESL 1 | 33% |  |  |  |  |
| ESL 2 | 41% |  |  |  |  |
| ESL 3 | 38% |  |  |  |  |
| ESL 4 | 26% |  |  |  |  |
| ESL 5 | 27% |  |  |  |  |
| ESL 6 | 15% |  |  |  |  |
| Overall % achieving MSG | 34% |  | |  | |

|  |  |  |
| --- | --- | --- |
| Requirement | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Provide a reflective summary of your NRS Table 4 program performance |  |  |

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**PRIORITY AREA SPECIFICATIONS**

A Self-Monitoring 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. For sections that require NRS data from LACES, use the “REPLACE” button when generating the report.

**Family Literacy Services**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Program | ESL ABE GED NEDP CDP Citizenship |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Are all Family Literacy students identified as a Family Literacy participant in LACES? | Yes No  If NO, explain: |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year | End-Year |
| Number of students 12 hours or more |  |  |
| Total weeks of instruction to date |  |  |
| Total hours of instruction to date |  |  |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

Summarize your successes toward Family Literacy outcomes.

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 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) |  |  |

End Year - 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 |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Program | ESL ABE GED NEDP CDP Citizenship |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Corrections/Nontraditional Setting | Correctional Institution/Re-entry program Halfway House  Homeless Shelter Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of collaborating agency(ies) |  |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year | End-Year |
| Number of students 12 hours or more |  |  |
| Total weeks of instruction to date |  |  |
| Total hours of instruction to date |  |  |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

End-Year - 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 |  |
| Target population | ABE/ASE 5-6 |
| Planned number of students |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year | End-Year |
| Number of students 12 hours or more |  |  |
| Number of enrolled students who reside outside your service area |  |  |
| Number of NEDP students anticipated to graduate 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: | Yes No  If NO, explain: |

|  |  |  |
| --- | --- | --- |
| Provide NEDP student enrollment for | 2022-2023: | 2021-2022: |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

End-Year- 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 |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Program | ESL ABE GED NEDP CDP Citizenship |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Occupation/Sector Name |  |
| IET program(s) offered |  |
| Training Partner(s) |  |
| IET concurrent instruction model | Co-teaching Alternate Teaching |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: |
| Is the IET enrollment reported in the student record under the Education tab “Postsecondary Education and Training” panel? | ☐Yes ☐No  If NO, explain: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mid-Year | | | | End-Year | | | |
| Number of Students 12 hours or more |  | | | |  | | | |
| Total weeks of instruction to date |  | | | |  | | | |
| Total hours of instruction to date |  | | | |  | | | |
| 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): | | 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): | | 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): | | English Language Acquisition participant total (H): | | Integrated Education and Training Program participant total for English Language Acquisition (H): | |
|  | Mid-Year | | | | End-Year | | | |
| 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): | # 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): | # 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): | # 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): | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

End-Year

|  |  |
| --- | --- |
| 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: |

End-Year - 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 |  |
| Target population | ESL 5-6  ABE/ASE 5-6 |
| Program | Advanced ESL GED NEDP CDP |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mid-Year | | End-Year | |
| Number of students 12 hours or more |  | |  | |
| Total weeks of instruction to date |  | |  | |
| Total hours of instruction to date |  | |  | |
| 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): | Number with EFL Gain by Transition to Postsecondary Education (I): | Percentage Achieving EFL Gain by Transition to Postsecondary Education (J): |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

Mid-Year

|  |  |  |
| --- | --- | --- |
| Use LACES NRS Table 5 (FY23) to complete for Attained a Secondary School Diploma/Recognized Equivalent and Enrolled in Postsecondary Education or Training within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY23) to complete for Attained a Postsecondary Credential while enrolled or within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |

End-Year

|  |  |  |
| --- | --- | --- |
| Use LACES NRS Table 5 (FY24) to complete for Attained a Secondary School Diploma/Recognized Equivalent and Enrolled in Postsecondary Education or Training within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY24) to complete for Attained a Postsecondary Credential while enrolled or within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |

End-Year - 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 |  | |
| Target population | ABE/ASE 5-6 | |
| Program | GED CDP | |
| Planned number of students |  | |
| Number of adult education providers participating in CTAVHS |  | |
| Past number of students | 2022-2023: | 2021-2022: |

| **Enrollment Report** | **Mid-Year** | | | | **End-Year** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Post Drop Enrollments** | **# Not Retained** | **Failed** | **Final Grades** | **Post Drop Enrollments** | **# Not Retained** | **Failed** | **Final Grades** |
|  |  |  |  |  |  |  |  |  |
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| Completion Rate |  | | | |  | | | |
| Success Rate |  | | | |  | | | |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

End-Year - 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? |  |

**Workforce Readiness**

|  |  |
| --- | --- |
| Requested federal funds |  |
| Target population | ESL 1-6/ ABE 1-4  ABE/ASE 5-6 |
| Program | ESL ABE GED NEDP CDP Citizenship |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year | End-Year |
| Number of students 12 hours or more |  |  |
| Total weeks of instruction to date |  |  |
| Total hours of instruction to date |  |  |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
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Mid-Year

|  |  |  |
| --- | --- | --- |
| Use LACES NRS Table 5 (FY23) to complete for Employment Second Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY23) to complete for Employment Fourth Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY23) to complete for Median Earnings Second Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY23) to complete for Attained a Secondary School Diploma/Recognized Equivalent and Employed within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |

End-Year

|  |  |  |
| --- | --- | --- |
| Use LACES NRS Table 5 (FY24) to complete for Employment Second Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY24) to complete for Employment Fourth Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY24) to complete for Median Earnings Second Quarter after exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |
| Use LACES NRS Table 5 (FY24) to complete for Attained a Secondary School Diploma/Recognized Equivalent and Employed within one year of exit | Number of Participants who Exited Achieving Outcome or Median Earnings Value (C): | Percentage of Participants Achieving Outcome (D): |

End-Year- 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 in order to complete the mid-year report. The primary agency is responsible for all reporting and budget revisions.

|  |  |
| --- | --- |
| Requested federal funds |  |
| Target population | ESL 1-6/ ABE 1-4 |
| Program | ESL ABE |
| Planned number of students |  |
| Priority area schedule/hours per week |  |
| Service delivery/instruction is offered | Virtual In-person Hybrid Other: |
| Is this a cohort specific class? | Yes No  If NO, explain: |
| What strategies have you used to target services to specific subgroups, including professionals with degrees and credentials from native countries? |  |
| Occupation/Sector Name |  |
| IET program(s) offered |  |
| Training Partner(s) |  |
| IET concurrent instruction model | Co-teaching Alternate Teaching |
| Are all IELCE students identified as an IELCE participant in LACES? | Yes No  If NO, explain: |
| Are all IET enrolled students identified as IETP/Credential in LACES? | Yes No  If NO, explain: |
| Is the IET enrollment reported in the student record under the Education tab “Postsecondary Education and Training” panel? | ☐Yes ☐No  If NO, explain: |
|  | |
| Are you collaborating with another adult education agency/provider? | Yes No  If YES, list the agency/provider: |
|  |
| If YES, how are the students of the collaborating agency/provider entered into the LACES database? |  |
| If YES, Primary Grantee and Collaborating Agency/Provider are | Sharing funding Not sharing funding  Explain, if necessary: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mid-Year | | | | End-Year | | | |
| Number of Students 12 hours or more |  | | | |  | | | |
| Total weeks of instruction to date |  | | | |  | | | |
| Total hours of instruction to date |  | | | |  | | | |
| 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): | | Integrated English Literacy and Civics Education (Sec 243) participant total (H): | | Integrated Education and Training Program participant total (H): | |
|  | Mid-Year | | | | End-Year | | | |
| 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): | # 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): | # 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): | # 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): | # of participants included in the indicator (B): | # of participant achieving outcome or median earnings value (C): | | % of participants achieving outcome (D): |

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Evidence/Comment | End-Year Evidence/Comment |
| Describe one outstanding accomplishment, promising practice, or success related to this priority area. |  |  |

List the Project Objectives Identified in your Project Plan and the 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.** This portion of the report may be returned if further information is required.

Limit your response to approximately 200-250 words per objective.

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Objective | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 1 |  |  |  |
| 2 |  |  |  |
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Summarize your successes toward IELCE outcomes.

|  |  |  |
| --- | --- | --- |
|  | Mid-Year Success Toward Meeting that Objective | End-Year Success Toward Meeting that Objective |
| 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: |

End-Year

|  |  |
| --- | --- |
| 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: |
| Total IELCE federal funds spent on training costs ($) |  |

End-Year - 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 2023-2024 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.