

**ADULT EDUCATION PROGRAMS
WORKFORCE INNOVATION & OPPORTUNITY ACT –
TITLE II**

**End of Year Report Guidelines for Program Performance
Narrative in PY 2020-21**

**Submit ONE Hard Copy ORIGINAL and ONE Electronic Copy of Each Document for
This Report**

Hard copies should be **mailed** to:

Diane McQueen
1456 Spruce Street
Wheatland, WY 82201

Electronic copies should be **emailed** to: diane.mcqueen@wyo.gov

Report Due Date: Copies must be received by August 1, 2021

The End of Year Report for FY 20/21 includes the following documents, which should be submitted in the order shown below:

- a. Cover Sheet (See page 5)
- b. Narrative (see Section A below)
- c. NRS Tables 1-12 for FY 20/21
- d. LACES printout of active staff/instructors for FY 2021/22.
- e. **Attachment A** (if applicable)
- f. **Attachment B** (if applicable)
- g. Data Quality Checklist (include program name at the top of the first page) (**Attachment C**)
- h. Cash and In-kind reports forms – This is a 2 page form and both pages need to be completed even if \$0 were expended. (**Attachment D**)
- i. Fiscal Status Reports for each grant (Federal & State).(**Attachments E-1 & E2**) Excel documents of the FSR's are available at: <https://communitycolleges.wy.edu/adult-education/directors/#forms>.
- j. IELCE Self-Assessment (**Attachment F**)
- k. **Appendix 1:** List of Referrals Made for FY 20/21
- l. **Appendix 2:** PowerPath Summary Report for the grant year 2020-2021

Section A: The Cover Sheet

Complete all sections and obtain required signatures.

Section B: The Narrative- Local providers are required to respond in narrative form to the questions below for all populations served.

(1) Describe the effects of COVID-19 on the local program in the following areas:

- | | |
|---------------------------------------|---------------------|
| a. Enrollment & intake processes | e. Retention |
| b. Career Services course completion | f. Program changes |
| c. Delivery of instruction | g. Other challenges |
| d. Performance, testing & completions | |

(2) Serving Participants Most in Need Through Technology

- a. Describe the technological services and activities used by the program in FY 20/21 to support:
 - i. Participants with a disability, particularly those with a learning disability.
 - ii. Individuals at low literacy levels as well as English Language learners
 - iii. Incarcerated individuals (if applicable)
 - iv. Increases in participant attendance, retention, and completion
- b. Discuss how technology, services, and delivery systems, including distance learning led to improved student performance.

(3) Describe successes in and challenges to the overall program this current year.

- a. Include changes or modifications made to enhance student and staff performance, and new or closed class sites.
- b. List program improvement goals for FY 20/21 and describe the steps taken to ensure the completion of these goals. If the program did **not** meet established goals, provide a discussion explaining why.
- c. If the program served ESL students, describe how ESL students were transitioned into AE classes and/or to employment.

(4) Performance Data Analysis:

- a. Describe program performance in the overall core indicators represented on Table 4 (measurable skill gains) and of the post-exit outcome measures found on Table 5. (employment, post-secondary enrollments/trainings, and credential attainment)
 - i. Include explanations for why students separated before completing at each EFL
 - ii. Include information on changes in classes & schedules, staff, and other influences that may be reasons for increases or decreases in performance over the previous year.
 - iii. Include information on post-exit data collected from surveying students and the challenges this presented (or not) in meeting federally negotiated targets for the 'employment' outcome measures.
 - iv. Discuss efforts to prepare and place students into postsecondary education/training and employment.

- v. Provide a succinct explanation of the local program's credential attainment rate and the measures taken to meet the federally negotiated target for this measure.
- b. Describe the post-testing rate (Total number of students showing in column B: Table 4C / total number of students showing in Column B: Table 4) and if it is **below** 60% give strategies to improve this rate for next year.
- (5) Describe how the local AE program has supported the integration of AE activities with the following:**
- a. Co-enrolled (DWS & AE) youth programs
 - b. Workplace literacy, IET's, and/or working with local employers
 - c. Participant career development
 - d. Local/regional employment and training needs as identified by local Next Generation Sector Partnerships
 - e. Concurrent or post-exit enrollments in postsecondary / training
 - f. Coordination with local high schools to identify non-graduating high school students
- (6) Professional Development: Describe program efforts to improve teacher/staff quality.**
Describe activities and training provided in FY 20/21 to support higher accountability and teacher quality. Programs may include targeted professional development, program level goal setting, implementing the LACES data collection system, Align & Redesign, and other training the program believes promotes teacher quality and student success.
- (7) Program Evaluation and Monitoring:**
- a. Describe how monitoring and the evaluation of program quality of adult education activities was conducted at the local level.
 - b. Discuss how evaluation results and a statistical review of data were used to improve program performance.
- (8) Adult Education's use of Academic Standards & Effective Educational Practices**
- a. Describe how efforts to ensure College and Career Readiness Standards, English Language Proficiency Standards, Social Capital Skill Standards and Employability Standards and other scientifically valid research-based effective educational practices were utilized in classrooms and in lesson planning.
 - b. Discuss how contextualized materials and participatory learning strategies were used in classrooms.
- (9) Essential Components of Reading**
- a. Describe program efforts to ensure that the Essential Components of Reading were embedded into instructional methodologies and practices for instructional level gains
 - b. Briefly describe how alphabetic(s), reading fluency, vocabulary development and reading comprehension were addressed in classrooms.
- (10) Alignment of adult education activities with other One-stop required partners to implement the strategies in the Wyoming Unified Plan to have an educated citizenry.**
- a. Describe the program's role/responsibilities for meeting one-stop requirements under 34 CFT part 463, subpart J,
 - b. Describe program efforts and referral processes to ensure participants had access to wrap around services for the successful completion of a program of study. Include, in the Appendix, a list of all referrals made for FY 20/21.
 - c. Describe the applicable career services provided through the local one-stop system.
 - d. Describe the program's direct connectivity to the One-Stop center in the area for FY 20/21 and provide a succinct description of how the local program worked with one-stop partners (more than just a referral) and Next Generation Sector partnerships. Include in this description, the delivery of specific activities by each partner that clearly demonstrates collaboration.
- (11) IELCE Recipients receiving 243 funds to support an IELCE program need to respond to these questions. Complete the IELCE Self-Assessment found in Attachment F. Answers from the self-assessment should be used as support for questions a-c.**
- a. Describe the program's efforts in meeting the requirement to provide IELCE services in combination with integrated education and training activities.
 - b. Describe how the program met (or didn't meet) program goals of preparing and placing IELCE program participants in unsubsidized employment in in-demand industries and occupations that lead to economic self-

- sufficiency as described in section 243(c)(1) and discuss any performance results, challenges, and lessons learned from implementing those program goals; and
- c. Describe how the program met (or didn't meet) program goals of ensuring that IELCE program activities are integrated with the local workforce development system and its functions as described in section 243(c)(2) and discuss any performance results, challenges, and lessons learned from implementing those program goals.
 - d. Describe the types of evidence the program maintained for measuring IELCE 'progress towards milestones' and/or 'passing technical/ occupational skills' (where applicable).
 - e. Describe how the IELCE program was locally evaluated. Include information collected from students, employers, and/or trainers.

Section C: NRS TABLES: Include NRS tables 1-8 & 10 that cover the time period of July 1, 2020 to June 30, 2021.

Section D: Teacher Information: Update LACES on teacher and director status after June 30, 2021.

- a. Print and submit the list of staff in LACES for your program for the new grant year and the role you have assigned in the LACES system.
- b. New Instructor Information Form (**Attachment A**) Complete one for each new instructor who will be paid from AEFLA grant funds in FY 2021/22. This form only needs to be completed for any instructor in which the local program has NOT previously submitted a completed form for.
- c. Confidentiality/Non-disclosure Agreement (**Attachment B**) Complete one for each new staff member who will be accessing the LACES database in FY 2021/22. This form only needs to be completed for any new staff member in which the local program has NOT previously submitted a completed form for.

Section E: Attachments

- a. Complete and submit only those relevant attachments for your program
Note: All programs are required to submit Attachments C, D, & E

Section F: Appendix

- a. Required documents in the Appendix include list of referrals made for the year AND Powerpath summaries
- b. Providers may place other documents in the Appendix to support information provided in the End of Year Report

ADULT EDUCATION AND LITERACY PROGRAM

Wyoming Community College Commission

Program Year 2020-2021 End of Year Report

[Please Include This Cover Page]

Grantee/ Agency:
DUNS#:
AE Program Director:
Address:
City/State/Zip:
Telephone Number: Fax Number:
E-Mail Address:

Signature of Authorized Representative	Date
Printed Name of Authorized Representative	
Print Name & Phone number of Person responsible for <u>fiscal</u> records	

Attachment A

WYOMING ADULT BASIC EDUCATION INSTRUCTOR INFORMATION

Name: _____

Program: _____ City: _____

E-Mail Address: _____

Telephone Number: _____

Education Level Attained:

Some College Courses: _____ Associates Degree: _____

Bachelor: _____ Major(s): _____ Minor(s): _____

Masters: _____ Major(s): _____

Doctorate: _____ Major(s): _____

What is your teaching area? (Check all that apply)

ABE Full Time _____ ABE Part Time _____

ESL Full Time _____ ESL Part Time _____

AEL/ESL Full Time _____ ABE/ESL Part Time _____

IELCE _____ Corrections _____

Function	Adult Education Personnel	
	Part-time Personnel check	Full-time Personnel check
Local Teachers		
Teachers' Years of Experience		
Less than one year		
One to three years		
More than three years		
Teacher Certification		
Not certified		
Adult Education Certificate		
K-12 Certification		
Special Education Certification		
TESOL Certification		

Instructor Signature _____

Date _____

**CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT
PARTICIPANT'S SIGNATURE PAGE**

1. Contact Information: (Participant must complete top portion & sign at the bottom.)

Name (Printed): _____

Work Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

E-Mail Address: _____

- 2.** By Participant's signature, Participant agrees to be bound by this Agreement that they hold in strict confidence and will not disclose any employment information contained within the LACES database. The Adult Education Program will consider any improper disclosure of any information considered confidential under federal or state law to be serious misconduct. All Participants are to be made aware that all information collected under the auspices of Adult Education can be used only for purposes outlined in the WIOA. Furthermore, individuals may be subject to civil penalties under the Privacy Protection Act of 1974 as amended by the Computer Matching and Privacy Protection Act of 1988 (5 USC Sec 552a), as well as subject to criminal penalties under the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title V of PL 107-347), depending on the nature and extent of the disclosure.

Certification. The Participant agrees to be subject to the conditions of Confidentiality and Non-Disclosure Agreement.

- 3.** This signature page is hereby incorporated into the Annual Grant Agreement and associated responsibilities until terminated.

AE CENTER DIRECTOR:

Signature

Date

LACES User:

LACES User Signature

Date

Wyoming

2020-21

TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST

The NRS state data quality standards identify the policies, processes and materials that states and local programs should have in place to collect valid and reliable data for the National Reporting System (NRS). The Division of Adult Education (DAEL) within the Office of Vocational and Adult Education developed the standards to define the characteristics of high quality state and local data collection systems for the NRS. The standards provide an organized way for DAEL to understand the quality of NRS data collection within the states and also provide guidance to states on how to improve their systems.

In order to complete the NRS State Data Quality Standards Checklist, Wyoming requires that Title II Grantees complete the following abbreviated version certifying the quality of local data and adherence to state policy.

Instructions for Completing the Wyoming Checklist

Local programs use this Wyoming checklist to rate their implementation of the data quality standards in their NRS data collection procedures.

The local program director must certify the checklist and submit it with the annual end of year statistical tables due to the State AEL Office on or before June 30th of each year.

Data Quality Improvement Plan

For areas where the local program does not reach “Acceptable” standards, a data quality improvement plan must be completed to describe the program they have identified and their plan for correction. The plan will address all standards the program did not meet, describe what new policies or procedures will be put in place to meet the standards, identify barriers to compliance and the technical assistance needed to implement the plan. AEL State Office will offer technical assistance to programs to meet the goals of their data quality improvement plan.

All narrative descriptions should be brief – but sufficient enough to convey the information requested. No more than a few sentences are necessary.

For the 2020-21 program year, non-compliance is defined as a failure to meet “Acceptable” standards for any program area. For subsequent program years, non-compliance will be defined a failure to meet “Superior” standards.

Submission and Certification

Local programs complete the checklist for the most recent program year in which NRS data was reported to State Office. This initial checklist will serve as a baseline for the identification of training issues and is due to AEL State Office with local program’s end of year reports.

Wyoming

TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST

Program: _____

Date: _____

A. DATA FOUNDATION AND STRUCTURE

Acceptable Quality:

1. Local Program has received and follows state assessment policies as written including: <ul style="list-style-type: none"> • Use of standardized assessments for accountability that are state approved as valid and appropriate for adult students. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Assessments used for accountability are administered by trained staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Time periods (in hours or weeks) for when to pre-and post-test are followed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Local Program has received and utilizes the State approved Goal Setting form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Local Program follows state policy as written for collecting data on students for follow-up on measurable skills gains and outcome measures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Local program has established a procedure for collecting Social Security Numbers (including how to deal with missing numbers) and documenting informed consent for data matching.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Local Program has received written definitions for all measures, including demographic measures and contact hours, and has provided them to all appropriate staff. (NRS Guidelines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Local program collects data on Barriers to Employment as mandated by the National Reporting System.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to any of questions 1-6, skip the rest of this section and go to Section B, Data Collection and Verification.

If you answered 'Yes' to each of questions 1-6, continue with question 7 below.

Superior Quality

7. Local Program has provided a current version of the <i>WIOA Title II Measures and Methods for NRS Implementations Guidelines</i> , also online at www.air.org/nrs which defines all measures on state student data forms and in the state data system, to all appropriate staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Local Program is aware of the availability of state-provided continuous, additional technical assistance and resources on assessment, data collection and follow-up procedures (e.g. site visits, contact persons, manuals, online resources).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. The Local Program utilizes the State Data Dictionary to define all measures on State student data forms and in the State data system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. The Local Program strives to meet the State post-testing target of 60%.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The Local Program has trained staff on how to conduct survey follow-ups on data collection.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. The Local Program conducts data match on postsecondary and/or training outcome measures at least three times per year, in accordance with State policy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Continue with Section B below.

Exemplary Quality
(No standards exist that are locally applicable)

B. DATA COLLECTION AND VERIFICATION

Acceptable Quality

1. Local Program has an electronic management information system (MIS) LACES system which is used in Wyoming. This has individual student records within a relational data base structure. The LiteracyPro LACES system incorporates NRS measures using common definitions and categories.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. LACES has error checking functions used by Local Program staff (e.g., that identify out-of-range values and missing data).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Local Program utilizes state approved standardized forms (electronic or paper) for collecting student information (e.g., intake, attendance, goal setting) that include all NRS measures and have correct NRS definitions and categories.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Local Program follows state policy for recording contact hours that conform to NRS requirements. Signed time sheets or signed time cards or electronic time cards.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Local Program has staff with clear responsibility for data collection and data entry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Local Program staff checks data for errors utilizing the LACES diagnostic feature.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Local Program utilizes federal and state policies on data validation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to any of 1-7 in Section B, skip the rest of this section and go to Section C, Data Analysis & Reporting.

If you answered 'Yes' to each of questions 1-7, continue with question 8 below.

Superior Quality

8. Local Programs enter data into LACES at least monthly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Local Program staff reviews local data at least quarterly for errors, missing data, out-of-range values and anomalous data, and to identify program improvements and accomplishments and has a system to resolve them.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Local Program has documented procedures for correcting errors and resolving missing data.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Local Program staff participates regularly in Database Training meetings for contact with LACES Technical Assistance and state staff on data issues to identify problems and request technical assistance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Continue with Section C below.

Exemplary Quality
No standards exist that are locally applicable

C. DATA ANALYSIS AND REPORTING

Acceptable Quality

1. The local LACES staff can produce NRS required reports for local program management, including federal NRS tables.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The local LACES staff is capable of reporting disaggregated data by subpopulation (e.g. student age, race, sex) and by program (e.g. Corrections, EL Civics, Transitions).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The local program conducts monthly checks on NRS reports for errors & missing data and obtains corrected data from instructors, staff, and/or other stakeholders.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to questions 1-3 of Section C, skip the rest of this section and go to Section D, Staff Development.

If you answered 'Yes' to questions 1-3 of Section C, continue with question 4 below.

Superior Quality

4. Local Program staff reviews statistical reports for errors and accuracy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Local Program can access data reports that are useful for program management and improvement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Local staff uses data for program management and improvement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to any of questions 4-6 of Section C, skip the rest of this section and go to Section D, Staff Development.

If you answered 'Yes' to each of questions 4-6 of Section C, continue with question 7 below.

Exemplary Quality

7. Local Program has documented procedures for dealing with analysis problems and deviations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Local Program compares data among sites and with prior years' data for discrepancies, reasonableness and to identify trends in good and bad performance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Local Program has procedures to verify that local reports accurately reflect data collected.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Continue with Section D below.

D. STAFF DEVELOPMENT**Acceptable Quality**

1. Local Program has received training on general NRS requirements, including assessment policy and procedures, follow-up policies and goal setting procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Local staff has received training on data collection procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Local staff has been trained on data entry into the local LACES software.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Local staff has had training on how to produce and/or interpret reports produced by the LACES.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Local Program staff participates in at least one additional training annually on NRS issues, LACES data entry or data analysis issues.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Local staff that administer assessments for accountability have been trained on the use of assessment instruments (TABE, BEST, and BEST Plus).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Local staff follows the State distance learning policy for the use of proxy hours.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to any of questions 1-7 of Section D, skip the rest of this section and go to Section E Data Quality Improvement Plan.

If you answered 'Yes' to each of questions 1-7 of Section D, continue with question 8 below.

Superior Quality

8. There is locally planned, continuous training (at least one training annually) on data collection and NRS issues.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Local training is planned and delivered based on the needs of local staff and evaluations of previous trainings, where applicable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to either questions 8 or 9 of Section D, skip the rest of this section and go to Section E Data Quality Improvement Plan.

If you answered 'Yes' to questions 8 & 9, continue with question 10 below.

Exemplary Quality

10. Local program has timely intervention strategies to identify data problems as they occur and to provide training to sites to correct the problems.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Continue with Section E.

E. DATA QUALITY IMPROVEMENT PLAN

Local Programs *must* submit a quality improvement plan for any content area that does not meet all of the standards within the “**Superior**” level. A separate plan must be completed for each content area. The plans should not exceed one page and include the following information:

1. Content area (e.g., Data Foundation and Structure, Staff Development) and specific standard(s) not met.

2. For each standard not met, describe your planned approach to implementing changes that will allow you to meet the standard.

3. Describe the barriers or problems you anticipate, if any, to implement these plans.

4. Describe any technical assistance you need to implement these planned changes.

5. If you believe you will be unable to meet any standard, please explain why.

Wyoming

TITLE II GRANTEE DATA QUALITY STANDARDS CHECKLIST

The Director of the Adult Education program must sign this certification.

CERTIFICATION

I certify that to the best of my knowledge, the information contained in this document is true and correct and accurately reflects my program's policies and procedures for collecting and reporting data to the Wyoming Community College Commission – Adult Education Program as required by the U.S. Department of Education's National Reporting System for the Workforce Investment Act, Title II Adult Education and Family Literacy.

Signature

Printed Name and Title

Date

Program Year 2020
(grant year
2020/21)

FY 2020/21 Schedule - A Form
Local Cash Funds Expended for Adult Basic Education*

Attachment D

Agency _____ City _____ Project Number _____

Name of Contact for Program _____ Phone _____

PURPOSE CODE	ACTIVITY CODE	Salaries	Retirement Fringe Benefits	Purchased Services	Supplies	Capital Outlay	Other	Totals
Instruction								
Support Services								
Administration								
Prof Development								
Facilities								
Transportation								
Other Specify:								
Total								

Signature of AE Director/Executive Director/Financial Officer

Date

*Note: Federal and State ABE funds allocated by WCCC are **not** to be included in this report. Return to Diane McQueen at 1428 Spruce Street, Wheatland, WY 82201.

Local ABE Program
 Non-Federal In-Kind Matches
 Maintenance of Effort (MOE) Fiscal Reporting Form Addendum
Fiscal Year: 2020/2021

Type of In-Kind Match	In-Kind Amount
Facility/Office Space/Classrooms	
Utilities	
Custodial Services	
Copying/Printing Costs	
Phones and Other Technology Costs	
Additional Approved In-Kind Services (be specific)	
Other	
Personnel Costs (Prorated – please identify personnel by name, title, and show calculation used to determine value.) <i>This should include paraprofessional volunteers, calculated at a comparable hourly rate if this were a paid position(s.) Add lines as needed.</i>	
Total	

Treasurer/Fiscal Officer**Date****AE Director****Date**

Treasurer/Fiscal Officer Contact Information:

E-Mail: _____

Telephone: _____

Fax: _____

Local ABE Director Contact Information:

E-Mail: _____

Telephone: _____

Fax: _____

FINANCIAL STATUS REPORT		1. Employer Identification Number	2. Grant Award Number	3. Final Report? Yes ___ No ___
4. Recipient Organization (name & address, with zip)		5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy) 7/1/2020 6/30/2021	6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy)	9. Cost per student:
		7. Total Federal Funds Approved:	8. Project Name:	\$

STATUS OF FEDERAL FUNDS - Check one ABE/ESL ___ EL/Civics Only ___									
Categories	10. ABE (NRS 1-4) (GLE 0-8.9)	11. Adult Sec. Ed. (NRS 5-6) (GLE 9-12.9)	12. ESL - English as a second lang. (All EFL's)	13. Institutional & Corrections (subset of #10)	14. IELCE	15. Indirect Costs <i>pre-approved</i>	16. Special Grant	17. Total Federal Administration Costs	18. Total Grant Funds
(a) Total Federal funds allotted									
(b) Total Federal funds expended									
(c) Unexpended Federal Funds									
(d) Total Program Income (taken in)									
(e) Total Program Income Expended									
(f) Unexpended Program Income									

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC Adult Education office.

PROGRAM INCOME: All program income must be reported and expenditures from that income detailed on the back of this form.

Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures are unliquidated obligations are for the purpose set forth in the award documents For help with this report, please call Diane McQueen, Wyoming State Director for Adult Education (307) 777-7885.	19. Signature of Authorized Certifying Official		Date Report Submitted
	Typed or Printed Name and Title		Phone Number and Extension

Itemization of Program Income and Expenditures									
20. Total Program Income:									
Description of Program Income									

21. Program Income Expended:									
Description of Expenditures									

FINANCIAL STATUS REPORT	1. Employer Identification Number	2. Grant Award Number	3. Final Report? Yes ___ No ___
4. Recipient Organization (name & address, with zip)	5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy) 7/1/2020 6/30/2021	6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__	9. Cost per student:
	7. Total State Funds Approved:	8. Project Name:	State \$

STATUS OF STATE FUNDS for ABE

Categories	10. ABE L (0-8 GLE)	11. Adult Secondary (9-12 GLE)	12. ESL (all SPL)	13. Institutional & Corrections (subset of #10)	14. Indirect Cost	15. Total State Administration Cost	16. Total State Grant Funds
(a) Total State funds allotted							
(b) Total State funds expended							
(c) State funds Unexpended							

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC Adult Education office during the biennium.

Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures and unliquidated obligations are for the purpose set forth in the award documents. For help with this report, please call Diane McQueen, Wyoming State Director for Adult Education at (307) 777-7885.	17. Signature of Authorized Certifying Official	Date Report Submitted
	Typed or Printed Name and Title Email:	Phone Number and Extension

IELCE Self-Assessment

Attachment F

Section 1: Integrated Education and Training (IET) Implementation

The Self-Assessment Tool begins with the IET component review of your program or the IET program that you are collaborating with in response to regulation 34 CFR 463.70, which requires IELCE services be delivered in combination with IET activities. Under 463.36, IET activities include adult education and literacy activities, workforce preparation activities, and workforce training. The phrase “**your IET program**” is used in the survey items below and refers to the required IET component of your overall IELCE program that students may access, regardless of the funding source or agency control of that IET component.

Adult Education and Literacy Activities

1a. Does your IET program include one or more of the following suggested adult education and literacy activities? (REFERENCE: 34CFR 463.30 and 463.36)

- | | | |
|--|------------------------------|-----------------------------|
| Adult Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Literacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workplace adult education and literacy activities (e.g. activities offered in collaboration with an employer at a work site or as further defined in Sec. 203 of WIOA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| English language acquisition activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Integrated English literacy and civics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workforce preparation activities (utilizing resources, understanding systems, digital literacy, working with others, employability skills, or as further defined in 34 CFT 463.34) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1b. Which adult education and literacy activities in your IET program, if any, would you highlight as exemplary? Why?

1c. What, if any, challenges have you faced with implementing your IET program’s adult education and literacy activities? What practices, if any, have you found best address these challenges?

Workforce Preparation Activities

2a. Does your IET program include one or more of the following workforce preparation components? (REFERENCE: 34 CFT 463.34 and 463.36)

- | | | |
|---|------------------------------|-----------------------------|
| Activities, programs, or services targeting basic academic, critical thinking, digital literacy, and self-management skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employability skills addressing competencies using resources and information; working with others, and understanding/obtaining skills for successful postsecondary transition or completion, training, and employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other employability skills that increase workforce preparation
Please describe: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2b. Which workforce preparation practices in your IET program, if any, would you highlight as exemplary and why?

2c. Has your IET program faced any challenges with implementing workforce preparation activities? If yes, what challenges have you faced, and what practices have you used to address them?

Workforce Training

3a. Does your IET program or services include at least one of the following workforce trainings? (REFERENCE: WIOA 134 (c)(3)(D) and 463.36)

Occupational skills training (including nontraditional employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On-the-job training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incumbent worker training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Programs combining workplace training with related instruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private sector-operated training programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skill upgrading and retraining	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entrepreneurial training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transitional jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job readiness training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult education and literacy activities that are provided concurrently or in combination with any of the services above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customized training with employer hiring commitment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: Please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3b. Which workforce training activities in your IET program, if any, would you highlight as exemplary and why?

3c. Has your IET program faced any challenges with implementing workforce training? If yes, what challenges have you faced, and what practices, if any, have you used to address them?

Integration of the Required Components

4a. Do your 'integrated' services occur concurrently and contextually in ways that your IET program, adult education and literacy activities, and workforce training include the following requirements? (REFERENCE: 34 CFT 463.37 and 436.35)

Contain sufficient intensity & quality based on rigorous research (e.g. research on reading, writing, math, and English proficiency of eligible individuals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occur simultaneously	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use occupationally relevant instructional materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a single set of learning objectives identifying specific adult education content; workforce preparation activities; and workforce training competencies and program activities functioning cooperatively	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4b. Has your IET program faced any challenges with implementing integrated services? If yes, what challenges have you faced, and what practices have you used to address them?

Educational and Career Advancement—Including State Plan and Career Pathways Alignment

5a. Is your IET program “for the purposes of education and career advancement: met by the following requirements? (REFERENCE: 34 CFT 463.38)

Aligning the adult education component with the state’s content standards for adult education as defined in Wyoming’s Unified State Plan Yes No

AND

Having the IET program part of a career pathway Yes No

5b. Which elements or practices of a career pathway as defined in WIOA does your IET program include? (REFERENCE: WIOA Sec 3[7])

Aligns with industry skills needed within the state or regional economy Yes No

Prepares individuals for secondary or postsecondary education success Yes No

Includes counseling in support of an individual’s education & career goals Yes No

Includes concurrent & contextualized education with cluster-specific workforce preparation and training Yes No

Organizes education, training & other services to support an individual’s needs to accelerate education & career advancement Yes No

Enables an individual to attain a secondary school diploma or equivalent Yes No

Helps an individual enter or advance in an occupation/occupational cluster Yes No

5c. Has your IET program faced any challenges with implementing career advancement practices? If yes, what challenges have you faced, and what practices have you used to address them?

Section 2: Integrated English Literacy & Civics Education (IELCE) Implementation

This section of the self-assessment reviews required components and activities of the IELCE program as described under Section 243 of WIOA.

Eligible Participants

6a. Are your IELCE services delivered to adult English language learners, which can include professionals with degrees/credentials from their native countries? (REFERENCE: 34 CFT 463.70) Yes No

6b. How does your program deliver services to adult English language learners?

6c. What challenges, if any, has your program faced with serving adult English language learners, and how have you addressed these challenges?

Integrated English Language Acquisition & Civics Education

7a. Do your IELCE services and program include the following English language acquisition as well as civics education requirements? (REFERENCE: 34 CFT 463.33)

Instruction in literacy and English language acquisition Yes No

Instruction on the rights and responsibilities of citizenship and civic participation Yes No

7b. Describe the delivery of literacy and English language instruction.

7c. How has your program provided citizenship rights and responsibilities and civics participation instruction?

7d. What challenges, if any, has your program faced in delivering English language acquisition and/or civics instruction, and how have you addressed these challenges?

Coordination with the Workforce Development System

8a. As an eligible IELCE provider receiving 243 funds (IELCE), are your services designed to provide access to the following requirement? (REFERENCE: 34 CFT 463.73)

Prepare for and place adult English language learners in unsubsidized employment within in-demand industries and occupations leading to economic self-sufficiency Yes No

8b. Describe how your program services have been designed to prepare and place adult English language learners in unsubsidized, economically self-sustaining employment or occupations within in-demand industries.

8c. What challenges, if any, have you faced with your services designed to prepare for and place adult English language learners in unsubsidized, economically self-sufficient, and in-demand industry employment? How have you addressed challenges?

8d. In addition to being designed to prepare for and place adult English language learners in unsubsidized employment within in-demand industries and occupations leading to economic self-sufficiency, do your program services include the following requirement? (REFERENCE: 34CFT 463.73)

Integrate with the local workforce development system and its function to carry out program activities Yes No

8e. How have your program services been designed to integrate with the local workforce development system and its functions to carry out program activities?

8f. What challenges, if any, have you faced with your services designed to integrate with the local workforce development system, and how have you addressed challenges?

Section 3: IELCE Program Quality & Support Components

This section of the self-assessments seeks information about seven non-required activities related to the development and implementation of your IELCE program.

9. Does your program include an ongoing professional development component for program staff? Yes No

10. Did the design of your IELCE program include the use of local or regional data or information such as workforce or National Reporting System data to inform the selection of your IET occupational or certification choice(s)? Yes No

11. Does your program delivery reflect evidenced-based instructional practices? Yes No

12. Do you have employer engagement in your workforce training component? Yes No

13. Does your program include formal partnerships/collaborations with other agencies, institutions, coalitions, or the local community? Yes No

14. Does the design of your program intentionally align to the Wyoming Unified State Plan? Yes No

15. Does your program provide support or wraparound services for participants? Yes No