

atlas ABE Teaching & Learning
Advancement System



Adult Basic Education

Support Staff Training

FOR MORE INFORMATION: www.atlasABE.org OR www.mnabe.org

My ABE Program Profile

I. ABE Program Information – **Consortium Information**

Fill in the information in the table below. Don't forget to note your program's mission statement as well. Knowing the mission and vision of your program is critical to ensuring success.

CONSORTIUM NAME:

Contact Information		Member Organizations		
WEB SITE http://		Member		
MANAGER NAME				
TELEPHONE		Program Sites		
EMAIL				
ABE Consortium Programming				
<input type="checkbox"/> Adult Diploma	<input type="checkbox"/> Basic Skill Enhancement	<input type="checkbox"/> Citizenship/Civics	<input type="checkbox"/> Family Literacy	<input type="checkbox"/> Workforce Preparation
<input type="checkbox"/> Basic Skills	<input type="checkbox"/> Conditional Work Reference	<input type="checkbox"/> ESL	<input type="checkbox"/> GED	<input type="checkbox"/> Other:

MISSION STATEMENT:

II. ABE Program Information – **Adult Learners in My Program**

Who is being served in your program? Ask your manager for the numbers and demographics of the students who were served in the program last year. What were their ages, genders, ethnicities, and educational functioning levels?

ADULT LEARNER DEMOGRAPHICS & STATISTICS FOR THE _____ PROGRAM YEAR

TOTAL # OF ENROLLEES	
TOTAL # OF PARTICIPANTS	
AGE RANGE	
LARGEST AGE GROUP	
NUMBER OF MALES	
NUMBER OF FEMALES	

ADULT BASIC EDUCATION (ABE)	
Beginning ABE Literacy	
Beginning Basic Education	
LOW Intermediate Basic Education	
HIGH Intermediate Basic Education	
LOW Adult Secondary Education	
HIGH Adult Secondary Education	
ENGLISH as a SECOND LANGUAGE (ESL)	
Beginning ESL Literacy	
LOW Beginning ESL	
HIGH Beginning ESL	
LOW Intermediate ESL	
HIGH Intermediate ESL	
Advanced ESL	
TOTAL	

List the MOST COMMON GOALS of learners in your program.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

III. ABE Program Information – **Funding**

FUNDING RESOURCES AND REQUIREMENTS FOR MY PROGRAM

ABE Funding		
Contact Hours for the Prior Program Year		
Amount of State Funding Entitlement for Current Year		
GRANTS		
Award Year	Grant Name	Grant Amount
DONORS		
Award Year	Donor Name	Donation Amount

IV. ABE Program Information – **Professional Development (PD)**

MY PD REGION IS: _____

MY PD COORDINATOR IS: _____

OUR NEXT REGIONAL PD EVENT IS: _____

PROGRAM PARTICIPATION IN STATEWIDE PD INITIATIVES (e.g., STAR, MNI, Project IDEAL, etc.):

V. ABE Program Information – **Program Procedures**

How are student intakes and data management handled in your program? What are the important steps for each, and who is responsible for each step? What resources (e.g., forms) are available to assist with these important procedures?

Intake Procedures

Steps in the process	Who is responsible?	What resources are available?
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Data Management Procedures

Steps in the process	Who is responsible?	What resources are available?
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VI. ABE Program Information – Consortium Performance

Fill in the information in the table below.

CONSORTIUM PERFORMANCE FOR LAST PROGRAM YEAR

DATES: May _____ - April _____

TOTAL CONTACT HOURS:								
Level I Hours				NOTES				
Level II Hours								
Overall Participant Level Completion Rate: _____ %								
		ACTUAL	TARGET			ACTUAL	TARGET	
ESL	Literacy	%	%	ABE	Beginning Literacy	%	%	NOTES
	Low Beginning	%	%		Beginning	%	%	
	High Beginning	%	%		Low Intermediate	%	%	
	Low Intermediate	%	%		High Intermediate	%	%	
	High Intermediate	%	%		Low Adult Secondary	%	%	
	Advanced	%	%		High Adult Secondary	%	%	

CONSORTIUM PERFORMANCE TO DATE (May – October for year: _____)

CONTACT HOURS TO DATE:								
Overall Participant Level Completion Rate to Date: _____ %								
		ACTUAL	TARGET			ACTUAL	TARGET	
ESL	Literacy	%	%	ABE	Beginning Literacy	%	%	NOTES
	Low Beginning	%	%		Beginning	%	%	
	High Beginning	%	%		Low Intermediate	%	%	
	Low Intermediate	%	%		High Intermediate	%	%	
	High Intermediate	%	%		Low Adult Secondary	%	%	
	Advanced	%	%		High Adult Secondary	%	%	

VII. ABE Program Information – **Minnesota’s ABE Calendar**

Program Year: Begins **MAY 1** Ends **APRIL 30** *PY13 [May 2012-April 2013]*

Fiscal Year: Begins **JULY 1** Ends **JUNE 30** *FY13 [July 2012-June 2013]*

1. How is the PROGRAM YEAR used?

2. How is the FISCAL YEAR used?

VIII. ABE Program Information – **Databases**

Which DATABASE do you use? (circle one) **MABE** **MARCS**

DATABASE USAGE

Person / Group / Role	ADMIN Administrative Authority	VIEW-ONLY Authority	DATA-ENTRY Student Intake Info	DATA-ENTRY Attendance	DATA-ENTRY Student Tests & Scores	DATA-ENTRY Staff	ASSIGN Classes	OTHER

IX. ABE Program Information – **Table 4 Targets**

Print a Table 4 from a class or a site in your program. Answer the following questions. Share your answers with a colleague or supervisor.

1. What levels are these students?
2. Which level(s) has the most students?
3. Compare the performance of this group with state targets. Is this class or site meeting state targets?
4. Compare this group’s Table 4 with your program or consortium’s overall Table 4. How do they compare?
5. What is your program doing well?
6. What are your program’s challenges in meeting the targets?
7. What could you/your program do to increase level gains?
8. Where do your program’s GED students take the official GED tests?
9. How many students from your program received a GED last year?

ABE ASSESSMENTS

TEST	TYPE	FORM	FREQUENCY
CASAS	Reading Math Listening	Number?	
TABE (8 & 9)	Reading Composite Math (2 tests) Language	Letter?	
Work Keys			
BEST Plus			

1. What assessments does your program use?
2. What is the procedure for post-testing in your program?
3. What non-NRS assessments are used in your program? How/why are they used?