

AEPP Program Manager's Meeting

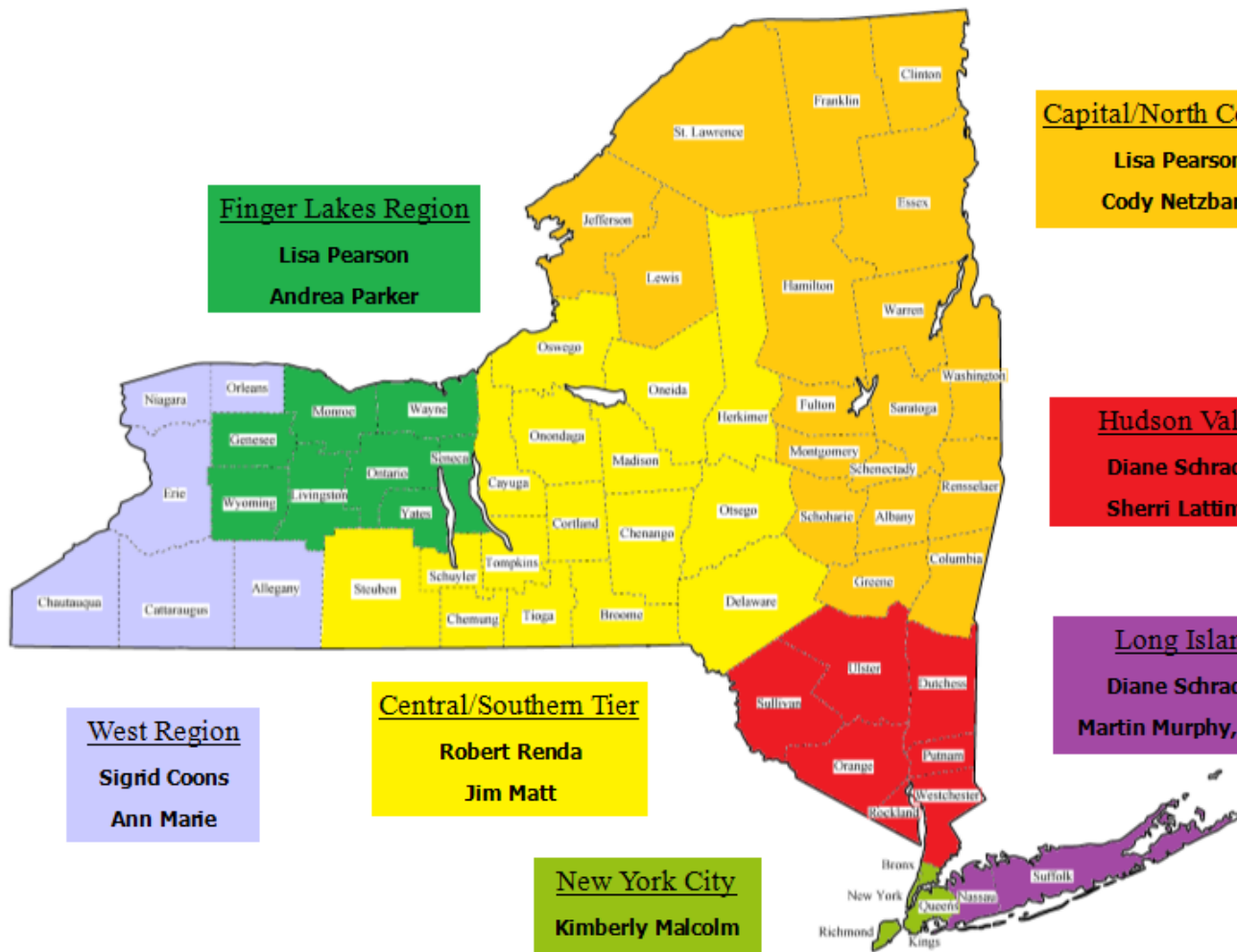
June 22, 2023



AGENDA

- Welcome and Opening Remarks
- Leadership Updates
- OCTAE Debrief
 - MIS Findings
 - General Monitoring
- AEPP office staffing update
- New ISRF
- Tuition/Registration Fee monitoring
- Hybrid Instruction Application
- IET & IELCE Renewal Document & Submission
- HSE Matching Timeline and Reporting
- Fiscal Deadlines and Status (ALE, EPE and WIOA)
- Final Preparation for Post Testing
- Closing Remarks

- 
- **Leadership Updates**
 - **OCTAE Debrief**
 - **MIS Findings**
 - **General Monitoring**



Finger Lakes Region
Lisa Pearson
Andrea Parker

Capital/North Country
Lisa Pearson
Cody Netzbund

Hudson Valley
Diane Schrader
Sherri Lattimer

West Region
Sigrid Coons
Ann Marie

Central/Southern Tier
Robert Renda
Jim Matt

Long Island
Diane Schrader
Martin Murphy, Ph.D.

New York City
Kimberly Malcolm
Lavern Nelson

NYS INDIVIDUAL STUDENT RECORD FORM (REV 6/2023)

First Name*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 M.I.:

--	--

 Last Name*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Birth Date*:

--	--	--	--	--	--	--	--	--	--	--	--	--

 Original Program Start Date*:

--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____ City: _____ State:

--	--

 Zip:

--	--	--	--	--	--	--

Home Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile Phone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-mail: _____
Emergency Contact:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Name/Relationship of Contact: _____

Social Security #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 OR: Student was asked for SS# and cannot/will not provide. (Initial Staff print full name)

NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.

Gender* (Required):
 Male Female Non-Binary/Gender Non-Conforming

Employment Status* (Required):
 Employed Full Time
 Employed Part Time
 Employed but Received Notice of Termination
 Military Separation Pending
 Unemployed & Seeking Employment
 Not Available for Employment
 Inmate

Race/Ethnic Identity* (Required):
Choose ONE:
 Hispanic/Latino/a
 Non-Hispanic/Latino/a
AND Choose **all that apply** (Must Choose AT LEAST ONE):
 Native Hawaiian
 Native American
 Alaskan Native
 Asian
 Pacific Islander
 African American
 Afro-Caribbean
 African
 Latino/a
 White (not Latino/a)

WIOA Co-Enrollment* (Required): (Definitions available in the ISRF Instruction Guide.)
Student is currently receiving additional WIOA Services: Yes No
> If Yes, which type(s)? Title 1 Title 3 Title 4 Name of Program(s): _____

Educational Background* (Required):
Highest Grade completed in US: _____ Highest Grade completed in NY State: _____ Last School Attended (If NYS): _____
Highest Credential Obtained: > Location Obtained: In US In Other Country
> Credential Obtained: Sec School Diploma HSE Diploma Some Post-secondary Post-Sec or Prof Degree
Years of Schooling in Other Countries: _____

School-aged Children:
Is the student a parent or guardian of a child/children under 21? Yes No
Is the Student a Single Parent? Yes No
If yes to either question above, enter the **number** of children at each level:

Preschool	
Elementary	
JHS	
HS	

Barriers to Learning/Employment*: (Minimum of 1 Answer Required)
Self-reported by student. Definitions available in the ISRF Instruction Guide.

Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where did you hear about this program* (Required):
Was the Ad for the local prog or a NYSED/AEFP Ad? Check all that apply, minimum one answer.

State Local

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify) _____

Release of Information: By participating in this state and/or federally funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the New York State Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information.

Form Completed By: (Please Print): _____

Student Signature: _____

Date:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WIOA Co-Enrollment* (Required): (Definitions available in the ISRF Instruction Guide.)

Student is currently receiving additional WIOA Services: Yes No

> If Yes, which type(s)? Title 1 Title 3 Title 4 Name of Program(s): _____

Examples of Title 1 Programs:

Department of Labor

Unemployment Insurance

Dislocated Worker Assistance Programs

American Job Centers

Examples of Title III Programs:

Programs funded under the Wagner-Peyser Act

Examples of Title IV Programs:

Vocational Rehabilitation (ACCES VR)

Association for the Blind & Vision Impaired

Department of Social Services (TANF)

Barriers to Learning/Employment*: (Minimum of 1 Answer Required)

Self-reported by student. Definitions available in the ISRF Instruction Guide.

- | Y | N | | Y | N | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Homeless | <input type="checkbox"/> | <input type="checkbox"/> | Unsuccessful Outcome on HSE Subtest(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | U.S. HS Grad or Equivalent | <input type="checkbox"/> | <input type="checkbox"/> | Non Native English Speaker |
| <input type="checkbox"/> | <input type="checkbox"/> | Displaced Homemaker | <input type="checkbox"/> | <input type="checkbox"/> | Ex-Offender |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabled | <input type="checkbox"/> | <input type="checkbox"/> | Youth in Foster Care/ Aged out of System |
| <input type="checkbox"/> | <input type="checkbox"/> | Low Income | <input type="checkbox"/> | <input type="checkbox"/> | Cultural Barriers to Learning |
| <input type="checkbox"/> | <input type="checkbox"/> | Migrant/Seasonal Worker | <input type="checkbox"/> | <input type="checkbox"/> | Long-Term Unemployed |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning Disabled | <input type="checkbox"/> | <input type="checkbox"/> | Exhausting TANF within 2 years |
| <input type="checkbox"/> | <input type="checkbox"/> | Runaway Youth | <input type="checkbox"/> | <input type="checkbox"/> | Single Parent |
| <input type="checkbox"/> | <input type="checkbox"/> | Low Literacy Learner | <input type="checkbox"/> | <input type="checkbox"/> | English Language Learner |



Low Levels of Literacy

Hybrid Instruction FY24 Application



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY
12234**

**ADULT CAREER AND CONTINUING EDUCATION SERVICES
ADULT EDUCATION PROGRAMS AND POLICY
89 WASHINGTON AVE. ROOM 460 EBA
ALBANY, NY 12234
Tel. 518 474-8940 Fax 518 474-0319**

Hybrid Instruction Request

This form is to be submitted by AEPP funded programs who are interested in providing a combination of in-person and synchronous educational services from July 1, 2023, through June 30, 2024.

(AEPP will re-evaluate for the second half of the fiscal year and make accommodations as needed)

Program: _____

Superintendent/Program Director: _____

Email: _____

Funding (check all that apply to ONLY the portion of the of Hybrid educational services being requested)

WIOA ALE EPE*

* For EPE Distance Education, programs must have applied via the FY23 EPE application to provide these services as outlined in the EPE Manual. If approved, per the program's EPE allocation letter, the program must be administered as directed in the current EPE Manual. The only portion of EPE Distance Education that may be provided in a hybrid model (and included in this application) is the tutoring required from every program. Remote, synchronous tutoring may be a part of this application.

Tuition or Registration Fee (EPE)

Fees and Tuition:

Fees

It is permissible to charge a nominal fee, commonly referred to as a registration fee or materials fee, to support the high cost of intake or to replenish supplies. Agencies should be mindful that the eligible population is largely low-income, receiving public assistance, unemployed, or underemployed. NYSED does not encourage charging tuition for any program supported by EPE, *with the exception of CTE programs*, which tend to be more expensive to operate than the amount reimbursed by EPE; in this case, the program may charge the student tuition for CTE programming. The use of fees to help support the cost of programs should never prevent a potential student from receiving needed services.

Combining funding sources to cover the actual expenses of operating a program is acceptable. It is acceptable to charge tuition to generate additional revenue, however, if the combined total of the tuition, plus the EPE aid, plus all other sources of revenue for the program exceeds the actual costs to operate the program, then the excess EPE must be returned to NYSED.

Tuition

Although tuition may be charged to students in EPE programs. Programs using EPE funds are not required to provide all services free of charge to participants. New York State Education law specifically mentions tuition as one source of bridging the gap between aid and cost. Although tuition may be charged, the NYSED AEPP Team recommends that whenever possible, literacy and basic education programs be provided without cost to participants because a high percentage of the population served by these programs are low-income individuals.

IET and IEL/CE Renewal FY24

Integrated English Literacy and Civics Education (IEL/CE) & Integrated Education and Training (IET) Required Training Component Worksheet

This form is used to identify training and credentials included in an IEL/CE grant/contract or IET grant/contract. Requests for additional training and credentials are permitted two times per fiscal year, in July and November, due by the last day of the month. Requests will not be considered at any other time. If more space is needed for additional training programs another copy of this form should be submitted.

Name of Agency (same name as shown on the NYSED IEL/CE or IET grant/contract):

Person Completing this Form:

Email Address/Phone Number:

PLEASE NOTE: AEPP WILL NOT ACCEPT ANY USE OF ACRONYMS OR ABBREVIATIONS

	Training Component #1	Training Component #2	Training Component #3
Credentialing Training/ Occupational Cluster			
Number of Hours Required to Complete Training			
Weekly Schedule of Training			
Weekly Schedule of ESL Contextualized Instruction			
Resulting Credential			
Job(s) Credential is Applicable to			
Training Provider/ Contact Person			
Address (Training Provider)			
Website			



HSE Matching Timeline and Reporting

- ASISTS received HSE data updates
- Includes GED test results, NEDP diplomas, and the Attachment R – (Regents Pathway diplomas) December, March, and May
- The final update will be the week of August 7th

HSE Matching Timeline and Reporting

The HSE department has informed us they are able to turn around the GED results in roughly four weeks, so we are optimistic that we will capture the results of testing conducted in June

The Attachment R processing does take more time

Depending on the amount of time needed to secure the Regents Credit, the student may or may not be included in FY23 data



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY
12234

Adult Career and Continuing Education Services
89 Washington Avenue
Room 460 ESA
Albany, NY 12234
(518) 474-8940; FAX: (518) 488-1751
<http://www.acces.nysed.gov/aecpp/>

March 23, 2023

TO: All NYSED Funded Adult Education Projects, ALE, WEP, WIOA, EPE
FROM: Fiomelissa Johnson, Director of Adult Education Program and Policy
SUBJECT: GED Data Match

This memo is intended to guide AEPP funded programs on how to obtain credit for students achieving their NYS High School Diploma that were not assigned as enrolled within GED Manager. As indicated on the AEPP Memo dated, January 27, 2023, this is the only way for AEPP funded programs to receive credit for students that have earned their NYS HSE diploma.

Please note the following procedure intended to provide a GED Data Match processed by AEPP from data entered in ASISTS from February 2022 through April 2023; this will be a *one-time* event only for FY23. After April 2023, all AEPP funded programs will be required to claim students that have been serviced by their programs through GED Manager, there will be no further exceptions. AEPP has arranged with ASISTS to conduct a *one-time* data match so that programs receive full credit for the FY23 GED diploma results.

To participate in this process, each program must follow these instructions:

1. Identify all students in your program who have attended classes this year and have taken the GED test. You will need the following information for these students:
 - a. First Name
 - b. Last Name
 - c. GED ID (the ID issued by GED.com (GED Manager) when the student registered to take the test)
2. In ASISTS, for each student identified, make the following changes:
 - a. In the Student Details page, enter the 16-digit GED ID in the field currently marked UUID. This field can be found in the Educational Background Section.
PLEASE MAKE SURE THAT THE GED ID IS IN THE EXACT FORMAT, INCLUDING DASHES, AS IT APPEARS IN THE GED MANAGER WHEN ENTERING INTO ASISTS.

Post assessment	Educational background
Highest grade completed in US	Grade 9
Highest grade completed in NY State	Grade 9
Last school district and school attended in NYS	Schenectady
Highest credential obtained in The US	
Highest credential obtained	NA
Years of schooling in other countries	NA
UUID	

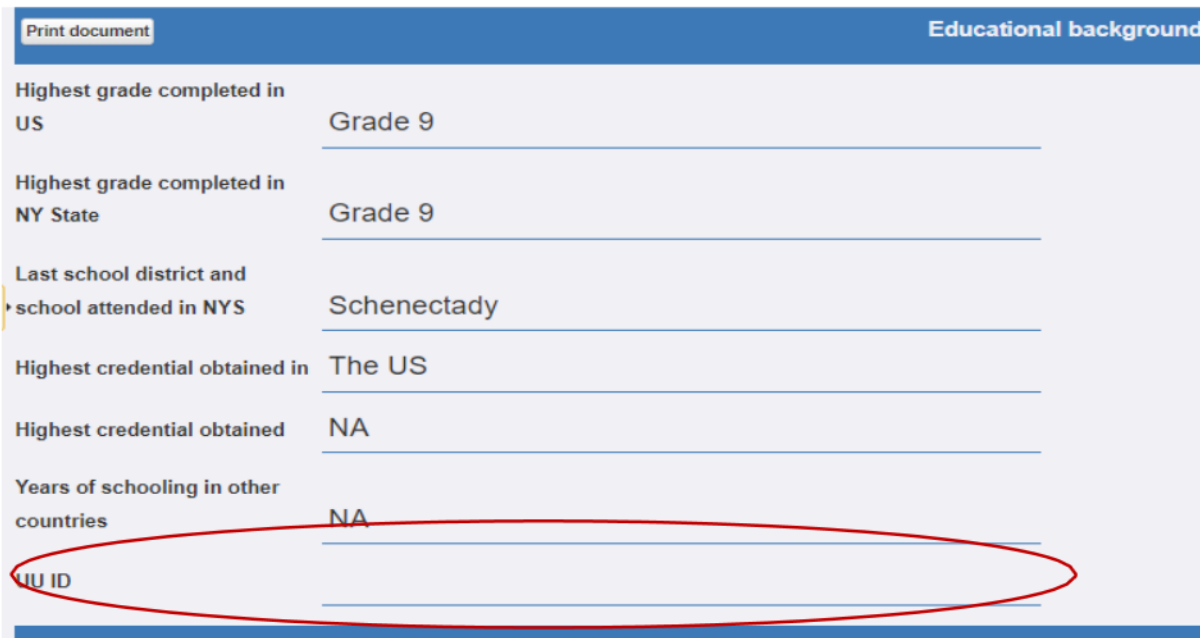
Director Johnson GED Memo

Director Johnson GED Memo

If the program did not include the dashes (hyphens) in the UUID when updating the data, a match would not be successful and the diploma will not count in FY23

Director Johnson GED Memo

2. In ASISTS, for each student identified, make the following changes:
 - a. In the Student Details page, enter the 16-digit GED ID in the field currently marked UUID. This field can be found in the Educational Background Section.
PLEASE MAKE SURE THAT THE GED ID IS IN THE EXACT FORMAT, INCLUDING DASHES, AS IT APPEARS IN THE GED MANAGER WHEN ENTERING INTO ASISTS.



Print document Educational background

Highest grade completed in US	Grade 9
Highest grade completed in NY State	Grade 9
Last school district and school attended in NYS	Schenectady
Highest credential obtained in The US	
Highest credential obtained	NA
Years of schooling in other countries	NA
UUID	

HSE Reminders:

- If a program verifies the student has taken and passed all 4 subtests of the GED, that does not guarantee the student is issued a diploma!
- If the students earned the diploma in July or August of FY23, did the student accrue 12 contact hours in FY23? If not, the diploma will not count as *MSG* for the student or for the program.
- If it becomes clear the student/diploma will not count in FY23, the student must be enrolled in FY24 and the student must earn 12 contact hours to count!



DETAILS PAGE

1. Measurable Skills Gain - MSG (40%)

Educational Levels	Enrollment	# of POPs [#]	# Making Ed. Gain	# with HSE	# with MSG	Weights	NYS FY22/23	Program Performance
ABE 1	25	25	15	0	15	1.19	64%	100.0%
ABE 2	10	10	4	0	4	1.13	69%	70.6%
ABE 3	15	15	9	2	10	1.24	60%	61.5%
ABE 4	20	20	18	8	26	1.34	52%	61.7%
ASE 1	30	31	24	4	25	1.25	59%	64.7%
ESL 1	8	8	4	4	8	1.20	63%	66.7%
ESL 2	12	12	9	3	10	1.00	79%	37.5%
ESL 3	18	18	14	2	15	1.03	77%	60.0%
ESL 4	32	32	25	1	25	1.08	73%	50.0%
ESL 5	13	13	6	1	7	1.18	65%	66.7%
ESL 6	20	21	10	0	10	1.19	64%	00.0%
Total		184		Score		3.3		33.3 out of 100

2. Post Test Percentage (20%)

	Program Performance	NYS Benchmark	Meets NYS Benchmark	Quartile Ranking	Final Score
All levels	80%	70%	Yes	2.4	18 out of 100

TOTAL SCORE

73.3 out of 100

Quartile Ranking Based on Total Score

3.0

Explanations:

1. NRS refers to the National Reporting System. Students meeting the criteria of NRS eligibility should have received services of 12 or more hours and be pre-tested using the TABE, BEST Plus or BEST Literacy tests.
2. MSG refers to Measurable Skills Gain as defined by completion of an Educational Functioning Level or the receipt of a Secondary School Diploma/Credential Attainment.
3. 'Enrollment by Funding Source' refers to a duplicated count.
4. For EPE enrollment, only NRS-eligible students will be counted. Please see note #1 for more details.
5. Students included in follow-up outcome calculations attended and exited programs in earlier years.
6. POP refers to the Period of Participation. The same student may have multiple POPs if she or he left the program and returned.

**DRAFT
ONLY**



**DRAFT
 ONLY**

New York State Report Card for Adult Education Providers					
Program Name: Corusant School District				2023 Enrollment (NRS ² criteria): 184	
Benchmarks:				2 of 9 Met	
Total Score 58.65		Quartile Ranking 1.5		Program Rating Needs Improvement	
Benchmark/Scoring Details					
Measure	NYS Benchmark	Program Performance	Benchmark status	Quartile Ranking	Score
MSG ² (40%)	49%	65%	Yes	3.3	33.30
Post-Test rate (30%)	70%	80%	Yes	2.4	18.0
Enrollment by Funding Source ³		Enrollment Target		Enrollment	Benchmark Met?
a. WIOA (Core)				16	25
b. WIOA Corrections				58	50
c. EPE ⁴				160	150
Benchmarks Status			234	270	Yes
Follow-up Outcomes ² (30%)					
Follow-up measures	Program		Performance		
	Number In Cohort	Number with outcome	Percentage	Benchmark	
Employment 2 nd Quarter after Exit	150	52	34%		
Employment 4 th Quarter after Exit	250	38	15%		
Credential Attainment	175	22	13%		
Attainment of Post-sec Credential	100	4	4%		
Total	675	169	25%	Yes	
Quartile Ranking	0.98	Score	7.35		
		Percentage	Benchmark Met?		
Survey Percentage		65%	25%	No	

Fiscal Deadlines and Status

ALE, EPE and WIOA

6/15/23	AEPP Due Date Chart - Prepare updated AEPP Due Date Chart for upcoming FY and send out to RAENS.
07/31/23	FS-10F's (long form) submitted no later than this date to Grants/Finance for ALE and WEP (state) funded projects (2022-2023)
07/31/23	Electronic vouchers from vendors (RAEN, NRS, STAC, ASISTS) for the third (3 rd) quarter of the fiscal year should be received in the AEPP office by July 31 st . Vendors should email electronic copy of vouchers with Budget Report Form and Budget Narrative to the ADULTED Mailbox and cc Regional Associate.
08/16/23	SA 160.2 from ASISTS (2022-23) must be submitted to EPE@nysed.gov on this date; they must be emailed to EPE@nysed.gov These documents are unsigned when submitted. These documents cannot be dated prior to 8/16/2023.
08/25/23	SA 160.2 with superintendent's original signature due no later than this date to NYSED Program Office . Document must be mailed in hard copy with original signatures.

Calculating 90% Post Test Benchmark

STEP 1:

ERIC Tech Support

Funding Reports

Elements in red are required

Fiscal year: 2023

Report group: WIOA Data Check Reports

Report title: Students without Post Test

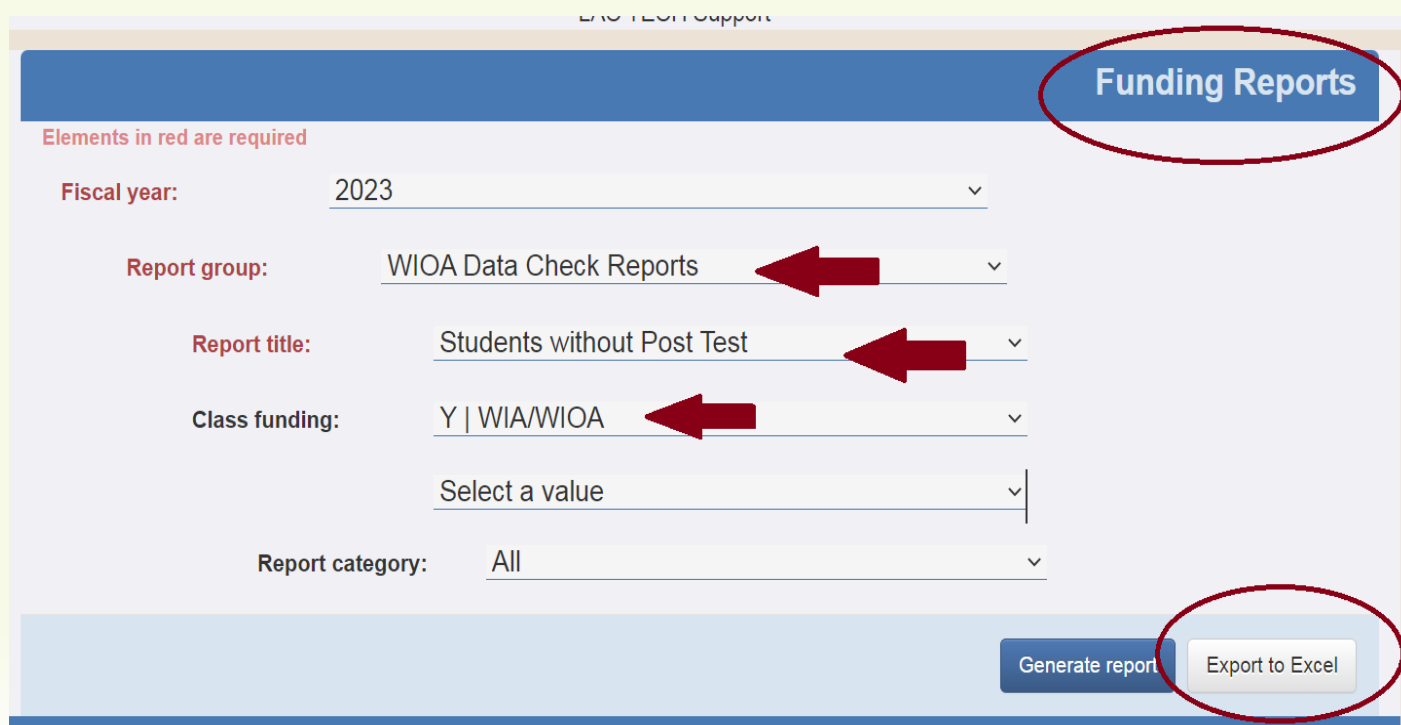
Class funding: Y | WIA/WIOA

Select a value

Report category: All

Generate report

Export to Excel



Calculating 90% Post Test Benchmark

STEP 2:

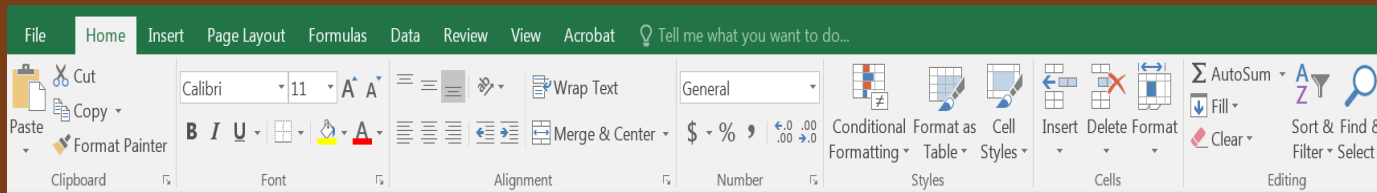
Download Data for Students with NO Post Test from ASISTS

Sort from Largest to Smallest

Count how many post tests are outstanding

Calculate 90% of that number

Post Test those students on or before June 30, 2023



NRSSort Order	NRS Level	Subject	StudentID	Name	
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
1	3	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	5	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	2	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	1	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
1	3	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	4	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	2	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	2	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	
2	5	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 64.5
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 63
2	5	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 60.5
2	4	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 59.5
1	3	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 57
1	4	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 53.5
2	5	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 50.5
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 50
2	6	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 47.5
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46.5
2	6	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46.5
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46
1	2	BE	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46
2	1	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46
2	5	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 46
2	3	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 45
2	3	ES	LastNameFirstNameMOBB8920151661987	Last Name, First Name	1 42.5

Sort from Largest to Smallest

Count how many are over 40 hours



Calculating 90% Post Test Benchmark

Total number of outstanding Post Tests = 29 students

90% of 29 = 26.1 tests are still outstanding

Post Test those 26 students on or before June 30, 2023

Record results in ASISTS and run the same report to verify data

Closing Remarks

- **New Format for Upstate and Downstate Program Manager Meetings**
- **Meeting has been recorded**
- **PPT is also available for Program Managers to share with their program staff**

Questions?



YOUR
LOGO