

## Sections of Annual Performance Report

Sections	Type	Reporting File	Submitted As	Submitted To
Cover Sheet	Text/Signature	MS Word	PDF	Please send FINAL versions of ALL these sections (4 files in total) as attachments to OME in ONE email
Block A	Numerical	MS Excel	MS Excel	
Block B	Numerical	MS Excel	MS Excel	
Block C	Numerical	MS Excel	MS Excel	
Block D	Text	MS Word	MS Word	
Block E	Text	E1 in MS Word	MS Word	
	Numerical	E2 in MS Excel	MS Excel	
Block F	Text	MS Word	MS Word	
HEP GPRA 1 Doc. form	Text/Signature	MS Word	PDF	

## Color Coding for Convenience

Highlighted Color	Interpretation
Blue	Enter Numerical
Yellow	Check Box
Green	Enter Text

For your convenience, the **Performance Report MS Excel Form**: Block A, Block B, Block C and Block E2 has a color coding system to clearly show the type of information you must provide.

OMB No. 1810-0684  
Exp. 12/31/2013

The Annual Performance Report (APR) is organized into four (4) reporting mediums (files):

Cover Sheet.



Performance Report Data Form: Blocks A-C and E2.



Performance Report Text Form: Blocks D, E1 and F.



HEP GPRA 1 Documentation Form.



The Office of Migrant Education (OME) has divided the APR into these sections due to the two types of content: text and numerical. The table summarizes the sections (blocks), the type of mediums (files) being used, and how they are being submitted. Ultimately, the entire APR (four separate files) will be submitted in a single (one) email to OME.

The table also clarifies that the **Cover Sheet** and the **HEP GPRA 1 Documentation Form** are to be submitted as **PDF** since they both will contain authorized signatures on them. The **Performance Report MS Excel Form** and **Performance Report MS Word Form** are to be submitted as they are.

Grantee Name: **Write here**  
 PR Number: **Write here**

Grant Year:  Y1  Y2  Y3  Y4  Y5  
 Reporting Period: **07/01/2013 - 06/30/2014**



## High School Equivalency Program U.S. Department of Education Annual Performance Report and Final Performance Report Data Form

### A. HEP Project Statistics and Reporting for GPRA

#### Reporting Block, Item A1

A1.		Y1	Y2	Y3	Y4	Y5
a.	Number <b>funded</b> to be served					
b.	Number <b>served</b> in HEP HSE instruction (note: A1b1 + A1b2 should sum to equal A1b)					
1	Number served who were <b>new participants</b> (first year in HEP) (subset of A1b)	0	0	0	0	0
2	Number served who were <b>returning participants</b> (subset of A1b)					

#### Reporting Block, Item A2

A2.		Y1	Y2	Y3	Y4	Y5
a.	Number of HSE <b>attainers</b> . (Obj. 1 National Target: 69%) (GPRA 1) *Supporting documentation required. See instructions for Item A2.					
b.	Number of <b>withdrawals</b>					
c.	Number of <b>persisters</b> (came back to continue in the subsequent budget period; persisters were enrolled in instructional services in the current reporting period but did not yet achieve a HSE and have returned by APR due date of the subsequent budget period to continue instructional services)					
<b>Your data input accuracy result</b>		Good Job	Good Job	Good Job	Good Job	Good Job

#### Reporting Block, Item A3

A3.		Y1	Y2	Y3	Y4	Y5
a.	Unduplicated number of HSE <b>attainers</b> who <b>entered</b> postsecondary education or training programs, upgraded employment, or the military (count each participant only once for this for this row for an unduplicated count). (This amount should not be greater than the amount in A2a above, and should equal the sum of A3a 1-3) (Obj. 2 National Target: 80%) (GPRA 2)	0	0	0	0	0
1	Number of HSE attainers who <b>entered postsecondary</b> education or <b>training</b> programs					
2	Number of HSE attainers who <b>obtained upgraded employment</b>					
3	Number of HSE attainers who <b>entered the military</b>					

#### Reporting Block, Item A4

A4.		Y1	Y2	Y3	Y4	Y5
a.	Number of HSE attainers you were able to track for follow-up data					

#### Reporting Block, Item A5

A5.		Y1	Y2	Y3	Y4	Y5
a.	Number of HSE attainers who got their HSE <b>within one</b> reporting period of your project					
b.	Number of HSE attainers who got their HSE after <b>more than one</b> , but within two reporting periods of your project					
c.	Number of HSE attainers who got their HSE after <b>more than two</b> reporting periods of your project					
<b>Your data input accuracy result</b>		Good Job	Good Job	Good Job	Good Job	Good Job

Performance Calculation Table					
	Year 1	Year 2	Year 3	Year 4	Year 5
Annual Award Amount					
GPRA Measure 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
GPRA Measure 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Success efficiency ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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Grantee Name: Write here

PR Number: Write here

Grant Year  Y1  Y2  Y3  Y4  Y5

Reporting Period: 07/01/2013 - 06/30/2014

## B. HEP Project Student Participant Information

### Reporting Block, Item B1

B1	Instruction and services received by HEP HSE enrolled students during the reporting period.	Y1	Y2	Y3	Y4	Y5
a.	Total HSE instruction hours received by all HEP HSE enrolled students. <sup>1</sup>					
b.	Total HSE instruction hours received by HSE attainers.					
c.	Total number of students receiving the following types of services: <sup>2</sup> <b>Instructional Support Services</b> Please indicate <b>the number of students</b> receiving instructional support services.					
1	Tutoring					
2	Mentoring or coaching					
3	College transition services					
4	Work training services					
5	Job placement services					
6	Counseling or guidance services					
7	Transportation services/ financial support for transportation					
8	Child care					
9	Financial support					
	a. Tuition					
	b. Books and materials					
	c. Room and board					
	d. Stipends					
	e. Other financial support					
10	Other support services:					
11	Other _____					

### Reporting Block, Item B2

B2	Characteristics of the HEP HSE enrolled students during the reporting period. (Note: [B2a + B2b should equal the number reported in A1b] and [B2c + B2d should equal the number reported in A1b]).	Y1	Y2	Y3	Y4	Y5
a.	Number of students who are male					
b.	Number of students who are female	0	0	0	0	0
c.	Number of students who are 25 years old or younger					
d.	Number of students who are over 25 years old	0	0	0	0	0
e.	Does your project or institution screen students for English language proficiency? If "No," skip to question C1. Mark Y for yes, or N for no.	<input type="checkbox"/> e <input type="checkbox"/> N	<input type="checkbox"/> e <input type="checkbox"/> N	<input type="checkbox"/> e <input type="checkbox"/> N	<input type="checkbox"/> e <input type="checkbox"/> N	<input type="checkbox"/> e <input type="checkbox"/> N
1	Number of students who enrolled during the reporting period and had English as a second language needs as determined by a language assessment test.					

<sup>1</sup> The program office will take aggregated information and determine mean and median values for instructional hours within and across program models. These data will be used to determine the most positive outcomes of program models. Proficiency level will be established, if it is measured, through item C4a.

<sup>2</sup> Item B1c requires grantees to report whether or not a **student** has received a service in any quantity. The total hours received or total number should not be reported here.

Grantee Name: **Write here**

PR Number: **Write here**

Grant Year:  Y1   Y3  Y4  Y5

Reporting Period: **07/01/2013 - 06/30/2014**

### C. HEP Project Services Information

#### Reporting Block, Item C1

C1. Project Model Characteristics during the Reporting Period	
a.	Report the number of commuter students. (A commuter student is a student who does not live in IHE-funded housing.)
b.	Report the number of residential students. (A residential student is a student who lives in IHE-funded housing.)
c.	Does this project provide open enrollment or structured enrollment? <input type="checkbox"/> Open <input type="checkbox"/> Structured
d.	In what languages are project services provided? (Check all that apply.) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
e.	Is this project in a four-year or two-year educational institution, or in a non-profit organization? <input type="checkbox"/> Four Year <input type="checkbox"/> Two Year <input type="checkbox"/> Non-Profit
f.	Is the project in an institution that uses a semester, quarter, or trimester academic calendar? <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> N/A

#### Reporting Block, Item C2

C2. Project Personnel Characteristics during the Reporting Period	
a.	Number of <b>FTE</b> teaching staff funded by the HEP grant to provide HSE instruction
b.	Number of FTE teaching staff contributing to the project, not funded by the HEP grant
c.	Number of FTE instructional support staff (tutors, coaches, mentors) funded by the HEP grant to provide HSE instruction
d.	Number of FTE instructional support staff contributing to the project, not funded by the HEP grant

#### Reporting Block, Item C3

C3. Project HEP HSE Instructional Services Offered during the Reporting Period	
a.	How frequently are HSE instructional services provided? Check the option that best describes the frequency of instructional services. If your program has both part time and full time options, please check the box that best describes the majority of your program students. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
b.	Average length of instructional service per individual instructional session, in hours. (Provide the average length of instructional service that the majority of students participate in). <b>Hours</b>
c.	Average length of instructional service per semester, in days. (Provide the average length of instructional service that the majority of students participate in). <b>Days</b>

**Reporting Block, Item C4**

C4. Project Student Assessment Information Related to this Reporting Period	
a. Does your project screen students prior to enrollment in HEP HSE instructional services to establish whether they are above or below a proficiency threshold? (Check one) If "No," skip to Section D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 If your project uses a screening or intake assessment to establish a proficiency threshold, what is your project proficiency threshold for accepting students into HEP HSE instructional services? (Only check "no assessment" if proficiency is determined without the use of a formal assessment).	<input type="checkbox"/> No assessment Scale/Standard Score _____
2 What kind of screening or intake assessment is used? (If not a published assessment, please check "Other," provide the title and the program office with a copy of the assessment used).	<input type="checkbox"/> CASAS <input type="checkbox"/> GAIN <input type="checkbox"/> TABE <input type="checkbox"/> Steck-Vaughn OPT <input type="checkbox"/> Other _____
3 What was the average screening or intake <b>MATH</b> scale/standard score for this reporting period?	<input type="checkbox"/> English speaking <input type="checkbox"/> Spanish speaking
4 What was the average screening or intake <b>READING</b> scale/standard score for this reporting period?	<input type="checkbox"/> English speaking <input type="checkbox"/> Spanish speaking
b. Which HSE assessment(s) does your project use?	<input type="checkbox"/> GED 2002 Series <input type="checkbox"/> GED 2014 Series <input type="checkbox"/> HiSET <input type="checkbox"/> TASC <input type="checkbox"/> Other _____

3 The program office is asking **if** the project currently collects intake screening data; projects that do not collect intake data will not be required to do so.

Grantee Name: Write here

PR Number: Write here

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Reporting Period: 07/01/2013 - 06/30/2014

**E. HEP Project Budget Information (see instructions)**

E1 Report section E1 (narratives) in MS Word

E2 Report section E2 in the following Table and in the space below

- 2 Using your approved budget as in your ED524 Form, report the **exact** category amounts for this APR reporting period (budget period) in column (a) under the “Recommended Amounts from ED524”. Report your carryover funds from the previous budget period in column (a) under the “Carryover”. Report your project’s actual expenditures for this reporting period in column (b) under “Actual Expenditure Amounts”.

Budget Categories		(a)		(b)
		Revised Budget Amounts		Actual Expenditure Amounts
		Recommended Amounts from ED524	Carryover	Actual Expenditure Amounts
1	Personnel			
2	Fringe Benefit			
3	Travel			
4	Equipment			
5	Supplies			
6	Contractual			
7	Construction			
8	Other			
9	Total Direct Costs (lines 1-8)	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
10	Indirect Costs			
11	Training Stipends			
12	Total Amounts (lines 9-11)	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Note: Remember to keep budget line items consistent. For example, if you categorized student textbooks in the Stipend line item in your revised budget, payments for student textbooks must be categorized in the Stipend line item in the Actual Expenditures column.

- 1) If the Revised Budget Amounts (Recommended + Carryover) and the Actual Expenditure Amounts are different, explain this difference.

Write Here.....