

***Supporting Excellence in Adult Education***  
**Application Form for Innovative and Notable Practices**

**OMB # 1830-NEW**  
**Expiration Date: XX XX, 2022**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1830-NEW. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: [OCTAE@ed.gov](mailto:OCTAE@ed.gov), or write directly to: Division of Adult Education and Literacy, U.S. Department of Education, Office of Career, Technical, and Adult Education, 400 Maryland Avenue, SW, Washington, DC 20202-7100.

## ***Supporting Excellence in Adult Education*** **Application Form for Innovative and Notable Practices**

*Supporting Excellence in Education* is a national project supported by the U.S. Department of Education, Office of Career, Technical, and Adult Education (OCTAE) to identify, recognize, and disseminate innovative practices in adult education. Please read the *Supporting Excellence in Adult Education Overview* document prior to completing this application.

### **Instructions for Completing Application Form**

The Application Form must be submitted by the adult education program that is nominating a practice for consideration by the project. Each question on the application form must be completed. The application should not exceed **XX** pages, single spaced.

The adult education application must be submitted electronically to XXX@lincs.ed.gov by XX p.m., EDT, on XXX, XX, 2019.

### **I. Assurances**

A. **Applicant Adult Education Program.** Complete the table below with the information about the adult education program, the adult education program director, and the person(s) completing the application.

<b>Name of Applicant Adult Education Program:</b>
<b>Name of Agency (if different than name of program):</b>
<b>Program Address:</b> Street: Suite No. City: State: Zip Code:
<b>Name of Program Director:</b>
<b>Telephone Number:</b>
<b>Email Address:</b>
<b>Program's Website Address:</b>
<b>Name(s) of Person(s) Completing Application:</b>
<b>Title(s) of Person(s) Completing Application:</b>

## B. Certifications

The director of the adult education program or authorized individual submitting the application must sign the following certifications as part of the application:

(1) The adult education program certifies that the information submitted in this application is accurate.

<b>Name:</b>	<b>Title:</b>	<b>Signature:</b>
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(2) The adult education program agrees that the Office of Career, Technical, and Adult Education (OCTAE) and the Manhattan Strategy Group and Abt Associates project staff can access and distribute the information and data provided in this application.

<b>Name:</b>	<b>Title:</b>	<b>Signature:</b>
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(3) A letter from the state's Adult Education State Director or designated state staff indicating that the State Director or designated staff has read the application and supports the program's submission of the application.

<b>Name:</b>	<b>Title:</b>	<b>Signature:</b>
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## II. Adult Education Program Context Information and Data

### A. Summary of Adult Education Program

Provide in the box below a brief summary of the following information about the adult education program. The summary should not exceed 300 words.

- *Community context:* size of area served by the program; demographic characteristics of community
- *Organizational base:* type of agency in which adult education is located; types of services this agency provides in addition to adult education
- *Adult education program:* types of adult education services the program provides; number of adult learners served annually; number of full- and part-time staff that provide adult education services; key partnership with whom the program has a relationship and the activities conducted with the partners

<b>Summary</b>
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## B. NRS Data

Submit with the application the adult education program's NRS tables 1-5 for the program year XXXX.

## III. Description of Applicant Innovative Practice

Provide in the table below a description of the innovative practice that the adult education program is submitting for review. Please refer to the *Supporting Excellence in Adult Education Overview* for the types of innovative practices that may be considered. Provide information for each of the categories indicated in the table.

Category of information	Adult Education Program Description
<b>Name</b> of Practice (If practice has a name)	
<b>Type</b> of Practice (e.g., instructional practice)	
Describe in what ways the practice is a new approach in adult education or is an enhancement of an existing practice in adult education	
<b>Purpose(s)</b> of Practice	
<b>Population(s) of adult education learners</b> with whom practice can be used	
<b>Description of how practice works or is implemented;</b> describe each component if there are multiple components (up to 150 words for each component of practice)	
<b>Materials, equipment, and/or technology</b> required to implement the practice, including costs for each type	
<b>Length of time</b> for implementing practice (hours per week, numbers of weeks)	

<b>Types of staff</b> experience and training for implementing practice	
<b>Expected outcomes</b> from use of the practice	

#### IV. Applicant Practice Student Outcome Data

In this section of the application, provide the data and information on the outcomes for students who have participated in the innovative practice that is being submitted for review. Examples are provided. Complete the information requested in A and B below.

##### A. Student Outcome Data

Type of Outcome	Program Year(s) of Data Examined; Year Practice Began	Instrument and Data	Outcomes/ Results
<b>EXAMPLE 1:</b> Reading skills	Years Data Reviewed: 2015-2016 (Prior Year) 2016-2017 (First Year) 2017-2018 (Second Year)  Year Practice Began: 2016-2017	Instrument: TABE 9/10  Percentage of students participating in XX reading instruction who progressed at least one EFL level on NRS Table 4b: 2015-2016: 33% 2016-2017: 35% 2017-2018: 39%	Of the students who participated in the XX reading instruction, the percentage who progressed at least one EFL level increased by 2 percentage points in the first year that the practice began and increased by 6 percentage points in the second year.
<b>EXAMPLE 2:</b> Attainment of secondary credential	Years Data Reviewed: 2015-2016 (Prior Year) 2016-2017 (First Year) 2017-2018 (Second Year)  Year Practice Began: 2016-2017	Instrument: GED® test  Percentage of students participating in XX practice who took the GED® test and earned a GED® 2015-2016: 70%	Of the students who participated in the XX practice, the percentage who took the GED® test in a program year and attained a GED® credential increased by 12 percentage points

		2016-2017: 79% 2017-2018: 82%	from 2015-2016 to 2017-2018.

**B. Other Information about Student Outcomes<sup>1</sup>**

In *Students' Outcome* box, describe any outcomes that students participating in the practice have demonstrated that are not measured by the NRS data.

**EXAMPLE:** Nearly one third of all students who participated in the Career and College Awareness course during 2016-2017 and 2017-2018 reported that their goals had changed to wanting to participate in further education as a result of the course, according to a student survey conducted at the end of each Career and College Awareness Course.

**Students' Outcome:**

<sup>1</sup> This is an example of another type of outcome but does not have results as measured by the NRS tables.