



## Annual Center Academic Programs Review and Planning Report

Reporting Period Start (MM/YY):	Reporting Period End (MM/YY):	
Center Name:	Center ID (XXXXXX):	
Center Contact Name:	Center Contact Email:	
Center Contact Job Title:	Center Contact Phone:	
Center Director Name:	Email:	Phone:
<b>High School Equivalency (HSE) Testing</b>		
1. HSE testing option(s) currently available to center (select all that apply): <input type="checkbox"/> General Educational Development (GED®) <input type="checkbox"/> High School Equivalency Test (HiSET™)		
<b>HSE Testing for Students who Separated from Center</b>		
2. Main factors determining when your center's students are academically prepared to take an HSE test(s) (select all that apply): <input type="checkbox"/> TABE test scores ( <i>Please specify</i> ): _____ <input type="checkbox"/> HSE-prep course summative exams or assessments <input type="checkbox"/> Official HSE Practice Test scores <input type="checkbox"/> Instructor recommendation <input type="checkbox"/> Academic manager recommendation <input type="checkbox"/> Certain amount of time elapsing ( <i>Please specify</i> ): _____ <input type="checkbox"/> There is no criterion; all students are considered academically prepared to take HSE tests <input type="checkbox"/> Other ( <i>Please specify</i> ): _____		
3. Approximate number of separated students who were academically prepared to take each HSE test: GED® _____ HiSET™ _____		
4. Main reason(s) students who separated and were academically prepared to take the GED did not take the test (select all that apply): <input type="checkbox"/> Not applicable (all separated students who were academically prepared to take the GED took the GED) <input type="checkbox"/> State had not started offering GED testing <input type="checkbox"/> Local GED testing site(s) had not started offering GED testing <input type="checkbox"/> Testing site(s) offering GED are located too far away from our center <input type="checkbox"/> Testing site(s) had limited slots or scheduling challenges <input type="checkbox"/> Our center decided not to prepare students for the GED during that time <input type="checkbox"/> Our center decided to prepare students for a different HSE test during that time <input type="checkbox"/> Our center decided to prepare students for obtaining HSDs instead of HSEs during that time <input type="checkbox"/> Other ( <i>Please specify</i> ): _____		

5. Main reason(s) students who separated and were academically prepared to take the HiSET did not take the test (select all that apply):
- Not applicable (all separated students who were academically prepared to take the HiSET took the HiSET)
  - State had not started offering HiSET testing
  - Local HiSET testing site(s) had not started offering HiSET testing
  - Testing site(s) offering HiSET are located too far away from our center
  - Testing site(s) had limited slots or scheduling challenges
  - Our center decided not to prepare students for the HiSET during that time
  - Our center decided to prepare students for a different HSE test during that time
  - Our center decided to prepare students for obtaining HSDs instead of HSEs during that time
  - Other (*Please specify*): \_\_\_\_\_

**On-Center HSE Testing Sites/Availability**

6a. GED currently offered on-center: <input type="checkbox"/> Yes <input type="checkbox"/> No	7a. HiSET currently offered on-center: <input type="checkbox"/> Yes <input type="checkbox"/> No
6b. Number of days each month GED testing typically offered on-center: _____	7b. Number of days each month HiSET testing typically offered on-center: _____
6c. Number of testing seats (slots) typically available to students each time GED offered on-center: _____	7c. Number of testing seats (slots) typically available to students each time HiSET offered on-center: _____
6d. GED testing format(s) available: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Computer-based only <input type="checkbox"/> Paper-based only <input type="checkbox"/> Both computer- and paper-based	7d. HiSET testing format(s) available: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Computer-based only <input type="checkbox"/> Paper-based only <input type="checkbox"/> Both computer- and paper-based

**Off-Center HSE Testing Sites/Availability**

8. Total number of off-center HSE testing sites available to your center: \_\_\_\_\_

9a. <u>Off-Center Testing Site #1:</u> Name: _____ State: _____	10a. <u>Off-Center Testing Site #2:</u> Name: _____ State: _____	11a. <u>Off-Center Testing Site #3:</u> Name: _____ State: _____
9b. HSE test(s) offered at site: <input type="checkbox"/> GED® <input type="checkbox"/> HiSET™	10b. HSE test(s) offered at site: <input type="checkbox"/> GED® <input type="checkbox"/> HiSET™	11b. HSE test(s) offered at site: <input type="checkbox"/> GED® <input type="checkbox"/> HiSET™
9c. Number of days each month site offers: GED testing: _____ HiSET testing: _____	10c. Number of days each month site offers: GED testing: _____ HiSET testing: _____	11c. Number of days each month site offers: GED testing: _____ HiSET testing: _____
9d. Number of testing seats (slots) typically available to students each time HSE testing offered: _____	10d. Number of testing seats (slots) typically available to students each time HSE testing offered: _____	11d. Number of testing seats (slots) typically available to students each time HSE testing offered: _____
9e. HSE testing format(s) available: <input type="checkbox"/> Computer-based only <input type="checkbox"/> Paper-based only <input type="checkbox"/> Both computer- and paper-based	10e. HSE testing format(s) available: <input type="checkbox"/> Computer-based only <input type="checkbox"/> Paper-based only <input type="checkbox"/> Both computer- and paper-based	11e. HSE testing format(s) available: <input type="checkbox"/> Computer-based only <input type="checkbox"/> Paper-based only <input type="checkbox"/> Both computer- and paper-based
9f. Sufficient HSE testing availability: <input type="checkbox"/> Yes <input type="checkbox"/> No	10f. Sufficient HSE testing availability: <input type="checkbox"/> Yes <input type="checkbox"/> No	11f. Sufficient HSE testing availability: <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>12. Number of testing seats (slots) usually available for your students each month across all on- and off-center HSE testing sites:</p> <p>_____</p>	<p>13. Combined on- and off-center HSE testing availability sufficient:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Local (Traditional) HSD Programs**

<p>14. State-sanctioned HSD by completing a local HSD program:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. Accredited online HSD programs used:</p> <p><input type="checkbox"/> None/not applicable</p> <p><input type="checkbox"/> New Learning Resources Online: North New Summit School</p> <p><input type="checkbox"/> Penn Foster</p> <p><input type="checkbox"/> James Madison Online High School (offered through Ashworth College)</p> <p><input type="checkbox"/> Other: _____</p>	
<p>16. Recent changes in online HSD programs available:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>17. Anticipated upcoming changes to online HSD programs available:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>18. Barriers to adding new online HSD programs:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Online HSD Programs**

<p>19. State-accredited HSD by completing an online HSD program:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20. Types of HSD programs used:</p> <p><input type="checkbox"/> Center-based high school program</p> <p><input type="checkbox"/> Local HSD program (on- or off-center)</p> <p><input type="checkbox"/> Not applicable</p>	
<p>21. Recent changes in local (partnership) HSD programs available:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>22. Anticipated upcoming changes to local HSD programs available:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>23. Barriers to developing new partnerships for local HSD programs:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**HSD Program Experiences for Separated Students**

24. Main factors determining when students are academically prepared to enroll in an HSD program (select all that apply):

- TABE test scores (*Please specify*): \_\_\_\_\_
- HSD-provider stipulations
- Instructor recommendation
- Academic manager recommendation
- Certain amount of time elapsing (*Please specify*): \_\_\_\_\_
- Students are enrolled in HSD programs when they enter the Career Development Period
- Other (*Please specify*): \_\_\_\_\_

<p>25. Number of students academically prepared to enroll in accredited, state-sanctioned, center-operated HSD program: _____</p>	<p>26. Number of students academically prepared to enroll in accredited local HSD partnership program(s): _____</p>	<p>27. Number of students academically prepared to enroll in accredited online HSD program(s): _____</p>
<p><b>General High School Program Information</b></p>		
<p>28. State awards HSD if HSE passed:  <input type="checkbox"/> Yes, automatically  <input type="checkbox"/> Yes, but there was a request process  <input type="checkbox"/> Yes, but there were additional requirements  <input type="checkbox"/> No</p>		
<p>29. Percentage of HSE attainments converted into HSDs: _____ %</p>	<p>30. Completions documented in CIS as:  <input type="checkbox"/> HSE certificates   <input type="checkbox"/> HSDs   <input type="checkbox"/> HSE certificates promoted to HSDs</p>	
<p><b>Future Plans/Strategies/Approaches for HSD Programs and HSE Testing:</b></p>		
<p>31. HSE Testing (select all that apply):  <input type="checkbox"/> No plans to start offering  <input type="checkbox"/> Plan to start offering  <input type="checkbox"/> Plan to stop offering  <input type="checkbox"/> Plan to offer additional option(s)  <input type="checkbox"/> Plan to offer fewer (but at least one)</p>	<p>32. Online HSD Programs (select all that apply):  <input type="checkbox"/> No plans to start offering  <input type="checkbox"/> Plan to start offering  <input type="checkbox"/> Plan to stop offering  <input type="checkbox"/> Plan to offer additional option(s)  <input type="checkbox"/> Plan to offer fewer (but at least one)</p>	<p>33. Local HSD Programs (select all that apply):  <input type="checkbox"/> No plans to start offering  <input type="checkbox"/> Plan to start offering  <input type="checkbox"/> Plan to stop offering  <input type="checkbox"/> Plan to offer additional option(s)  <input type="checkbox"/> Plan to offer fewer (but at least one)</p>
<p><b>Additional Factors That May Impact Student Performance</b></p>		
<p>34. Number of Current LEP or ELL Students: _____</p>	<p>35. Number of Current Students Enrolled in or Completed an ESL/ESOL/ELL class: _____</p>	<p>36. Number of Current Students with a Documented Disability: _____</p>
<p>37. Main Barriers: Achieving Literacy Gains: _____</p>	<p>38. Main Barriers: Achieving Numeracy Gains: _____</p>	
<p>39. Main reason(s) center stops administering TABE test to a student:  <input type="checkbox"/> Attainment of 1 EFL gain  <input type="checkbox"/> Attainment of the EFL 5 on Reading and the EFL 6 on Math  <input type="checkbox"/> Attainment of a different EFL gain (<i>Please specify EFL gain and explain rationale</i>): _____  <input type="checkbox"/> Attainment of a perfect score  <input type="checkbox"/> Attainment of another EFL (<i>Please specify EFL and explain rationale</i>): _____  <input type="checkbox"/> Attainment of an individualized EFL that aligns with a student's specific career goal (<i>Please explain</i>): _____  <input type="checkbox"/> Students are never exempt from follow-up TABE testing</p>		
<p>40. Attainment of specific TABE score requirement for graduation:  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>40a. Specific TABE score: _____</p>	<p>40b. Rationale for specific TABE score: _____</p>

<b>Student Driver's License (DL) Attainment</b>				
41. Driver's licenses used for identification during Outreach and Admissions (OA) process: <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Number of students at entry with: No Driver's License/License never issued _____ Valid Driver's License _____ Driver's License Expired _____ Driver's License Suspended _____ Driver's License Revoked _____ Learner's Permit _____ State ID only _____		43. Number of students at exit with: No Driver's License/License never issued _____ Valid Driver's License _____ Driver's License Expired _____ Driver's License Suspended _____ Driver's License Revoked _____ Learner's Permit _____ State ID only _____	
44. Number of students who earned learner permits during enrollment _____		45. Number of students who earned driver's license on-center during enrollment _____	46. Number of students who earned driver's license off-center during enrollment _____	
47. Number of driver's education instructors available to center _____		48. Number of vehicles available for behind-the-wheel instruction _____	49. Number of driving simulators available _____	
50. Types of outstanding student fines required to be paid prior to obtaining driver's license _____ _____ _____	51. Types of required fees related to obtaining driver's license _____ _____ _____	52. Overall barriers to implementing Driver's License program: <input type="checkbox"/> State requirements <input type="checkbox"/> Funding <input type="checkbox"/> Resources <input type="checkbox"/> Staffing <input type="checkbox"/> Other barriers _____	53. Overall barriers to maintaining Driver's License program: <input type="checkbox"/> State requirements <input type="checkbox"/> Funding <input type="checkbox"/> Resources <input type="checkbox"/> Staffing <input type="checkbox"/> Other barriers _____	
54. Describe the main barriers to creating a Driver's License program on center for the purpose of assisting students to attain a driver's license or learner's permit _____ _____ _____				
55. Describe the main barriers to operating/maintaining a Driver's License program on center for the purpose of assisting students to attain a driver's license or learner's permit _____ _____ _____				
56. Center Operator-Specific Requirements for Student Entry into Driver's Education Program: <input type="checkbox"/> Yes – Specify: _____ <input type="checkbox"/> No				
<b>Registered Apprenticeship Program (RAP) Opportunities</b>				
57a. Registered Apprenticeship (RA) Written Partnership Agreement #1:	57b. Registered Apprenticeship (RA) Written Partnership Agreement #2:	57c. Registered Apprenticeship (RA) Written Partnership Agreement #3:	57d. Registered Apprenticeship (RA) Written Partnership Agreement #4:	57e. Registered Apprenticeship (RA) Written Partnership Agreement #5:

RA Partner Name: _____ Agreement Start Date (MM/DD/YYYY): _____ Agreement Type: _____	RA Partner Name: _____ Agreement Start Date (MM/DD/YYYY): _____ Agreement Type: _____	RA Partner Name: _____ Agreement Start Date (MM/DD/YYYY): _____ Agreement Type: _____	RA Partner Name: _____ Agreement Start Date (MM/DD/YYYY): _____ Agreement Type: _____	RA Partner Name: _____ Agreement Start Date (MM/DD/YYYY): _____ Agreement Type: _____
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58. Center's CTT Programs Available to Students that Lead to RAs or are RA Industries:

- Advanced Manufacturing RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Construction RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Energy RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Financial Services RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Healthcare RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Hospitality RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Information Technology RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Telecommunications RA → Name of Relevant CTT Program(s) \_\_\_\_\_
- Transportation RA → Name of Relevant CTT Program(s) \_\_\_\_\_

59. Describe your state's requirements that serve as barriers to creating/maintaining RAs and RA industry partnerships:

\_\_\_\_\_

\_\_\_\_\_

60. Describe county/local requirements that serve as barriers to creating/maintaining RAs and RA industry partnerships:

\_\_\_\_\_

\_\_\_\_\_

**Impacts of Distance Learning: Learning Gains**

61. Describe barriers to TABE testing and academic instruction for the purpose of attaining TABE EFL gains for students participating in distance learning.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Impacts of Distance Learning: HSD/HSE Attainment**

62. Describe barriers to academic instruction and HSD or HSE program availability, access and ability to complete the program for the purpose of attaining an HSD or its recognized equivalent for students participating in distance learning.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Impacts of Distance Learning: Career Technical Training (CTT) and Primary IRC Attainment**

63. Describe barriers to technical training instruction, completion of the associated eTAR components, and attainment of associated primary Industry Recognized Credential(s) (IRCs) for students participating in distance learning.

**Resumption of Center Enrollments/On-Center Operations**

64. Describe barriers faced by students returning to center from distance learning to successful completion of academic and/or training-related credentials and attainment of learning gains.

**Privacy Act Notice:**

All request for personal information about students must be treated as requests under the Freedom of Information Act and the Privacy Act of 1974, and handled pursuant 29 CFR Parts 70 and 70a and 45 CFR Parts 160 and 164.

**Public Burden Statement:**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 113-128). Public reporting burden is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0025). Please do not submit completed forms to this address.

ETA-9192(Rev. X/X/20XX)

**ETA-9192– Annual Center Academic Programs Review and Planning Report**

**Purpose:** The ETA is requesting clearance to collect, annually, information from centers on their current and future plans for academic programs related to both attaining learning gains and completing an academic credential. This form will collect information that cannot be captured through existing data systems or other sources. The information collected will allow Job Corps to better understand the academic landscape, including barriers to academic credential attainments, academic instructional needs, requirements and barriers around TABE testing used for attaining Educational Functional Level gains reported under WIOA, and future planning needs around attainment of High School Diploma credentials or recognized equivalents. No individual student-level data will be collected; all data will be aggregated or at the center-level.

**General Instructions:**

Please complete this form using information from the most current full calendar year and future plans for the upcoming program year.