** ABE Program Analysis Worksheet **

**Program Improvement Process**

***Instructions:***

1. Log onto the consortium ABE database (MARCS or MABE).
2. Pull up **NRS Tables A and 1-12 for your consortium** for the prior program year.
3. Export, print and label these tables.
4. Pull up **NRS Tables A, 4 and 4B for each site** in your consortium for the prior program year.
5. Export, print and label these tables. You will need to attach them with this worksheet.
6. Go to the [Minnesota ABE Accountability & NRS page](http://www.mnabe.org/program-management/accountability-nrs). (Found online at http://www.mnabe.org/program-management/accountability-nrs)
7. Print the **NRS Targets and Results**.
8. **Complete this worksheet either individually or with additional program staff before the Program Improvement Workshop at the Minnesota Department of Education**.
9. See Next Steps when you complete this worksheet. **If you have any questions, contact Brad Hasskamp at brad.hasskamp@state.mn.us.**

**PROGRAM INFORMATION**

*Please complete the following program information*

|  |  |
| --- | --- |
| ABE Consortium Name |  |
| Consortium Fiscal Agent |  |
| ABE Consortium Manager | Name |  |
| Email |  |
| Telephone |  |
| Person or people completing this information |  |
| Number of school districts that are consortium members |  |
| Number of other organizations that are consortium members |  |
| Number of ABE program sites in your consortium |  |

|  |  |
| --- | --- |
| Date of Program Analysis Completion |  |

**LOCAL PROGRAM HISTORY**

*Think back on your program and local developments from the prior year and answer the following to the best of your knowledge.*

|  |  |
| --- | --- |
| **STAFFING** Please detail any ABE staff changes from the previous program year, including which roles, sites and classes had staff turnover. How long was the staff transition period? |  |
| **CLASSES**Please detail any changes in the ABE classes offered during the previous program year. |  |
| **SITES**Please detail any changes with your consortium’s ABE sites from the previous program year. |  |
| **COMMUNITY**Please describe any major changes with your local community or communities during the previous program year, if applicable to your ABE program. |  |
| **FUNDING**Were there any major funding changes or grant developments with your program during the previous program year? If so, what were they? |  |
| **OTHER DEVELOPMENTS**What else happened in the ABE program during this time? (e.g. changes to testing, curriculum, in professional development, with partners, etc.) |  |

**CONSORTIUM-LEVEL DATA REVIEW**

*Examine the NRS tables A-12 from the previous program year for your consortium and answer the following questions.*

***Consortium Table A Questions***

|  |  |
| --- | --- |
| In which levels does the consortium have the most enrollees? |  |
| In which levels does the consortium have the least number of enrollees? |  |
| The average consortium enrollee generated how many contact hours? |  |
| What, if any, additional information stands out on this table? |  |

***Consortium Tables 1-3 Question***

|  |  |
| --- | --- |
| What, if any, additional information stands out on these tables? (For example, do you see any patterns in participant age, gender, race, etc.?) |  |

***Consortium Table 4 Questions***

|  |  |
| --- | --- |
| In which levels does the consortium have the most participants? |  |
| In which levels does the consortium have the least number of participants? |  |
| What was the average number of contact hours generated per participant? |  |
| Compare the consortium Table 4 to the state NRS targets. In which levels did the consortium meet/exceed state targets? |  |
| In which levels did the consortium not meet state targets?  |  |
| What, if any, additional information stands out on the Consortium Table 4? |  |

***Consortium Table 4B Questions***

|  |  |
| --- | --- |
| What was the difference between your overall level completion rate on Table 4 and on Table 4B? |  |
| In comparing Table 4 and 4B, what was the consortium post-testing rate for participants? |  |
| Which level(s) had the highest post-testing rate? |  |
| Which level(s) had the lowest post-testing rate? |  |
| What, if any, additional information stands out on the Consortium Table 4B? |  |

***Consortium Tables 4C-12 Question***

|  |  |
| --- | --- |
| What, if any, additional information stands out on these tables?  |  |

**CLASS/SITE DATA REVIEW**

*Examine tables A, 4 and 4B for each of your classes or sites for the previous program year.*

***Class/Site Table A Questions***

|  |  |  |
| --- | --- | --- |
|  | **HIGHEST** | **LOWEST** |
| In which classes or sites do you have the \_\_\_ number of enrollees? |  |  |
| Which class(es)/site(s) had the \_\_\_ number of contact hours? |  |  |
| Which class(es)/site(s) earned the \_\_\_ average contact hours per enrollee? |  |  |
| What, if any, additional information stands out on the site/class table As? |  |

***Class/Site Table 4 Questions***

|  |  |
| --- | --- |
| In the levels the consortium did not meet state standards, which classes or sites had the most participants at that level? |  |
| What was the overall level completion rate in the classes/sites noted above?  |  |
| How many contact hours did the average participant generate in the classes/sites noted above? |  |
| What additional information stands out in the class/site Table 4s? |  |

***Class/Site Table 4B Questions***

|  |  |
| --- | --- |
| Which class/site(s) had the highest post-testing rate? |  |
| Which class/site(s) had the lowest post-testing rate? |  |
| What additional information stands out in the class/site Table 4Bs? |  |

**DATA PROCEDURES**

*Answer the following to the best of your ability.*

|  |  |
| --- | --- |
| Which ABE staff have access to data in your consortium? |  |
| Who regularly enters ABE data in your consortium? |  |
| Who regularly monitors data in your consortium? |  |
| How frequently is ABE data monitored in your consortium? |  |
| How is the ABE data monitored for compliance and for program performance? |  |

**PROGRAM STRENGTHS & ISSUES**

*Review the information you provided in the previous sections. Identify the top five program strengths that positively affect your program’s level completions and performance.*

|  |
| --- |
| **TOP FIVE PROGRAM STRENGTHS** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

 *Identify the top five program issues that are negatively affecting program level completions and performance.*

|  |
| --- |
| **TOP FIVE PROGRAM ISSUES** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**NEXT STEPS**

1. Please send an electronic copy of this completed worksheet to Brad Hasskamp at: brad.hasskamp@state.mn.us
2. With the hard copy of this worksheet, please attach:
* Site NRS Tables A, 4, and 4B for the prior program year.
1. Please have the completed worksheet and attachments with you for the site visit with staff from the state ABE office at the Minnesota Department of Education.