

# Current Provider-Specific Worksheet Review Form

**Federal Adult Education Competitive Application (2022)**

## Name of Applicant: [Applicant Name Here]

## INSTRUCTIONS FOR REVIEWERS:

Use this form for individual review and rating of each ABE application. Please complete one review form for each application you evaluate. This individual rating must be completed prior to the virtual review meeting. Be sure to note strengths and weaknesses on this form to discuss with your review team members during the session. This individual review form will be collected by MDE, but will not be shared with the applicant. Only a team-developed composite review form with group comments will be shared with the applicant. A draft of these completed forms should be emailed to Neill Allard at neill.allard@state.mn.us by the end of the day of the review session.

### Reviewer Ratings – use these guidelines to rate each item with a 0, 1 or 2:

|  |  |  |
| --- | --- | --- |
| **Score** | **Meaning** | ***Score Details*** |
| **0** | **Not articulated or aligned** | ***Does not show evidence of alignment to expectations in the application, instructions and guidance***;Not acceptable: e.g., item not addressed or included, unclear description, missing or minimal description or evidence, incorrect information |
| **1** | **Partially articulated or aligned** | ***Partially articulates and/or aligns to expectations in the application, instructions and guidance***; Some clarification or additional information is needed: e.g., item included but not fully addressed or some clarification needed, evidence lacking |
| **2** | **Fully articulated and aligned** | ***Fully aligns with expectations in the application, instructions and guidance***; Complete, needs no additional information: e.g., item fully addressed, clear information, full description and evidence presented |

Items that have been given a rating of 0 or 1 are required to be supported by reviewer comments.

## Provider-Specific Worksheet Review Form: Complete One Scoring Table for Each Current Provider

### Name of Provider:

|  |
| --- |
| **Description of Section Items** |
| Please provide evidence of the organization’s past effectiveness and current capacity in improving the skills for eligible adults in reading, writing, mathematics, English language acquisition and other relevant subject areas, especially individuals with low levels of literacy. Responses must include performance data, ability to meet state targets for ABE program performance, and information regarding the provider’s outcomes for participants on educational level gains, educational outcomes, secondary diploma or high school equivalency attainment, postsecondary placement, training and certification completion, and employment. (NOTE: the response to this item will be used first by the Minnesota Department of Education to determine applicant eligibility and second by reviewers for rating purposes.) For more information on past effectiveness, please refer to [CFR § 463.24](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#463.24) (https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#463.24). |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **P.1** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity with measurable skill gains? |  |  |  |
| **P.2** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity with participants being employed six months after exiting the adult education program? |  |  |  |
| **P.3** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity with participants being employed one year after exiting the adult education program? |  |  |  |
| **P.4** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity with participants’ quarterly median wages after exiting adult education programs? |  |  |  |
| **P.5** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity with participants’ credential attainment during and after exiting the adult education program? |  |  |  |
| **P.6** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity in serving employers? |  |  |  |
| * **P.7**
 | * Does the data and/or evidence of past effectiveness and current capacity include at least three indicators?
 |  |  |  |
| * **P.8**
 | Is there evidence of the program’s effectiveness in meeting state performance targets? *(See technical assistance document on state performance targets for reference.)* |  |  |  |
| **Current Provider Total Score** | **/16** |  |  |

|  |  |
| --- | --- |
| **In your professional opinion, should this provider be approved for federal adult education funding?** |[ ]  **Yes** |
|  |  |  |
|  |[ ]  **Yes, with the following recommendations/edits/conditions** |
|  |  |  |
|  |  |  |
|  |[ ]  **No (include rationale below)** |
|  |  |  |