

# Federal Adult Education Competitive Application Review Form

*Spring 2022*

## Name of Applicant: [Applicant Name Here]

|  |  |  |
| --- | --- | --- |
| Y/N | Date | *The Minnesota Department of Education has determined the applicant has demonstrated effectiveness* **(per §463.24)** |
|  |  | The eligible provider must demonstrate past effectiveness by providing performance data on its record of improving the skills of eligible individuals, particularly eligible individuals who have low levels of literacy, in the content domains of reading, writing, mathematics, English language acquisition, and other subject areas relevant to the services contained in the State’s application for funds. An eligible provider must also provide information regarding its outcomes for participants related to employment, attainment of secondary school diploma or its recognized equivalent, and transition to postsecondary education and training. |

## 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.

## Section One: Executive Summary

|  |
| --- |
| **Description of Section Items** |
| This component of the application should **briefly** describe the proposed Adult Basic Education (ABE) program, including:* Geographic area of service, or special population served
* Brief overview of current services, student population and key initiatives or partnerships
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **1.1** | Is the geographic area of service or special populations served clearly articulated? |  |  |  |
| **1.2** | Is the overview of current services, student population and key initiatives or partnerships clear and informative? |  |  |  |
| **Section One Total Score** | **/4** |  |  |

## Section Two: Diversity, Equity and Inclusion

|  |
| --- |
| **Description of Section Items** |
| Describe the organization’s or consortium’s efforts toward diversity, equity, inclusion and anti-racism.  Address the following:  * Description of how historically marginalized populations will benefit from the work of this grant.
* Description of how the organization or consortium staff and leadership represent diverse identities.
* Description of how the organization or consortium includes the voices of marginalized individuals in decision-making.
* Description of how the organization or consortium ensures that staff of all backgrounds receive the training and support that they need to further diversity, equity, inclusion and anti-racism work.

  |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **2.1** | Is there a clear description of how historically marginalized populations will benefit from the work of this grant? |  |  |  |
| **2.2** | Is there a clear description of how the organization or consortium staff and leadership represent diverse identities? |  |  |  |
| **2.3** | Is there a clear description of how the organization or consortium includes the voices of marginalized individuals in decision-making? |  |  |  |
| **2.4** | Is there a clear description of how the organization or consortium ensures that staff of all backgrounds receive the training and support that they need to further diversity, equity, inclusion and anti-racism work? |  |  |  |
| **Section Two Total Score** | **/8** |  |  |

## Section Three: Need and Target Populations

|  |
| --- |
| **Description of Section Items** |
| Identify the targeted group(s) who will benefit from the program activities along with how the need was determined. Include the following:* Specific data about the targeted population benefiting from the program, noting how the program intends to respond to local needs by serving those most in need of adult education services, including individuals with low levels of literacy and English language learners.
* Evidence of need for English language acquisition and civics education programming, and how the program activities will meet those needs.
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **3.1** | Are the targeted population(s) who will benefit from program activities clearly identified? |  |  |  |
| **3.2** | Is it clear how the program intends to respond to local needs by serving those most in need, including individuals with low levels of literacy and English language learners? |  |  |  |
| **3.3** | Is specific data about the target population included? |  |  |  |
| **3.4** | Is there clearly articulated evidence of need (or lack of need) for English language acquisition and civics education programming? |  |  |  |
| **3.5** | Is it clear how program activities will meet the needs for English language acquisition and civics education programming?(This question does not apply for applicants serving areas that do not include English language learners.) |  |  |  |
| **Section Three Total Score** | **/10** |  |  |

## Section Four: Provider Educational Capacity

|  |
| --- |
| **Description of Section Items** |
| Describe your agency’s capacity for and commitment to administering high quality Adult Basic Education services. Provide the following:* Evidence of the organization’s ability to serve eligible adults with disabilities, including learning disabilities.
* Indication of how staff, including instructors, counselors, administrators and volunteers, meet minimal qualifications established by the state, such as licensure, test administration certification, and distance learning training.
* Evidence that staff have access to high quality professional development.
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| * **4.1**
 | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity in improving the outcomes for adults with disabilities, including learning disabilities? |  |  |  |
| **4.2** | * Is there indication of how staff, (including instructors, counselors, administrators and volunteers) meet minimal qualifications established by the state?
 |  |  |  |
| **4.3** | * Is there evidence that staff have access to high quality professional development?
 |  |  |  |
| **4.4** | * Is there evidence that the professional development activities mentioned are relevant to adult education practitioners?
 |  |  |  |
| **Section Four Total Score** | **/8** |  |  |

## Section Five: Educational Quality

|  |
| --- |
| **Description of Section Items** |
| Describe the educational services available through your program. Clearly indicate how your programming does the following:* Overview of activities and services proposed.
	+ For adult education programs, allowable activities include:
		- adult education,
		- literacy,
		- workplace adult education and literacy,
		- family literacy,
		- English language acquisition,
		- workforce preparation,
		- integrated education and training (IET), and
		- integrated English literacy and civics education.
		- *Additional allowable activities information and definitions can be found in* [*CFR 463.30-463.38*](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#463.30) *(https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#463.30).*
	+ For corrections adult education programs, allowable activities include:
		- adult education and literacy activities,
		- special education,
		- secondary school credit,
		- integrated education and training,
		- career pathways,
		- concurrent enrollment,
		- peer tutoring, and
		- transition to re-entry initiatives and other post-release services with the goal of reducing recidivism.
		- *Additional information and definitions can be found in* [*CFR 463.60(b)*](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#p-463.60(b)) *(https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#p-463.60(b)).*
* Provide sufficient intensity and quality to allow students to make substantial learning gains.
* Align to best practices derived from the most rigorous research available and appropriate, including scientifically valid research and effective educational practice. This could include how the program integrates the state’s content standards for Adult Basic Education, which have been identified as the College and Career Readiness Standards for Adult Education (CCRS), the Academic, Career and Employability Skills (ACES) Transitions Integration Framework and the Northstar Digital Literacy Standards.
* Use instructional practices that include the essential components of reading instruction.
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| * **5.1**
 | Is there a clear overview and description of educational services proposed? |  |  |  |
| * **5.2**
 | Do the activities proposed in the application appear to align with the listed allowable activities for ABE programs and/or ABE programs in corrections? |  |  |  |
| * **5.3**
 | Are “adult education and literacy” activities proposed? |  |  |  |
| * **5.4**
 | Are “integrated education and training” or IET activities proposed that align with the federal definition in [*CFR 463.35-463.38 for adult education programs*](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-IV/part-463#463.35)? |  |  |  |
| * **5.5**
 | Is it clear how the proposed services provide sufficient intensity and quality to allow students to make substantial learning gains? |  |  |  |
| * **5.6**
 | Is it clear how the proposed services align to best practices derived from the most rigorous research available and appropriate? |  |  |  |
| * **5.7**
 | * Is the program integrating the College and Career Readiness Standards for Adult Education (CCRS)?
 |  |  |  |
| * **5.8**
 | Is the program integrating the ACES Transitions Integration Framework (TIF)? |  |  |  |
| * **5.9**
 | Is the program integrating the Northstar Digital Literacy Standards? |  |  |  |
| * **5.10**
 | Is it clear how the proposed services use instructional practices that include the essential components of reading instruction? |  |  |  |
| **Section Five Total Score** | **/20** |  |  |

## Section Six: Collaboration and Contextualization

|  |
| --- |
| **Description of Section Items** |
| Describe how your program collaborates with other entities, aligns to regional needs and provides contextualized instruction. Include the following:* Evidence of alignment to local or regional needs as outlined by local workforce boards and/or partners in the workforce development plans, including how applicant will promote concurrent enrollment with programs in Title I.
* Evidence of alignment between activities and strategy/goals of local one-stop partners.
* Description of ABE activities that offer learning in context, including through integrated education and training and/or career pathway programming, so that an individual acquires the skills needed to transition to and complete postsecondary education and training programs, obtain and advance in employment leading to economic self-sufficiency, and to exercise the rights and responsibilities of citizenship.
* Description of how programming is developed in coordination and collaboration with other educational, training, and social service resources in the community. Partner entities could include elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce development boards, one-stop centers, job training programs, social service agencies, business, industry, labor organizations, community-based organizations, nonprofit organizations, and intermediaries.
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| * **6.1**
 | * Is there clear evidence of alignment to local or regional needs?
 |  |  |  |
| * **6.2**
 | Is there clear evidence of alignment between activities and strategy/goals of local one-stop partners? |  |  |  |
| **6.3** | Is there a clear description of ABE activities that offer learning in context so that individuals acquire skills needed to transition successfully to postsecondary education and training, obtain and advance in employment leading to economic self-sufficiency, and to exercise the rights and responsibilities of citizenship? |  |  |  |
| **6.4** | Does the program offer integrated education and training and/or career pathway programming? |  |  |  |
| **6.5** | Is there a clear description of how programming is developed in coordination and collaboration with other partners? |  |  |  |
| **6.6** | Do coordinating and collaborating partners include at least three of the following: elementary schools and secondary schools, postsecondary educational institutions, institutions of higher education, local workforce development boards, one-stop centers, job training programs, social service agencies, business, industry, labor organizations, community-based organizations, nonprofit organizations, and intermediaries? |  |  |  |
| **Section Six Total Score** | **/12** |  |  |

## Section Seven: Program Resources

|  |
| --- |
| **Description of Section Items** |
| Describe the resources that enhance students’ capacity to access and succeed in programming, including technology resources and flexible programming. Indicate the following:* Description of use of technology, including distance learning, to enhance programming and increase the quality of learning, and how such technology, systems and services lead to improved performance.
* Description of the proposed program’s flexible schedules and coordination with Federal, State, and local support services (such as child care, transportation, mental health services, and career planning) that are necessary to enable individuals, including individuals with disabilities or other special needs, to attend and complete programs.
* Confirmation of use of or willingness to use the Minnesota adult education database (SiD), which can collect and report measurable participant outcomes and monitor program performance.
* History of fiscal management procedures and audits.
 |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **7.1** | Is there a clear description of the resources that enhance students’ capacity to access and succeed in programming? |  |  |  |
| **7.2** | Is there a clear description of use of technology, including distance learning, to enhance programming and increase the quality of learning? |  |  |  |
| **7.3** | * Is it clear how technology systems and services lead to improved performance?
 |  |  |  |
| **7.4** | * Does the program provide flexible scheduling?
 |  |  |  |
| **7.5** | Does the program coordinate with support services to enable all individuals to attend and complete programming? |  |  |  |
| **7.6** | Does the applicant confirm use of or willingness to use the Minnesota adult education data system (SiD)? |  |  |  |
| **7.7** | * Is there demonstration of a history of effective fiscal management?
 |  |  |  |
| **Section Seven Total Score** | **/14** |  |  |

## List of Providers

|  |
| --- |
| **Description of Section Items** |
|  |
| **Item** | **Rating** | **Highlights** | **Recommendations and/or Questions****(Required for a rating of 0 or 1)** |
| **L.1** | Does the total number of providers on the “List of Providers” match the number of Provider-Specific Worksheets included in the application? |  |  |  |
| **L.2** | Does the provider list appear to include all providers based on information in sections 1-6 of the narrative? |  |  |  |
| **List of Providers Total Score** | **/4** |  |  |

##  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)** |
|  |  |  |

## Provider-Specific Worksheet Review Form: Complete One Scoring Table for Each New Potential 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 in making measurable skill gains and improving the skills of eligible adults in reading, writing, mathematics, English language acquisition and other relevant areas? |  |  |  |
| **P.2** | Is there clear and sufficient evidence of the organization’s past effectiveness and current capacity in improving the outcomes for individuals with low levels of literacy? |  |  |  |
| **P.3** | Is there evidence of past effectiveness and current capacity of the organization in improving the literacy of eligible individuals so that they can gain unsubsidized employment? |  |  |  |
| **P.4** | Is there evidence of past effectiveness and current capacity of the organization in improving the literacy of eligible individuals so they increase their median earnings in unsubsidized employment? |  |  |  |
| **P.5** | Is there evidence of the organization’s past effectiveness and current capacity of the organization in helping participants earn secondary credentials, recognized equivalents, and/or postsecondary credentials? |  |  |  |
| **P.6** | Is there evidence of the organization’s past effectiveness and current capacity of the organization in helping eligible individuals enter education or training programs leading to recognized postsecondary credentials or employment?  |  |  |  |
| * **P.7**
 | * Does the evidence of the organization’s past effectiveness and current capacity include at least three of the following indicators: educational level gains, educational outcomes, secondary diploma or high school equivalency attainment, postsecondary placement, training and certification completion, and/or employment?
 |  |  |  |
| * **P.8**
 | Is there evidence of the organization’s past effectiveness and current capacity in meeting state performance targets? (See technical assistance document on state performance targets for reference.) |  |  |  |
| **New 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)** |
|  |  |  |

# Overall Application Scores and Rating

|  |  |  |
| --- | --- | --- |
| **Section** | **Applicant Score** | **Total Possible** |
| Section One |  | **4** |
| Section Two |  | **8** |
| Section Three |  | **10** |
| Section Four |  | **8** |
| Section Five |  | **20** |
| Section Six |  | **12** |
| Section Seven |  | **14** |
| List of Providers |  | **4**  |
| **Total Score** |  | **80** |
| Provider-Specific Worksheet(s) |  | **(16 possible per provider)**  |

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

|  |
| --- |
| **Final Comments** |
| **Do you have any final comments about the application?** |
|  |