



Application for Innovative Practices

Overview: Advancing Innovation in Adult Education

Advancing Innovation in Adult 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. Information on Advancing Innovation in Adult Education can be found at <https://lincs.ed.gov/state-resources/federal-initiatives/advancing-innovation>.

Instructions for Submitting Applications

Adult education programs that are nominating a practice must complete an application. A complete submission consists of three files:

1. The Application for Innovative Practices
2. A Letter of Support from the State Office
3. National Reporting System (NRS) Data

Completing the Application

The Application for Innovative Practices form should be completed in its entirety. Questions can be submitted to innovation@lincs.ed.gov at any point.

Note that this application requires a digital signature from your program. If you are unable to digitally sign the application, the application can be printed, signed, and scanned in order to email.

Please work with your state adult education office at the beginning of the application process to obtain a letter of support. A letter of support should indicate that:

- A program is in good standing with the adult education state office.
- The program receives funding from Title II, the Adult Education and Family Literacy Act.
- The adult education state office supports the application of the program.

Programs should submit NRS tables 1–5 for the most relevant program year.

Submission

Please submit all three files electronically to innovation@lincs.ed.gov. Please name each file with the program name. Submissions must be received by **January 31, 2021**.

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I. Program Information and Certifications

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.

Name of Applicant Adult Education Program:

Name of Administrative Agency (if different than name of program):

Program Street Address: **Suite No:**

City: **State:** **Zip Code:**

Name of Adult Education Program Director:

Telephone Number:

Email Address:

Program's Website Address:

Name(s) of Person(s) Completing Application:

Title(s) of Person(s) Completing Application:

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.

Name: **Title:** **Signature:**

(2) The adult education program agrees that OCTAE, Manhattan Strategy Group, and Abt Associates project staff can access and distribute the information and data provided in this application.

Name: **Title:** **Signature:**

II. Adult Education Program Context Information and Data

Summary of Adult Education Program: Describe the adult education program's community context, organizational base, and adult education services in the box below. Definitions of terms are provided.

- *Community context:* size of geographical area served by the program; overview of demographic characteristics of community
- *Organizational base:* type of agency in which adult education is located (e.g., school district, community college, community-based organization); types of services this agency provides in addition to adult education (if applicable)
- *Adult education services:* types of adult education instructional and other services the program provides; number of adult learners served annually; number of full- and part-time staff that provide adult education services; key partners with whom the program has a relationship and the activities conducted with the partners

Summary

III. Name and Characteristics of Applicant Innovative Practice

A. Name of Innovative Practice

1. Provide the formal name of the practice (or informal name if there is not a formal name):

2. List the year the practice was first developed or was significantly enhanced or changed.

Year practice first developed: OR Year practice enhanced or changed:

B. Characteristics of Innovative Practice

Select the relevant information below about the type of innovative practice that the adult education program is submitting for review. Submitted practices should: (1) have been implemented for a minimum of one year, and (2) have learner outcome data based on at least one year of the practice's implementation.

1. Is the practice a:

- ☐ Product (e.g., written curriculum, instructional materials)
- ☐ Service (e.g., provide college and career advising, provide student supports)
- ☐ Process (e.g., online learning) or way of organizing services (e.g., concurrent enrollment)

2. Check the area(s) below that best represents the content of the innovative practice.

- ☐ Career pathways-related content, included STEM careers and in-demand industry sectors or occupations
- ☐ Civics education
- ☐ Digital literacy
- ☐ Family literacy
- ☐ Financial literacy
- ☐ Foundational skills (reading, writing, math and numeracy, English language acquisition)
- ☐ Workforce preparation activities
- ☐ Other:

<p>How Practice Works: Describe how the key components or activities involved in the practice are carried out. If the practice has more than one component, describe each component, such as assessment, instruction, advising, etc.</p>	
<p>Population(s) of adult education learners with whom practice can be used. Specify skill level, type of learner (ABE, ELL, or both), and other relevant learner characteristics.</p> <p>Was this practice developed or enhanced to be used with a new student population?</p>	<p>List type of learners (ABE, ELL, both):</p> <p>List learner skill level(s):</p> <p>List other characteristics of learners needed for them to participate in practice:</p> <p>Was this practice developed or enhanced to be used with a new learner population: check: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe the new learner population:</p>
<p>Materials Used in Practice: Describe the materials that are used to support the practice (e.g., syllabus, assessments, curriculum (lesson plans), advising materials</p> <p><i>Samples or other materials may be submitted as separate files with application submission.</i></p>	<p>List the types and/or names of materials.</p>

Describe the ways in which you believe this practice is innovative.

A large, empty rectangular box with a light blue background and a thin dark blue border, intended for the user to describe innovative practices.

Continue to page 8 for **Section IV. Learner Outcome Data.**

IV. Learner Outcome Data

In this section of the application, provide the data and information on the outcomes for learners who have participated in the innovative practice that is being submitted for review. Complete the information requested in A and B below. Please include baseline data. This chart should include at least one year's worth of practice data.

A. Learner Outcome Data

Type of Outcome	Program Year(s) of Data Examined; Year Practice Began	Instrument and Data	Outcomes/Results
EXAMPLE 1: Reading skills	Year Practice Began: 2016-2017 Years Data Reviewed: 2015-2016 (Prior Year) 2016-2017 (First Year) 2017-2018 (Second Year)	Instrument: TABE 9/10 Percentage of learners participating in reading instruction who progressed at least one EFL level on NRS Table 4b: 2015-2016: 33% 2016-2017: 35% 2017-2018: 39%	Of the learners who participated in the 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.
EXAMPLE 2: Attainment of secondary credential	Year Practice Began: 2016-2017 Years Data Reviewed: 2015-2016 (Prior Year) 2016-2017 (First Year) 2017-2018 (Second Year)	Instrument: GED® test Number and percentage of learners participating in the practice who took the GED® test and earned a GED® 2015-2016: (70) 70% 2016-2017: (85) 79% 2017-2018: (98) 82%	Of the learners who participated in the practice, the percentage who took the GED® test in a program year and attained a GED® credential increased by 12 percentage points from 2015-2016 to 2017-2018.
Outcome #1	Year Practice Began: Years Data Reviewed:	Name of instrument used to document outcome: Number and percentage of learners participating in practice and achieving outcome for each year	Describe Outcomes
Outcome #2	Year Practice Began: Years Data Reviewed:	Name of instrument used to document outcome: Number and percentage of learners participating in practice and achieving outcome for each year	Describe Outcomes

B. Other Information about Learner Outcomes: In the *Learner Outcome* box, describe any outcomes that learners participating in the practice have demonstrated but are not measured by NRS data. List the instrument that was used to measure learners' outcome and describe the results.

EXAMPLE: Our program conducted a survey at the end of each session of a Career and College Awareness (CCA) Course that we offered during 2016-2017 and 2017-2018. About 125 learners completed the survey, which asked them whether the CCA course had influenced their goals for participating in the program or any of their interests for further education or work. One third of the learners who completed a survey reported that their goals had changed from earning a GED® to thinking about enrolling in further education and training.

Learner Outcomes:

V. Review Checklist

Use this checklist to be sure your application package is complete. Did you:

- ☐ Complete all sections of the form?
- ☐ Clearly describe all components of the practice? Attachments (e.g., class schedule, syllabus) can be added to the submission package.
- ☐ Provide outcome data that includes data from the year(s) prior to the use of the practice?
- ☐ Provide at least one year of outcome data for learners who participated in the practice?
- ☐ Obtain and submit a letter of support from the state agency?
- ☐ Submit the state's NRS data for the program?