**❖ ABE Program Self-Assessment Summary Worksheet ❖**

**Instructions:** This summary worksheet should be filled out *after* the ABE Program Self-Assessment Survey has been completed and the results have been reviewed by the Cross-functional Evaluation Team. Please submit the completed ABE Program Self-Assessment Survey and this summary worksheet at the same time to the System Office via email (submission contact information is provided on the ABE Program Self-Assessment Survey).

**Agency Name: Submission Date:**

|  |
| --- |
| **Cross-functional Evaluation Team Members** Please list the **name**, **job title**, and **contact information** for each team member who participated your agency’s ABE Program Self-Assessment Survey, and please also indicate who will be the **primary point of contact** for the team. Please feel free to add more lines to this section depending on the size of your team. |
|  **Name**  |  **Job Title** | **Contact Information (email or phone)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **ABE Program Self-Assessment Survey Overview & Identified Focus Areas**Please indicate the **Categories** and **Performance Measures** that are the highest priority for your agency based on the current self-assessment results. It is recommended that only 1 or 2 focus areas should be identified here (i.e., those measures on which your agency can reasonably plan to take action between now and the next ABE Program Self-Assessment Survey). Please also indicate the **Responsible Staff** managing or overseeing the work within that focus area. |
| **Focus Area #1** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
| *For Example:* ***1.*** *INTAKE PROCESS, SKILLS ASSESSMENT, & RELATED PROGRAM ONBOARDING PROCESSES* | *For Example:* ***1b.*** *All learners are assessed to determine their skill level and student support needs through the use of WTCS approved assessments.* | *For Example:* *Not Systematic* |
| **Briefly outline GOALS/PLANS FOR PROGRESS/OTHER NOTES relevant to advancing this focus area:** |
| *For Example: Our agency is in the process of implementing a new academic assessment entrance exam for non-English speaking students and/or students with literacy difficulties. The new format and delivery method of this exam will allow our institution to more accurately gauge these students’ current education level, and it will also help our institution identify potential barriers to student success. Estimated implementation date: Fall 2019 \*\*Feel free to copy the “Next Steps” answer from the survey into this section and provide any additional information as needed.*  |
| **Responsible Staff/Project Lead:** |  |
| **Focus Area #2** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
|  |  |  |
| **Briefly outline GOALS/PLANS FOR PROGRESS/OTHER NOTES relevant to advancing this focus area:** |
|  |
| **Responsible Staff/Project Lead:** |  |
| **Focus Area #3** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
|  |  |  |
| **Briefly outline GOALS/PLANS FOR PROGRESS/OTHER NOTES relevant to advancing this focus area:** |
|  |
| **Responsible Staff/Project Lead:** |  |

*\*Please add additional focus areas to this table if necessary.*

**❖ ABE Program Self-Assessment Summary Worksheet: UPDATES ❖**

***\*\*If this is your first time conducting the ABE Program Self-Assessment Survey, please disregard this section of the worksheet.\*\****

**Instructions:** Please provide updates on the identified focus areas from your agency’s previous ABE Program Self-Assessment Survey and ABE Program Self-Assessment Summary Worksheet. You are only required to send updates on prior focus areas/projects at the time when your agency submits the most recent self-assessment survey, but your agency can choose to send updates more frequently to monitor progress or if there are special updates your agency would like to share with the System Office.

**Agency Name: Prior Submission Date (year):**

|  |
| --- |
| **ABE Program Self-Assessment Survey Updates**Please indicate the **Categories** and **Performance Measures** and **Current Status Ranking** for each focus area identified on the *previous* ABE Program Self-Assessment Summary Worksheet. Also, please briefly highlight the main actions, efforts, technologies, etc. that contributed to the updated status ranking for each focus area. *Note: Be sure to highlight what DID and DID NOT work – knowing what decisions caused delays or were ineffective within the scope of the project is just as valuable as understanding what actions helped your institution reach its goals.* |
| **Update on Focus Area #1** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
| *For Example:* ***1.*** *INTAKE PROCESS, SKILLS ASSESSMENT, & RELATED PROGRAM ONBOARDING PROCESSES* | *For Example:* ***1b.*** *All learners are assessed to determine their skill level and student support needs through the use of WTCS approved assessments.* | *For Example:* *Scaling in Progress* |
| **Briefly outline ACTIONS/EFFORTS/TECHNOLOGIES that contributed to the updated Current Status Ranking in this area:** |
|  |
| **Update on Focus Area #2** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
|  |  |  |
| **Briefly outline ACTIONS/EFFORTS/TECHNOLOGIES that contributed to the updated Current Status Ranking in this area:** |
|  |
| **Update on Focus Area #3** |
| **Category** (1 – 6 on the survey) | **Measure** (a – h within each of the main categories on the survey)  | **Current Status Ranking** |
|  |  |  |
| **Briefly outline ACTIONS/EFFORTS/TECHNOLOGIES that contributed to the updated Current Status Ranking in this area:** |
|  |

*\*Please add additional focus areas to this table if necessary.*

**❖ Questions & Other Communications ❖**

|  |
| --- |
| **Please feel free to share any QUESTIONS/CONCERNS/ASSISTANCE NEEDED/ADVICE REQUESTS regarding your institution’s past or present focus areas and projects. The System Office will provide the best information available to help you succeed.** |
|  |