



AEL PY23-24 Workplace Literacy Plan

Complete this survey to provide an overview of the AEL provider's plan for a **Workplace Literacy Program in PY 23-24**. **If you are planning an IET with an employer, you must submit an IET Implementation Plan.** As a reminder, enrollments in a Workplace Literacy program will count towards the **Intensive Services enrollment target**. A survey for each program and employer partner must be submitted. After submitting a survey, you may email AELTA@twc.texas.gov to request a copy. Please make sure you hit the **"Done"** button so that the survey is submitted as **complete**. Direct any questions about this survey to AELTA@twc.texas.gov.

Note:

Completing the online 'survey' will take 8-10 minutes, if you have planned your responses prior to starting. You are not able to return to a survey if you start and do not finish. So, know your responses before beginning. PDF of Implementation Plan Questions: AELTA@twc.texas.gov

1. Grant recipient

2. Service provider (enter provider name even if it is the AEL Grant recipient):

3. Name of person completing this form:

4. Email address:

5. Phone:

6. Section 16.11 of RFP 320-18-01 prohibits the use of AEL funds awarded under this solicitation for AEL services on behalf of public employers. This means that a grantee under this solicitation shall not develop or offer services specifically on behalf of a public employer designed to train the incumbent employees of the specific employer. Services to a public employer means, but is not limited to, services designed to educate or train the incumbent employees of an Independent School District (ISD), community college, a city, a public hospital, or county jail. AEL services to individuals who are incarcerated at a public correctional facility are allowable under regular AEFLA Intensive services as Corrections.

Please select a response below to reflect your understanding and to continue.

I understand this prohibition.

Please contact me for further clarification.

7. If you have been contacted by a public employer for services, please list the

employer and what services were requested. (Enter N/A if not applicable.)

8. Provide the name of the collaborating employer for workplace literacy services?

- 9. How was this collaboration established?

- Referral through WFS Business Services
- AEL grantee/provider outreach
- Referral from a Chamber of Commerce
- Met employer representative at a networking event
- Presented on AEL to a group of community members
- Referral from the state office
- Direct outreach from employer to AEL looking for services
- Other (please specify)

- 10. Select the employer's industry cluster from the drop-down menu.

- 11. Do you have an MOU with the employer?

Yes No

- 12. Is this the first time the grantee will provide a class with this employer(s)?

Yes No

- 13. What type of incentives will the employer provide participants, if any? (Check all that apply.)

The employer will provide release time.

The employer will provide opportunities for wage increase.

The employer will provide opportunities for promotion.

The employer is providing tablets for employees to use for remote and/or distance learning.

The employer is providing hot spots for internet access for employees to use at home.

No, the employer is not providing incentives.

I don't know if the employer is providing incentives.

Other (please explain):

*** 14. What type(s) of workplace literacy services will the grantee deliver in PY 23-24? (Select all that apply.)**

English Language

Acquisition Reading

Math

High School Equivalency

Preparation Job specific ESL

Digital literacy

Working with employer to determine

English Literacy and Civics Education (EL Civics)

AEL activities (ESL, Reading, Math etc.) in the context of an employer provided training. Other (please specify)

*** 15. How many classes are you planning with this employer over the Program Year?**

- Only 1
- 2-4 classes
- More than 4 classes
- Other (please specify)

*** 16. Approximately how many employees are you planning to serve over the course of the Program Year?**

1- 10

11-20

21-30

30-50

50-75

over 75 and less than 100

Enter estimated number if over 100

*** 17. Estimate the number of Direct AEL instructional hours a participant will receive over the course of services this Program Year.**

12-30 hours

31-40 hours

41-50 hours

51-60 hours

61-80 hours

Other (please explain)

*** 18. Will distance education services be provided?**

Yes. No.

*** 19. Is the AEL Provider assessing the participant's digital literacy skills, access to technology and the internet before providing distance education services?**

Yes No

*** 20. Where will the workplace class(es) be held? (Select all that apply).**

At employer's worksite

At a provider location

Services will be delivered as "remote synchronous instruction."

*** 21. What are the planned MSG(s) to be attained by participants and reported this Program Year?**

MSG 1a EFL (Gain in Basic Skills/ESL post-test)

MSG 1b HSE

MSG 3- Transcript or Report Card (I have reviewed this with my Program Specialist)

MSG 4- Progress Milestone (We have an MOU in place and have specified a progress

milestone.)

MSG 5- Passing Technical/Occupational Knowledge Based Exam (reviewed with my Program Specialist)

If you selected MSG 3, MSG-4, or MSG 5, answer the question below:

22. What was the outcome agreed to with the employer?
23. What TEAMS reporting code will you be using to report direct hours?
24. What is the anticipated state date for the class?

Date: MM/DD/YYYY

Thank you for completing this Workplace Literacy survey. Please click "Done" to submit this to AEL.