TWC AEL Career Pathways Implementation Plan

Information collected through the Career Pathways Implementation Plans will be used by TWC AEL to review planned services for IET (Integrated Education and Training), IELCE IET (Integrated English Literacy and Civics Education + IET), ITPs (Internationally Trained Professionals) and Workplace Literacy. Information submitted will be used to understand planned services, identify professional development and technical assistance needs, support program quality assurance, and develop statewide resources, promising practices, and peer-learning opportunities.

All grant recipients are required to fill out implementation plans for their intended services for the program year by **August 31st.** A separate submission is required to be completed for each distinct service model.

* Required

Submission Information

1. Program Year for This Implementation Plan. *

- ◯ PY 2026 - 2027

2. Enter the name of the organization directly providing the service, even if it is the grant recipient. *

3. First and Last Name *

4. Grant Role - If Other is selected, provide the grant role that you hold. *

- ◯ Director
- ◯ Designated Backup
- ◯ Quality Assurance Lead
- ◯ Program Accountability Lead
- ◯ Other

5. Email Address *

6. Phone Number *

7. Grant Recipient *

- ◯ 231

8. 231 Grant Repients *

- ◯ 2924ALA001 Abilene ISD
- ◯ 2924ALA002 Alamo College
- ◯ 2924ALA004 Austin Community College
- ◯ 2924ALA005 Brazosport College
- ◯ 2924ALA006 Brownsville ISD
- ◯ 2924ALA007 College of the Mainland
- ◯ 2924ALA008 Collin County Community College District
- ◯ 2924ALA009 Community Action, Inc. of Central Texas
- ◯ 2924ALA010 Dallas County Local WFB
- ◯ 2924ALA011 Del Mar College
- ◯ 2924ALA012 Denton ISD
- ◯ 2924ALA013 ESC Region 2
- ◯ 2924ALA014 ESC Region 9
- ◯ 2924ALA015 Grayson College
- ◯ 2924ALA016 Harris County Department of Education
- ◯ 2924ALA017 Houston-Galveston Area Council
- ◯ 2924ALA018 Howard College
- ◯ 2924ALA019 Laredo College
- ◯ 2924ALA020 Literacy Council of Tyler
- ◯ 2924ALA021 McLennan Community College
- ◯ 2924ALA022 Midland College
- ◯ 2924ALA023 Navarro College
- ◯ 2924ALA024 Odessa College
- ◯ 2924ALA025 Paris Junior College
- ◯ 2924ALA026 Region 17 ESC
- ◯ 2924ALA027 Region 5 ESC
- ◯ 2924ALA028 Region One ESC

- ◯ 2924ALA029 Restore Education
- ◯ 2924ALA030 Socorro ISD
- ◯ 2924ALA031 Southwest Texas Junior College
- ◯ 2924ALA032 Workforce Solutions of Tarrant County
- ◯ 2924ALA033 Temple College
- ◯ 2924ALA034 Victoria County Junior College District
- ◯ 2924ALA036 Weatherford ISD
- ◯ 2924ALA051 Brazos Valley Council of Governments
- ◯ 2924ALA052 Central Texas College

Annual Submission Type

9. What Type of Submission is This? *
   - ◯ New Implementation Plan

New Implementation Plan

10. Service Model Selection *
    - ◯ Workplace Literacy - 231 only - Intensive Services

New Implementation Plan - Workplace Literacy - 231 only - Intensive Services

Participants are coded with the following funding/activity codes for this service: Work-based AEFLA and/or Work-based Local

11. Name of employer partner. *

    _____

12. Employer Industry *
    - ◯ Agriculture, Food & Natural Resources
    - ◯ Architecture & Construction
    - ◯ Arts, A/V Technology & Communication
    - ◯ Business, Management & Administration
    - ◯ Education and Training
    - ◯ Finance
    - ◯ Government & Public Administration

- ◯ Health Science
- ◯ Hospitality and Tourism
- ◯ Human Services
- ◯ Information Technology
- ◯ Law, Public Safety, Corrections & Security
- ◯ Manufacturing
- ◯ Marketing, Sales & Service
- ◯ Science, Technology, Engineering & Mathematics
- ◯ Transportation, Distribution & Logistics
- ◯ Other

13. Contact name for employer partner. *

14. Title or role of contact for employer partner. *

15. Contact email for employer partner. *

16. How was the collaboration with the employer initiated? *

- ◯ Referral through Workforce Solutions Business Services
- ◯ AEL grant recipient/provider outreach
- ◯ Chamber of Commerce referral
- ◯ Networking event
- ◯ AEL presentation to community or employer group
- ◯ Referral from TWC
- ◯ Direct outreach from employer

- ◯ Previous employer partner
- ◯ Other

17. Has a MOU or Letter of Agreement been signed with the employer partner? *

- ◯ Yes
- ◯ No
- ◯ In progress

18. If MOU/LOA is not signed, explain why and provide the expected completion date. *

19. Select the type of incentive or support the employer will provide. (Select all that apply.) If Other is selected, list any additional incentives or support the employer will provide. *

- ☐ Release time
- ☐ Wage increase opportunities
- ☐ Promotion opportunities
- ☐ Devices/tablets
- ☐ Hotspots or internet support
- ☐ Dedicated training space
- ☐ Supervisor support
- ☐ Schedule flexibility
- ☐ No incentives provided
- ☐ Other

20. Where and/or how will workplace literacy classes be offered? (Select all that apply.) If Other is selected, provide the additional selection for how and/or where services will be offered. *

- ☐ Employer worksite
- ☐ Provider location
- ☐ Online synchronous instruction

- [ ] Hybrid
- [ ] Other

21. Planned start date for workplace literacy classes. *

22. Number of employees expected to receive services during the selected program year. *

23. Select the workplace literacy model. *

- ◯ Workplace AEL activities (ex. GED, ESL, digital literacy)
- ◯ Workplace AEL activities with employer-provided training (ex. safety awareness, forklift training, etc.)
- ◯ Workplace IET

24. If employer-provided training is included, confirm understanding that employer-provided training costs are not AEL allowable costs under this model. *

- ◯ I understand
- ◯ I need more clarification on this

25. What workplace literacy services will be provided? (Select all that apply.) If Other is selected, list any additional workplace literacy services that will be provided. *

- [ ] English Language Acquisition
- [ ] Reading
- [ ] Math
- [ ] High School Equivalency preparation
- [ ] Job-specific ELA (English Language Acquisition)
- [ ] Digital literacy
- [ ] English Literacy and Civics Education
- [ ] Workplace communication
- [ ] Safety-related literacy

- [ ] IET
- [ ] IELCE-IET
- [ ] Other

26. Number of AEL direct class hours. *

27. Will distance learning curriculum be used to support instruction? *

- ◯ Yes
- ◯ No
- ◯ Unknown at this time

28. Which MSG types are expected for participants? Select all that apply *

- [ ] MSG Type 1a: EFL gain
- [ ] MSG Type 1c: Postsecondary enrollment
- [ ] MSG Type 1d: Passage of state-approved HSE subtest
- [ ] MSG Type 2: HSE achievement
- [ ] MSG Type 3: Transcript or report card
- [ ] MSG Type 4: Progress milestone
- [ ] MSG Type 5: Skills progression
- [ ] Unsure; technical assistance requested

29. If MSG Type 4 is selected, name the identified progress milestone.

30. Describe how the chosen MSG(s) were determined and align with the assessment of participant progress in the Workplace literacy class? *

31. Describe how the grantee and employer will evaluate the success of workplace literacy services other than with MSGs. *

PARTNERSHIPS, TECHNICAL ASSISTANCE, SUSTAINABILITY, AND PEER LEARNING

32. Which partner types are involved? (Select all that apply.) If Other is selected, list any additional partner types involved. *

- [ ] Workforce Solutions office
- [ ] Employer
- [ ] Community college
- [ ] Institution of higher education
- [ ] Training provider
- [ ] Community-based organization
- [ ] Registered Apprenticeship Program
- [ ] Economic development organization
- [ ] Vocational Rehabilitation
- [ ] Human services partner
- [ ] Immigrant/refugee-serving organization
- [ ] Other

33. Identify key partners involved in this implementation plan. Include name of the organization, contact person for the organization, the contact's role and email as well as the how the partner is in contribution to the service being offered for the Implementation Plan. *

34. Is the Local Workforce Board or Workforce Solutions involved? *

- ◯ Yes
- ◯ No

35. Explain how the Local Workforce Development Board is involved. *

36. If the Workforce Board is not involved, explain the plan to build or strengthen the relationship with the WFB. *

37. What are the greatest implementation challenges or capacity needs for this plan? (Select all that apply.) If Other is selected, list additional implementation challenges or capacity needs for this plan. *

- [ ] Employer partnerships
- [ ] Workforce Board coordination
- [ ] Participant recruitment
- [ ] Participant retention
- [ ] Training provider partnership
- [ ] Curriculum design
- [ ] Contextualized instruction
- [ ] Digital literacy
- [ ] Distance learning
- [ ] Data tracking
- [ ] MSG selection
- [ ] Credential identification
- [ ] Cost/funding structure
- [ ] Staff capacity
- [ ] Sustainability
- [ ] Other

38. Describe any technical assistance or professional development needed to successfully execute the Career Pathways Implementation Plan. If none at this time, write None. *

39. Does the program have a promising practice, tool, curriculum, partnership model, or resource that could be shared with other grant recipients? *

- ◯ Yes
- ◯ No
- ◯ Not yet, but may have something to share later

40. If yes, describe what may be shared. *

41. Is the program willing to serve as a peer mentor or participate in peer-learning opportunities? *

- ◯ Yes
- ◯ No
- ◯ Maybe; contact us for more information

42. Describe the plan for sustaining or improving this service model beyond the selected program year. *

SUBMISSION CERTIFICATION

43. By submitting this Implementation Plan, I certify that the information provided is accurate to the best of my knowledge as of the date submitted. I understand that this plan is used by TWC AEL to review planned and active services, identify technical assistance and professional development needs, support quality assurance, and inform monitoring, reporting, and statewide resource development. *

- ◯ I certify