

eData Class Maintenance

***Class Name** _____

***Contract Program Component** _____

***Service** (select one based on class contract)

064 Contract		
<input type="radio"/> ABE-Federal <input type="radio"/> ABE-State <input type="radio"/> ABE-Combination	<input type="radio"/> ASE-Federal <input type="radio"/> ASE-State <input type="radio"/> ASE-Combination	<input type="radio"/> ESL-Federal <input type="radio"/> ESL-State <input type="radio"/> ESL-Combination

061 Contract	054 Contract
<input type="radio"/> ESL	<input type="radio"/> ABE <input type="radio"/> ASE <input type="radio"/> ESL

☐ **Distance Learning**

***Levels** (select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ABE Level 1
<input type="checkbox"/> ABE Level 2
<input type="checkbox"/> ABE Level 3
<input type="checkbox"/> ABE Level 4
<input type="checkbox"/> ABE Level 5
<input type="checkbox"/> ABE Level 6 | <input type="checkbox"/> ESL Level 1
<input type="checkbox"/> ESL Level 2
<input type="checkbox"/> ESL Level 3
<input type="checkbox"/> ESL Level 4
<input type="checkbox"/> ESL Level 5
<input type="checkbox"/> ESL Level 6 | <input type="checkbox"/> All Levels (Distance Learning only) |
|--|--|--|

***Start Date (mm/dd/yyyy)** _____ ***End Date (mm/dd/yyyy)** _____

***Special Program Type** (Select one):

<input type="radio"/> Distance Learning: Paper-based NRS reportable <input type="radio"/> Distance Learning: Fully remote <input type="radio"/> Distance Learning: Supplemental <input type="radio"/> Distance Learning: Teacher-assigned non-supplemental <input type="radio"/> Hybrid <input type="radio"/> Integrated Education and Training (classes only) - with credential	<input type="radio"/> Integrated Education and Training (classes only) - without credential <input type="radio"/> Fully In-person <input type="radio"/> Postsecondary Transition <input type="radio"/> Workplace Literacy <input type="radio"/> Blended <input type="radio"/> HyFlex <input type="radio"/> Fast Track High School Equivalency Preparation <input type="radio"/> Specialized (Short Term)
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***Enrollment Type** (Select one): ☐ Open Entry-Open Exit ☐ Managed Enrollment

Keyword _____

***Hours per week** _____ ***Total hours projected for the year** _____