

eData Group Maintenance

*Group Name _____

*Contract Program Component _____

*Service (select one based on group contract)

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

061 Contract	054 Contract	259 Contract
<input type="radio"/> ESL	<input type="radio"/> ABE <input type="radio"/> ASE <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"/> ESL Level 1 | <input type="checkbox"/> All Levels (Distance Learning only) |
| <input type="checkbox"/> ABE Level 2 | <input type="checkbox"/> ESL Level 2 | |
| <input type="checkbox"/> ABE Level 3 | <input type="checkbox"/> ESL Level 3 | |
| <input type="checkbox"/> ABE Level 4 | <input type="checkbox"/> ESL Level 4 | |
| <input type="checkbox"/> ABE Level 5 | <input type="checkbox"/> ESL Level 5 | |
| <input type="checkbox"/> ABE Level 6 | <input type="checkbox"/> ESL Level 6 | |

*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"/> Fully In-person |
| <input type="radio"/> Distance Learning: Fully remote | <input type="radio"/> Postsecondary Transition |
| <input type="radio"/> Distance Learning: Supplemental | <input type="radio"/> Workplace Literacy |
| <input type="radio"/> Distance Learning: Teacher-assigned non-supplemental | <input type="radio"/> Blended |
| <input type="radio"/> Hybrid | <input type="radio"/> HyFlex |
| | <input type="radio"/> Fast Track High School Equivalency Preparation |

*Enrollment Type (Select one): ☐ Open Entry-Open Exit ☐ Managed Enrollment

Keyword _____

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