

eData Class/Group/Pair Maintenance

*Class/Group Name _____

*Contract Program Component _____

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

064 Contract			061 Contract	054 Contract
<input type="checkbox"/> ABE-Federal	<input type="checkbox"/> ASE-Federal	<input type="checkbox"/> ESL-Federal	<input type="checkbox"/> ESL	<input type="checkbox"/> ABE
<input type="checkbox"/> ABE-State	<input type="checkbox"/> ASE-State	<input type="checkbox"/> ESL-State		<input type="checkbox"/> ASE
<input type="checkbox"/> ABE-Combination	<input type="checkbox"/> ASE-Combination	<input type="checkbox"/> ESL-Combination		<input type="checkbox"/> ESL
<input type="checkbox"/> 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"/> All Levels (Distance Learning only) | <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 |
|--|--|--|

*Start Date ____/____/____

*End Date ____/____/____

*Special Program Type

- ☐ Distance Learning: DLP
- ☐ Distance Learning: Paper-based NRS reportable
- ☐ Distance Learning: Real-time remote
- ☐ Distance Learning: Supplemental
- ☐ Distance Learning: Teacher-assigned non-supplemental
- ☐ Hybrid: In-person & Remote
- Integrated Education and Training (classes only) – with credential
- Integrated Education and Training (classes only) – without credential
- Not Applicable
- Postsecondary Transition
- Workplace Literacy

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

Keyword _____

*Hours per week _____

*Total hours projected for the year _____

eData Class/Group/Pair Maintenance

Pair Form

*Staff Name _____

- *Staff Type
- ☐ Volunteer
- ☐ None
- ☐ Fully Division Funded
- ☐ Partial Division Funded
- ☐ Other Funded

*Adult Name _____

*Contract Program Component _____

*Service (select one based on pair contract)

064 Contract			061 Contract	054 Contract
<input type="checkbox"/> ABE-Federal	<input type="checkbox"/> ASE-Federal	<input type="checkbox"/> ESL-Federal	<input type="checkbox"/> ABE	<input type="checkbox"/> ABE
<input type="checkbox"/> ABE-State	<input type="checkbox"/> ASE-State	<input type="checkbox"/> ESL-State	<input type="checkbox"/> ASE	<input type="checkbox"/> ASE
<input type="checkbox"/> ABE-Combination	<input type="checkbox"/> ASE-Combination	<input type="checkbox"/> ESL-Combination	<input type="checkbox"/> ESL	<input type="checkbox"/> ESL

Distance Learning

*Start Date ____/____/____

End Date ____/____/____

*Special Program Type

- ☐ Distance Learning: Real-time remote
- ☐ Hybrid: In-person & Remote
- ☐ Not Applicable
- ☐ Postsecondary Transition
Workplace Literacy

Keyword _____

Continue Next Year ☐ Y ☐ N

*Hours per week _____

*Total hours projected for the year _____