

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"/> 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	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
<input type="radio"/> 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: DLP <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"/> 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
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***Enrollment Type** (Select one): Open Entry-Open Exit Managed Enrollment

Keyword _____

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