Complete this form and email it to mde.abe@state.mn.us. Once you receive approval of the IET(s) please enter it into the Student Information Database (SiD).

Please enter the requested information.

**ABE Program and Staff**

|  |  |  |
| --- | --- | --- |
| 1 | ABE consortium |  |
| 2 | IET site address |  |
| 3 | Instructor name(s) and email(s) |  |

**Career and Credentials**

|  |  |  |
| --- | --- | --- |
| 4 | Career cluster and occupation |  |
| 5 | Culminating postsecondary credential of career pathway |  |
| 6 | Salary range for target job |  |

**Partners and Support**

|  |  |  |
| --- | --- | --- |
| 7 | Training partner(s) |  |
| 8 | Employer partner(s) |  |
| 9 | Support services  |  |
| 10 | Employment placement  |  |

**IET**

|  |  |  |
| --- | --- | --- |
| 11 | Total Weeks |  |
| 12 | Total Hours |  |
| 13 | Class Name(s) in SiD |  |
| 14 | Funding for training component |  |

**15) Please list the single set of shared learning objectives, with standards noted as applicable:**

| **16) Adult Education and Literacy Instruction** | **17) Workplace Preparation Activities** | **18) Training Services** |
| --- | --- | --- |
| Activities:  | Activities: | Activities:  |
| Materials:  | Materials:  | Materials:  |

 **19) Timeline:** Each column should equal 100%; all three components should be included and should be somewhat proportionate.

| **Activity %:** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adult Ed. & Lit. |  |  |  |  |  |  |  |  |  |  |  |  |
| Workforce Prep |  |  |  |  |  |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |  |  |  |  |  |