



# Major Changes

## **Automatic Exiting**

- **Students must be exited 90 days after their last day of attendance**

## **HSE attainment will now count for Measurable Skill Gain (MSG) for any student in NRS Level 5 or 6**

- **As of FY2018, these data will be achieved electronically from the NYSED/HSE database**

## **All students must be followed up on after exit**

- **Those who have social security numbers will be submitted to the NYDOL Unemployment Database**
- **Those with no social security number recorded in ASISTS must be followed up on manually!**





Some Good News !!



# Manually Tracking Students

**Program contacts previous participant in Quarter 2 after exit:**

**Are you working?**

- Response is Yes or No

If Yes, then can you tell me approximately how much you make each quarter?

Response is given however the participant offers...could be hourly, weekly, annually, or any other denomination

The responsibility of calculating the approximate quarterly wage lies with the program staff

**This is all the information that is necessary for the adult education program to report in Quarter 2.**

**Program will again survey the participant in Quarter 4 after exit:**

**Are you working?**

- Response is Yes or No

# Periods of Participation

**When a student is exited after 90 days of inactivity and they return anytime after the 91<sup>st</sup> day, they are now put into their SECOND Period of Participation (POP)**

**The potential exists that any one student may enter and re-enter for a total of 3 times in any given fiscal year. As such, that student counts as a new student each time they re-enter**

**ASISTS will keep track of the POPs for each of your students. There will be reports built into ASISTS that will identify if a student is in their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> POP.**



# Periods of Participation

## **POP #1**

**Student counts in the denominator one time**

## **POP #2**

**Student counts in the denominator two times**

## **POP #3**

**Student counts in the denominator three times**

**Based on Measurable Skill Gain, this same student may count 0, 1, 2, or 3 in the numerator.**



# Periods of Participation

- **Any student with no attendance for three months will be given an exit status**
- **The exit date will be the last day of the month in which the student had attendance**
- **The exit status processing will happen on the 15<sup>th</sup> of every month**
- **Programs will have until the end of the month to add any missing hours. If they do, the exit status added on the previous 15<sup>th</sup> of the month will be removed.**



# Periods of Participation

- **For programs that would prefer to have inactive students removed from their rosters, ASISTS is now equipped with an “inactive” button under the Student Status choices.**
- **When a student is coded as “inactive”, the student will be removed from all rosters and their new status will appear on Data Check Reports where you would typically see their “exit status”.**





# ALE Accountability

**ALE program WILL receive a report card for FY16/17**

- **Educational Gain**
- **Post Test Rate**
- **HSE Attainment**



# New Individual Student Record Form

**NYS INDIVIDUAL STUDENT RECORD FORM (REV 8/2016)**

1. First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Required)           Original Program Start Date: (Required)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State:  Zip:

Home Phone:         Mobile Phone:

e-mail: \_\_\_\_\_

Emergency Contact:         Name/Relationship of Contact: \_\_\_\_\_

2. Social Security #:           OR: ☐ Student was asked for SS# and/or WV# and cannot/will not provide. \_\_\_\_\_ (initial of intake staff)

OR Work Visa #:           **NOTE:** Data matching for Employment-related outcomes will not be available if SS# or WV# are not recorded

3. Gender (Required): ☐ Male ☐ Female

4. Race/Ethnic Identity: (Both sections Required)

Choose ONE:

☐ Hispanic/Latino/a

☐ Non-Hispanic/Latino/a

AND Choose all that apply (Must Choose AT LEAST ONE):

☐ Native Hawaiian

☐ Native American

☐ Alaskan Native

☐ Asian

☐ Pacific Islander

☐ African American

☐ Afro-Caribbean

☐ African

☐ Latino/a

☐ White (not Latino/a)

5. Employment Status (Required):

☐ Employed ☐ FT ☐ PT

☐ Unemployed & Seeking Employment

☐ Not Available for Employment

☐ Inmate

For students Employed Full- or Part-time:

Name of Employer: \_\_\_\_\_ Approx. Date of Hire:

For students Unemployed & Seeking Employment, please indicate Approx. last date of Employment:

For currently Incarcerated Students, please indicate anticipated release date:

6. Student's Individual Annual Income (Required):

☐ less than \$10,000

☐ \$10,000 to \$14,999

☐ \$15,000 to \$24,999

☐ \$25,000 to \$34,999

☐ \$35,000 to \$49,999

☐ \$50,000 to \$74,999

☐ \$75,000 to \$99,999

☐ \$100,000 to \$149,999

☐ \$150,000 to \$199,999

☐ \$200,000 or more

Public Assistance: (If receiving)

Type(s): \_\_\_\_\_

Case #: \_\_\_\_\_

☐ Exhausting TANF within 2 years

7. Educational Background (Required)

Highest Grade completed in US: \_\_\_\_\_

Highest Credential in Other Countries: \_\_\_\_\_

☐ High School or Sec School Diploma ☐ Undergrad/Bachelor ☐ Master's/Graduate ☐ PhD/Doctorate

Years of Schooling in Other Countries: \_\_\_\_\_

Does student already hold a Certificate from an approved DOL program? ☐ Yes ☐ No

Is the student co-enrolled in a DOL eligible Training/Certificate program? ☐ Yes ☐ No

If yes, please indicate what program/certificate:

**NOTE:** The list of approved Training Programs is available from the local Workforce Development Board

Check when completed: ☐ SS# ☐ Employment Detail ☐ Income ☐ Training

8. Nationality:

Country of Birth: \_\_\_\_\_ Date of US Settlement: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Citizen ☐ Refugee ☐ Immigrant

Student's Primary Language: \_\_\_\_\_

9. School-aged Children:

Is the student a parent or guardian of Children under the age of 21? ☐ Yes ☐ No

Is the Student a Single Parent? ☐ Yes ☐ No

If yes to either question above, enter the number of children at each level and the name of the school:

PreSchool	#	Name of School:
Elementary	#	Name of School:
JHS	#	Name of School:
HS	#	Name of School:

10. Population Categories

I Am.... / Student is....

Y	N	Y	N	Y	N
<input type="checkbox"/> A Homeless	<input type="checkbox"/> I Veteran	<input type="checkbox"/> Q Learning Disabled			
<input type="checkbox"/> B In Correctional Facility	<input type="checkbox"/> J Dislocated Worker	<input type="checkbox"/> R Runaway Youth			
<input type="checkbox"/> C Other Institutionalized	<input type="checkbox"/> K Employed at 200% Poverty Level	<input type="checkbox"/> U In community correct'l facility			
<input type="checkbox"/> D High School Grad. or Equiv. (US)	<input type="checkbox"/> L Rural Area Resident	<input type="checkbox"/> V Other: _____			
<input type="checkbox"/> E Displaced Homemaker	<input type="checkbox"/> M Low Income	<input type="checkbox"/> W Non Native English Speaker			
<input type="checkbox"/> F Head of Household	<input type="checkbox"/> N Migrant/Seasonal Worker	<input type="checkbox"/> X Ex-Offender			
<input type="checkbox"/> G Disabled	<input type="checkbox"/> O Family Literacy	<input type="checkbox"/> Y Youth in Foster Care			
<input type="checkbox"/> H Enrolled in Other Edu/Training	<input type="checkbox"/> P Parole	<input type="checkbox"/> Z Cultural Barriers to Learning			

11. Was the student referred from a different program or provider? ☐ Yes ☐ No

If yes, please indicate the name of program/provider: \_\_\_\_\_

12. Initial Assessment Information:

Test Date	Test Name (e.g. TABE or Best Plus)	Test Type	Subscores (2 for TABE Math, 1 for TABE Read)	Scale Score	<GE	NRS Level	Test Admin
		Level	Form				

13. Initial Enrollment Information:

Class Code	Enrollment Date

14. Notes: \_\_\_\_\_

15. Other Goals:

☐ 10 Obtain Citizenship Skills

☐ 11 Reduce Public Assistance

☐ 12 Get Involved in Community Activities

☐ 13 Get involved in Child's Education

☐ 14 Get involved in Child's Literacy Activities

☐ 15 Vote or Register to Vote

Form Completed by: (Please Print) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Required) 

M	M	D	D	Y	Y	Y	Y
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 Original Program Start Date: (Required) 

M	M	D	D	Y	Y	Y	Y
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: 

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 Zip: 

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Home Phone: 

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 Mobile Phone: 

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e-mail: \_\_\_\_\_

Emergency Contact: 

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 Name/Relationship of Contact: \_\_\_\_\_

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2. Social Security #: 

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OR Work Visa #: 

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OR: ☐ Student was asked for SS# and/or WV# and cannot/will not provide. \_\_\_\_\_ (initial of intake staff)

**NOTE:** Data matching for Employment-related outcomes will not be available if SS# or WV# are not recorded

**Very important piece of information**

**Intake staff are now asked to attest to having made the request**

1. First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Required) 

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Original Program Start Date: (Required) 

M	M	D	D	Y	Y	Y	Y
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: 

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 Zip: 

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Home Phone: 

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 Mobile Phone: 

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e-mail: \_\_\_\_\_

Emergency Contact: 

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 Name/Relationship of Contact: \_\_\_\_\_

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OR: ☐ Student was asked for SS# and/or WV# and cannot/will not provide. \_\_\_\_\_ (initial of intake staff)

**NOTE:** Data matching for Employment-related outcomes will not be available if SS# or WV# are not recorded

**ALE Funded Programs are NOT  
required to collect or report  
Social Security Numbers**

# ALE Funded Programs Responsibilities

**Employment Status must be Recorded**

**NO**

**Training must be recorded much less rigid, all types of training are counted**

**NO**

ISRF SUPPLEMENT FORM (REV 8/2016)

1. First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Required)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State:  Zip:

Home Phone:           Mobile Phone:

e-mail: \_\_\_\_\_

Emergency Contact:           Name/Relationship of Contact: \_\_\_\_\_

2. Social Security #:

OR Work Visa #:

OR: ☐ Student was asked for SS# and/or WV# and cannot/will not provide. \_\_\_\_\_ (initial of intake staff)

**NOTE:** Data matching for Employment-related outcomes will not be available if SS# or WV# are not recorded

3. Employment Status (Required):

☐ Employed ☐ FT ☐ PT

☐ Unemployed & Seeking Employment

☐ Not Available for Employment

☐ Inmate

For students Employed Full- or Part-time:  
Name of Employer: \_\_\_\_\_ Approx. Date of Hire:

For students Unemployed & Seeking Employment, please indicate Approx. last date of Employment:

For currently Incarcerated Students, please indicate anticipated release date:

4. Student's Individual Annual Income (Required):

☐ less than \$10,000 ☐ \$50,000 to \$74,999

☐ \$10,000 to \$14,999 ☐ \$75,000 to \$99,999

☐ \$15,000 to \$24,999 ☐ \$100,000 to \$149,999

☐ \$25,000 to \$34,999 ☐ \$150,000 to \$199,999

☐ \$35,000 to \$49,999 ☐ \$200,000 or more

5. Educational Background (Required)

Highest Grade completed in US \_\_\_\_\_

Highest Credential in Other Countries: ☐ High School or Sec School Diploma ☐ Undergrad/Bachelor ☐ Master's/Graduate ☐ PhD/Doctorate

Years of Schooling in Other Countries \_\_\_\_\_

Does student already hold a Certificate from an approved DOL program? ☐ Yes ☐ No

Is the student co-enrolled in a DOL eligible Training/Certificate program? ☐ Yes ☐ No

If yes, please indicate what program/certificate: \_\_\_\_\_ CIP Code

**NOTE:** The list of approved Training Programs is available from the local Workforce Development Board

Is the student participating in other training leading to a recognized Post-Secondary Credential? ☐ Yes ☐ No

Check when completed: ☐ SS# ☐ Employment Detail ☐ Income ☐ Training





**Institute of  
Education  
Sciences (IES)  
US Department of  
Education**

**American Institutes of Research  
(AIR)**

# **New York State Literacy Zone Research-Practitioner Partnership**

- **Institute of Education Sciences**
- **American Institute of Research**
- **The Adult Career and Continuing Education Services**
- **Six Literacy Zones:**
  - Clinton Essex BOCES
  - CUNY York & LaGuardia
  - Greater Southern Tier BOCES
  - Literacy West
  - NYC Department of Education
  - Syracuse City School District





# Project Purpose

- To pilot a model of professional development on using data-driven decision-making (DDDM) in case management among local Literacy Zone staff
- To increase the ongoing capacity of state-level staff to better support and evaluate the use of data in case management services

