

eData V2 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"/> 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"/> ESL
<input type="checkbox"/> Distance Learning				

*Levels (Select all that apply)

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> ABE Level 1 | <input type="checkbox"/> All Levels (Distance Learning only) | <input type="checkbox"/> ESL Level 1 |
| <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

- 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 _____

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 (mm/dd/yyyy) _____ End Date (mm/dd/yyyy) _____

***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 _____