Adult Education and Literacy  
FY22 Integrated Education and Training (IET)   
Program Registration Form

This form provides an information overview of each IET program to be implemented, based on a prior approved IET checklist. This form is required in order to document and track the program in DataWorks. Please submit to Robin Castle, [Robin.Castle@vermont.gov](mailto:Robin.Castle@vermont.gov), at least one week prior to the start of the program. Keep this form as documentation of each program implemented in FY22. For more information, see the [AEL Integrated Education and Training Approval and Documentation Process document](https://education.vermont.gov/documents/ael-iet-approval-and-documentation-process).

**AEL Provider/Learning Center:**

**Program [Date start] to [Date end]:       to**

[**Career Cluster**](https://careertech.org/career-clusters)**:**

**Training Partner(s):**

**Credential(s) Offered:**

**Employer Partner(s):**

**Date IET checklist was approved by AOE for this IET model:** 

**Name of program (this is the title that will appear in DataWorks):**

**Notes:**

# Certify nondiscrimination by checking the box below:

This educational program will not discriminate against eligible individuals (defined under WIOA, Sec. 203) on the basis of race, color, sex, sexual orientation, religion, national origin, ancestry or place of birth, disability, age, marital status, or any other characteristics protected by law.

# Single set of Learning Objectives:



Schedule: **(Note: Each column should equal 100%; all three components should be included each week.)**

| **Activity %:** | **Week 1** | **Week 2** | **Week 3** | **Week 4** | **Week 5** | **Week 6** | **Week 7** | **Week 8** | **Week 9** | **Week 10** | **Week 11** | **Week 12** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult Education & Literacy** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Workforce Prep** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Training** |  |  |  |  |  |  |  |  |  |  |  |  |

# Training costs:

|  |  |
| --- | --- |
| Indicate agency providing **training component** (example: AEL provider, WIOA Title I, employer) | Training costs |
|  |  |
|  |  |
| Training costs provided by AEL Federal grant dollars |  |

# Intended outcomes:

What percent of participants are reasonably expected to be employed within the career cluster within one year of exit?

What percent of participants are expected to earn at least one credential of value specific to the career cluster?

How will you evaluate that the participants have met the learning objectives?

Name and email of person completing form:      Date form submitted:      