Contracted Agency: Contact Name: Date:

1st Trimester Report covers October, November, December, January and is **due February 15th**

2nd Trimester Report covers February, March, April, May and is **due June 15th**

3rd Trimester Report covers June, July, August, September and is **due October 15th**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reporting Period Client Data** | **Placement Level** | | | | |
|  | **Basic** | **Beginning** | **Intermediate** | **Advanced** |
| Newly registered clients |  |  |  |  |
| Clients withdrawn |  |  |  |  |
| Clients receiving one‐to one tutoring |  |  |  |  |
| ELT placement level advancement percentage |  |  |  |  |

1. Total number of clients who received instruction for ELT this reporting period (New, returning and continuing)

2. Total number of classes offered this reporting period:

3. Instructor to student ratio this reporting period: Basic, Beginning, Intermediate, and Advanced

|  |  |  |
| --- | --- | --- |
| **Report on major activities undertaken during the reporting period, specifically activities intended to accomplish the service requirements stated in the Scope of Work.** | | |
| **Activity** | **Accomplishments and Major Activities** | **Problems and Challenges** |
| **Describe the ELT client caseload for this trimester.**  ***Include information about the changing needs of ELT clients and how that has been incorporated into the program instruction design.*** |  |  |
| **Describe standard ELT course activities and developments that occurred during this trimester.** |  |  |
| **How many clients enrolled this quarter had Limited English Proficiency (LEP)? Describe how the program ensured access to services?**  ***Include teaching methods and best practices and note when translated materials or interpretation were used.*** |  |  |
| **Describe orientation, training, supervision and monitoring of volunteers for classroom assistance and one‐to‐one ELT tutoring.**  ***Include how volunteer tutoring support services are coordinated with ELT curriculum.*** |  |  |
| **Describe the activities and findings of the Continuous Improvement Research program that occurred this trimester.** |  |  |
| **Describe the pre and post testing that occurred during this trimester.**  *Please identify any trends of note* |  |  |
| **Describe any professional development sessions offered or attended this during this reporting period.** |  | |
| **Provide class schedules and locations for where classes were provided.** |  | |
| **Activities planned for next trimester.** |  | |
| **4. New program initiatives:** | | |
|  | | |
| **5. Recommended improvements or changes:** | | |
|  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Active Participants this Period** | **Total** | **Age** | | **Services** | | |
| **English Language Training** |  | 18-50 | 51 and over | Beginner | Intermediate | Other |
| 0-12 Months in U.S. |  |  |  |  |  |  |
| > 12 months in U.S. |  |  |  |  |  |  |

`