

FY 25 PROPOSED INTEGRATED EDUCATION AND TRAINING APPLICATION

Adult Education Provider Name:

Region or Location:

IET Providers:

Name of Co-Instructors:

Employer Partner(s):

Occupation with NAICS code:

Salary Range for Target Job:

Credentials Information

Specific Credentials Offered:

Name of Credentialing authority:

List credentials needed to enter training, take credentialing exam or for entry level employment:

Course Information

Length of Course [Semester]

Total IET course hours:

Clinical:

Internship/Externship:

Weekly Schedule – Days/Times + Shared Learning Objectives

Adult Education:

Workplace Skills:

Occupational Training:

Shared Learning Objectives, with standards noted as applicable:

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Staffing & Planning Information

Co-Planning Staff (Initialed):

Instructor:

Instructor:

Instructional Specialist:

Industry advisor:

Other:

Instructor Communication Activities/Planning Times:

Adult Ed and Literacy Instruction	Workplace Preparation Instruction	Training Services Instruction
Activities:	Activities:	Activities:
Materials:	Materials:	Materials:

Notes/Comments:

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Timeline: July to June (NOTE: Each column should equal 100%; all three components must be included)												
Activity %:	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Adult Education & Literacy												
Workforce Prep												
Training												

Support Services	
Support Services Provided:	Agency Providing Services:

Employment Placement	
Employment Placement Activities:	Agency Providing Services:

<p>Name of Agency _____ Providing Training Funds (AEFLA, Title I). Include training cost per participant.</p>
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