STAR Program Information Form

To be completed by Program Administrators

STAR State: North Carolina

Program Name: _____ **Program Administrator Name:** _____

Phone: _____

Email: _____

Fax: _____

Address: _____

STAR Program Contact (if different from above): _____

Phone: _____

Email: _____

Fax: _____

Address: _____

About how many students does your program serve each year?

___ ABE students
___ ESOL students

How many instructional staff does your program have?

___ Teachers
___ Instructional aides
___ Volunteer tutors

How many instructional sites? ___ **How many classes?** ___

What standardized assessment does your program use for NRS reporting for ABE students?

☐ TABE
☐ CASAS
☐ Other (please list) _____

Complete the following chart with information on your STAR teachers

Name	Number of hours paid per week	Certified teacher Yes/No If yes, list area(s)	Years of experience in adult education	Subjects/levels taught in adult education

Comments:				