

## Oregon Adult Basic Skills – WIOA Title II Professional Learning Communities Local Lead Annual Written Report

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Local Lead Name(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Brief narrative summary of OACCRS-based PLCs at institution for current program year. Include any questions, successes, challenges, promising practices, etc. (~250 words)

For each OACCRS-based PLC, include:

- Name of PLC
- Planned PLC outcomes
- Attendance
- Dates
- Locations
- Any additional information that would demonstrate compliance with the PLC requirement (optional)

Local Lead Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

ABS Director Name: \_\_\_\_\_

ABS Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email this document to [hecc.absteam@hecc.oregon.gov](mailto:hecc.absteam@hecc.oregon.gov) by July 31, 2022.  
Note: If information is appended to the report, submit everything together as 1 document.