

Adult Learning Plan

Term: _____

Name: _____ Student INTERS No: _____

Application Date: _____ Enrolled Date: _____

Focus Subject(s): Reading _____ Math _____ Language _____

IEP/Accommodations: _____

Pre-TABE Scores on (Date) _____				Form	11	12
Subject	Instructional Level	Number Correct	Scaled Score	NRS	G.E.	
LOCATOR		R ____/19, M ____/16, L ____/16				
Reading	E M D A					
Math	E M D A					
Language	E M D A					

Indiana Career Explorer		
Login: _____ (E-mail address)	Password: crcbrown (For everyone)	
Interest Assessment	Skills Assessment	Work Values Assessment
Date Completed: _____	Date Completed: _____	Date Completed: _____

GOALS (Check all that apply)

- ____ Improve Basic Skills Date Set _____ Date Met _____
- ____ Enter or retain employment Date Set _____ 2nd Quarter Date _____ 4th Quarter Date _____
- Where employed? _____
- ____ Obtain HSE (GED) Date Set _____ Date Met _____
- ____ Begin post-secondary education or training Program or School _____
- ____ Sign up with WorkOne Date Set _____ Date Met _____
- ____ Leave public assistance Date Set _____ Date Met _____
- ____ Attain incarceration time cut Date Set _____ Date Met _____

Factors that may affect your progress toward your goals: _____

(Examples: Lack of dependable childcare, lack of transportation, family problems, chronic illness, work hours, or anything else that you anticipate would keep you from coming to class regularly.)

Learner Agreement

I agree to attend class for a minimum of six (6) hours per week. I agree to limit personal electronics usage to one 10-minute break per two-hour class session. I understand that for the successful completion of my goals, I will need to complete my assignments, ask for help when I need it, and make a genuine effort to learn. If changes need to be made in my learning plan, my instructor and I will make a new agreement.

Because the CRC works in partnership with other agencies to help students improve their skills and employment prospects, I give permission for the CRC to share my information with these programs and agencies. I understand that the information shared will be kept strictly confidential.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature (if under age 18): _____

Instructor Agreement

I will help this student achieve the stated educational goals by appropriate instruction and by reviewing the Adult Learning Plan with the student on a regular basis. This plan will be updated, as needed.

Instructor Signature: _____ **Date:** _____

Date Reviewed: _____

Instructor Initials: _____

Student Initials: _____

Date Reviewed: _____

Instructor Initials: _____

Student Initials: _____

Post-TABE Scores on (Date) _____				Form	11	12
Subject	Instructional Level	Number Correct	Scaled Score	NRS	G. E.	Achieved Gain
Reading	E M D A					Yes No
Math	E M D A					Yes No
Language	E M D A					Yes No

Post-TABE Scores on (Date) _____				Form	11	12
Subject	Instructional Level	Number Correct	Scaled Score	NRS	G. E.	Achieved Gain
Reading	E M D A					Yes No
Math	E M D A					Yes No
Language	E M D A					Yes No

Readiness Assessment Scores Completed on Date _____				TASC Test Date	TASC Score	Pass/DNP
Subject	Number Correct/Points Possible	Pass/DNP	Percentage			
Reading	/22					
Math	/20					
Writing	/20					
Essay	/8					
Science	/21					
Social Studies	/21					