ABSTRACT

A project was conducted to develop and deliver training on case management procedures for adult educators. The project trained adult instructors on techniques, processes, and procedures of effective client case management through a series of workshops and discussion group sessions. The case management approach is based on the assertion that increased contact with adult learners will increase comfort level in the educational setting which will, in turn, increase retention rates. The project recommended that any adult education program adopt a case management approach to student service in order to increase student satisfaction and retention. A manual was compiled covering the three phases of the project: training, system development, and implementation. Local impact of the project was positive. (KC)
CASE MANAGEMENT FOR ADULT EDUCATORS

Final Report

by

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federal funding: $5,000
project number: 98-7018

The activity which is the subject of this report was supported in part by the U.S. Department of Education. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education or the Pennsylvania Department of Education, and no official endorsement by these agencies should be inferred.
# Case Management for Adult Educators

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Abstract

Grant Recipient: TIU Adult Education and Job Training Center
MCIDC Plaza Building #58, 6395 SR103 North
Lewistown, PA 17044

Program Name: "Case Management for Adult Educators"

Grant Allocation: $5000

Project Period: From: July 1, 1996 to June 30, 1997

Project Director: Carol Molek

Project Purpose:
The project's goal was to develop and deliver training on case management procedures for adult educators. The project trained adult instructors on techniques, processes, and procedures of effective client case management. "Case Management for Adult Educators" was designed for local impact but is adaptable in all adult education settings. The project is based on the assertion that increased contact with the adult learner will increase comfort level in the educational setting which will, in turn, increase retention rates.

Objectives included:

1) Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.

2) Provide documentation by compiling a manual covering the three phases of the project: training, system development, and implementation.

3) Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, regional Professional Development Centers, the Pennsylvania Department of Education, and the PA State Resource Centers.

The project specifically targeted adult educators in the TIU Adult Education and Job Training Center. Case management duties, in addition to instructional duties, require training on procedures for effective client case management. Audience to benefit is the larger adult education community concerned with more effective client case management training and processes.

Project Outcomes:
The project
- developed the training plan for case management procedures,
- completed case management training,
- followed-up on training and its effectiveness in practices,
- developed training, systems, and implementation,
- disseminated products.

The basis of this project became the foundation of the Case Management Module to be used statewide with coordinated delivery by the PDC's.

Impact:
Local impact of this project has been extremely positive. This project and training came directly from requests and needs of our staff. From this training our staff has become better at teamwork and problem solving; our students are showing more satisfaction and retention has improved.
Product or Training Developed:
The products include this final report and attachments featuring documentation regarding training, process development, and implementation.

Products Available From:
TIU Adult Education and Job Training Center, AdvancE, Western Pennsylvania Adult Literacy Resource Center.

Project Continuation and/or Future Implications:
This has been an extremely helpful project for our program. The basics assembled by this project will be available for new staff. However, case management in any organization needs to be an evolving system open to continuous improvement. We will be continuing work on our case management systems to have the systems meet our changing needs.

Conclusions/Recommendations:
It is strongly recommended that any adult education program adopt a case management approach to student service. Even a part time program can benefit from incorporating at least some principles of case management into the program operation. Benefits such as increased student satisfaction and retention will result.

Additional Comments:
Training through the Case Management Training Module is recommended as comprehensive skills training for adult educators who find themselves being called upon to provide case management to their adult learners.
Introduction

1. Purpose

"Case Management for Adult Educators" addressed 96-97 priority C.2. - mini-grant, Special Experimental Project. The goal of this project was to provide development and delivery of training on case management procedures for adult educators. The project used a variety of methods in the development and delivery of training. Interactive methods such as discussion and peer assistance/mentoring measures were used. The trainings provided in the project allowed for techniques of case management to be used and case management tools to be developed and utilized. The project addressed local issues yet provided adaptable documentation for agencies statewide. This project became the basis for the development of a Case Management Training Module developed under another 353 project. "Case Management for Adult Educators" provided the opportunity for adult educators to receive training in an area vital to increasing retention and insuring quality services for adult learners. "Case Management for Adult Educators" trained adult instructors who also serve as intake workers, case managers, and counselors. As the majority of our staff has a background based in education, not social service, we felt that by providing this training, staff would be more comfortable with these areas of responsibility. The project concept was a result of a retention study.
performed in our work as an Equal pilot site. Through our Equal study we learned that student retention improves when students are recipients of case management services. We based our work on the theory that by providing case management training and training on related issues we could increase retention through increased communication with our students.

Objectives of the project were to:

- Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.
- Provide documentation by compiling a manual covering the three phases of the project: training, systems development, and implementation.
- Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, Regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education.

2. Time frame

**Phase 1:** *July, August 1996*

Development and confirmation of training plan on case management procedures, system, and related issues.

**Phase 2:** *September 1996 through January 1997*

Implementation of the training plan to take place in weekly sessions.
Phase 3:  
*February 1997*
Implementation of case management and client tracking system.

Phase 4:  
*February through March 1997*
Development of manual and documentation related to training, procedures developed and implementation.

Phase 5:  
*March 1997*
Follow-up on training and implementation into practice. In addition, this served as part of the evaluation procedure.

Phase 6:  
*April through June 1997*
Development of manual and final report. Revisions and review of project. Dissemination of the project and its final products.

3. Key Personnel

"Case Management for Adult Educators" was administered by the Tuscarora Intermediate Unit 11. The Intermediate Unit sponsors all TIU Adult Education and Job Training Center programs. Center programs include: 322 Adult Basic Education and General Educational Development programs; Act 143 PA Adult Literacy; Job Training Partnership Act programs; Single Point of Contact; single parent/displaced homemaker services; and Even Start. In addition the Tuscarora Intermediate Unit has...
sponsored 53 Section 353 special projects that have received statewide and national recognition. Because of the diversity of adult education programming operated by the Center the case management approach becomes essential when fulfilling the goals of a variety of funding sources and all participants.

Project Director was Carol Molek. Ms. Molek has over thirteen years experience directing adult education programs for the Tuscarora Intermediate Unit, developing and implementing special projects. Ms. Molek worked on this project as an in-kind match. Development of the project was done by various staff at the Adult Center including a case management team, a management information systems team, Equal project team developing and analyzing internal program quality, and instructors/case managers. In addition, input was solicited from other staff and students.

4. Audience

The audience for this report are program administrators and staff interested in providing more comprehensive services to their students.

5. Dissemination

Dissemination of this project will be made through the Tuscarora Intermediate Unit 11, the Pennsylvania Department of Education, AdvancE, WPALRC, and the regional Professional Development Centers. Permanent copies will be available through:
Body

1. Statement of Problem

The goal of "Case Management for Adult Educators" was to develop and deliver training in case management procedures for adult educators. The project was designed to have local impact, but may be adaptable for other adult education sites statewide. Training on case management issues examined in this project will be available in the fall of '97 through the Case Management module developed by another 353. This project based its trainings on previous Section 353 works in related areas such as counseling. "Client Mental Health Issues" PA#99-2008, "Connect (Inmate Advocacy)" PA#98-4018, "When Bonds are Broken: Year II" PA#98-4004, and "Peer Advocacy Training for ABE Students" PA#99-5033 were used and adapted where applicable. In addition, the project examined the case management component of Even Start projects and other work done on case management in adult education nationally. As much information as possible was collected both internally and externally and the training plan was developed as a result.

We feel that this project represents innovative work in the field of adult education. Training provided meets needs in an area frequently identified by adult education staff as a weakness and as problematic. The case management aspect of the field is often overlooked, yet important for our students. Training was based on a social service model and adapted to the educational setting taking into consideration the differences that exist. Extensive case management of student populations allows for complete student plan development and increased comfort level in the adult learning.
setting. The focus of the project was on progressive case management, rather than wholly preventative or crisis management. Our assertion is increased, purposeful contact with the adult learner will increase comfort which, in turn, will increase retention while decreasing absences.

Adult education is much more than academics and by increasing contact through case management an even greater level of service can be reached. "Case Management" provided development and training on two levels: needs of the case manager/instructor and needs of the client through case management.

Case management training also increases accountability of the agency through documentable services provided to the clients. A model was developed for integration of training, implementation of the internal processes and information management, and the structure of the case management system. Large and small agencies can benefit from the model. The project worked with the goals of the Equal project and current Pennsylvania Department of Education Program Evaluation Guidelines for overall agency and statewide quality services in adult education. This project can provide yet another tool for gathering student data and pertinent information.

Training took place in an inquiry setting. Information on methodology, procedures, and processes were brought before the group. Participants did related readings and research. Findings were then shared in the group. Conclusions were drawn and recommendations for implementation were made. This group work took approximately ten (10) meeting hours.

Topics for the group work included: case management defined; holistic
assessment; client motivation; case management process; documentation issues; follow-up/termination; managing the caseload; electronic aids and systems; time management; managing diverse client populations; and case management partnerships. The inquiry sessions were attended by administrators, instructors, counselors, intake workers, case managers, and management information personnel. Through these meetings needs were established for case management training and became the structure for our in-house trainings.

In addition to the inquiry group, case management teams met 1 hour each week during the project year. Approximately 15 staff were involved in the weekly meetings. This training plan was aggressive and benefited our adult educators. The series also augmented the 1996-1997 TIU Adult Education and Job Training Center's internal staff development plan.

All parts of the training and project were documented. Instead of the original plan of creating a training manual under this grant, materials developed were utilized in the Training Development 353 to create the Case Management Module. This allowed for further utilization by creating a prototype rather than site specific training. The project was linked with the local Professional Development Center and the State Literacy Resource Centers for information and resources throughout. This design should be readily adaptable and useful across the continuum of adult education agencies in the state.

"Case Management for Adult Educators" provided the opportunity for adult educators to develop and receive training in an area vital to increasing retention and insuring quality services provided to adult learners. The
project concept was a result of a retention study performed in our work as an Equal pilot site. By providing case management training and training on related issues we felt we could increase retention through increased communication with our students. Training was based on a social service model and adapted to the educational setting. Extensive case management of student populations allows for complete student plan development and increased comfort level in the adult learning setting. The emphasis of the project was on progressive case management rather than preventive or crisis management. Case management training also increases accountability of the agency through improved documentation of services provided. A model was developed for training, implementation of our internal processes and information management, and the structure of the case management system.

2. Goals and Objectives

Objectives of the project were to:

- Develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group sessions.
- Provide documentation by compiling a manual covering the three phases of the project: training, systems development, and implementation.
- Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, Regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education. This project will be coordinated with the 322 programs, Act 143 programs, Even Start, and JTPA programs provided at the TIU
Adult Education and Job Training Center.
We realized that many people were involved in the total case management system, so approximately 15 staff attended weekly session/meetings that dealt with training on the logistics of information management, paperwork flow, and IEP. Along with these universal case management issues we also considered some in-house issues: lost files, duplication, omission and better tracking and documentation. A model for paper flow and information management was developed and used during this training. That model is attached, along with a model for an Individual Education Plan form.

Program improvement in our agency was readily seen as a result of the project work in the form of improved services to our clients and more efficient systems.

3. Procedures

"Case Management for Adult Educators" was developed, coordinated and managed at the TIU Adult Education and Job Training Center in Lewistown, PA. This project required a coordinated internal effort among staff, instructors, and administration.

The general design of "Case Management for Adult Educators" was completed as an evolving process. The design and content of case management training was established through a series of initial meetings attended by administrators, instructors, counselors, intake workers, case management and management information system personnel. Through these meetings it was decided that training would not be delivered in a
traditional workshop setting as originally proposed but rather in an inquiry research model. The process itself was beneficial and rewarding to all involved. Much discussion was generated and we learned a great deal about our needs. In this practitioner inquiry group setting we analyzed and did research on our problems in the total case management system. Examples of comments from staff during this process are attached. It became clear that there were needs in two areas of case management: paperwork and communication/people skills. Through these meetings the following needs were established for further case management training and became the structure for the development of an extensive training module of 12 hours in all aspects of case management for adult educators.

Needs for Training:

Defining Case Management:
- for staff; for clients
- philosophy and goals
- case management as process
- roles of case manager; job/duties description
- sensitivity/values clarification

How to's of Case Management:
- the client/case management relationship
- how to begin: intake and/or first meeting during enrollment after separation
- goal setting/planning collaboratively
- assessment and planning
- client involvement and ownership

Case Management for Adult Educators - Final Report
case notes: what's in/what's out
process/system for information flow and documentation
process/paper training
paper flow
documentation of client activity changes
streamlining amount of paper
MIS training
importance of the "big case management/MIS picture"
education progress records - IEP
summary activity record management, and improved communication among staff about total case management issues.

A later stage of the project was the implementation of an agency case management/client tracking system. The client tracking system was developed, staff were trained, and a model is attached and can be adapted for use by other agencies.

Although we had planned the development of a manual it was decided that a simple manual was not possible within the confines of this mini-grant. This project proved to have much more far reaching impact than a mini-grant is intended to have. Indeed this project became the research component of a larger, more general training module on case management. Instead of the original plan of creating a training manual under this grant, materials developed were utilized in the Training Development 353 to create the Case Management Module for statewide training. This allowed for further utilization by creating a prototype as well as implementing our site specific training. During this stage, the following
became the content outline with the larger training module:

Case Management
Theoretical background: philosophy, goals
Defining Case Management: for staff, clients
Case Management as a Process
Roles of Case Manager
Sensitivity/Values Clarification
Reflections to Practice: Activities
How to's of Case Management
Relationship: client/case manager
Cooperative Planning
Documentation

Processing information: developing a system

Evaluation of this case management project was ongoing. This evaluation follow-up took place in the form of discussion groups in weekly meetings which reflected on the success of implemented procedures developed through the inquiry process. The final stage of the project was the dissemination of "Case Management for Adult Educators" final report. This final report may serve as supplemental reading for those adult education practitioners participating in the Case Management Training Module. Training materials developed under this mini-grant were utilized in the Training Development 353 to create the Case Management module. It is that module that should be referred to for training other adult educators, building a case management system, implementation and evaluation of the system. Dissemination will take place through the Tuscarora Intermediate
Unit No. 11, the Pennsylvania Department of Education, AdvancE, Western Pennsylvania Adult Literacy Resource Center and Regional Professional Development Centers.

4/5. Objectives Met/Not Met

Objectives of the project were to:

a) develop and deliver training on case management procedures, processes, and issues by conducting a series of workshop trainings and discussion group series.

This objective was met and far exceeded the impact intended in this mini-grant. The design and content of case management training was established through a series of meetings and discussions attended by administrators, instructors, intake workers, case managers, and management information system personnel. A traditional workshop format training did not seem appropriate as this project developed; rather, an inquiry group was established and results of this group’s work was then disseminated to the entire staff through a series of trainings. Training was delivered to all staff on the logistics of information management and flow in the case management system. Refinements were made and this information has been packaged for use by others through the case management training module. As this mini-grant process became a practitioner inquiry group for our staff, the local impact was very positive in that we learned a great deal about our needs and developed systems and training to meet them. The training on the local level was delivered in an informal way.

As a result of this mini-grant a larger, more general training module
on Case Management was developed in the 353 Training Development Project. The research for the larger training module was done through this grant. Training on case management is now available for all adult educators in PA.

(b) Provide documentation by compiling a manual covering the three phases of the project: training, systems development, and implementation.

This objective was met in the development of the larger 353 Training Development Case Management Module. The product was more comprehensive than one that this mini grant could have supported. Attachments to this report demonstrate examples of a student file, IEP, and case management program system.

(c) Disseminate final report and training manual through the Tuscarora Intermediate Unit 11, regional Professional Development Centers, the Pennsylvania State Resource Centers, and the Pennsylvania Department of Education.

The project final report and training manuals were disseminated through Tuscarora Intermediate Unit No. 11, regional Professional Development Centers, PA State Resource Centers, and the PA Department of Education.

6. Evaluation

A successful evaluation was based on:

   a) Development of a local training plan for case management procedures as evidenced in the Case Management Training Module and attachment to this report. Through this project a practitioner inquiry group approach completed research and developed systems and processes that
became the basis of the Case Management Module for Adult Educators.

b) Case Management training was completed with our staff on
an informal basis in the areas of management of information and
implementation of new case management systems. Our staff also received
the complete Case Management Training Module consisting of three 4
hour trainings.

c) The case management and client tracking system in our
agency was evaluated, refined, redeveloped and implemented.

d) The Case Management Training Module illustrated the
model for a tracking system and implementation results.

e) The training and tracking system have been implemented
and we have already seen improved service to our clients and more
efficient system management.

f) Dissemination of the final report, products, and the 353
Training Development Case Management Module is taking place.

7. Dissemination

This project was coordinated with the 353 Training Development
Project, agency 322 programs, Act 143 programs, Even Start, and JTPA
programs provided at the TIU Adult Education and Job Training Center.

Dissemination of this project was made through the Tuscarora
Intermediate Unit 11, the Pennsylvania Department of Education, AdvancE,
WPALRC, and the regional Professional Development Centers.
Attachments

Case Management Project
Comments from Staff
Paper/People

Sample File

Samples of Student Forms

Paperflow

Module Outlines
Case Management Project
Comments from Staff
Paper/People
PEOPLE

1. How long is too long to follow a client? If a client tells you he/she no longer wants our services, but he/she is Title IIA and we are told we must keep them and keep trying, how do we know what to do?

2. How does it affect our clients-retention and progress?

3. Does it ultimately affect recruitment because of the image created in the community by our present students?

4. How many is enough for one person’s caseload? Do case managers find their present loads manageable?

5. When is it appropriate for case managers to be changed for clients? How does the client find out their case manager has changed? How does the student find out who their case managers is and when? Do they meet face to face? Are the students clear on this? Is it a phone call? Do the students know the potential reason for case management?

6. What do we do when a youth comes in? Can they go to CD?

7. When is appropriate to skip CE and go to JS?

8. Can people go to Choices before CE?

9. How often do students meet with their case managers one on one outside of class?

10. A good tool to use between case manager and student would be a reflection form like we use in Even Start. (copy attached) It leads to excellent topics and progress of the student. The reflection page could be adopted in any form that is appropriate, depending on where the student is in their plan.
1. You can't list Career Development & Placement on ISS for all three phases because Job Search is a different enrollment.

2. What goes in case notes? Is there anything I should or should not say?

3. Sometimes I feel like I'm drowning in paperwork-how can we streamline?

4. Who specifically calls when: client doesn't come to orientation? client doesn't come to intake? client doesn't come to class?

5. When should case managers put clients on hold? What are the different lengths for hold, and do case managers know this? Do case managers do this or does Deb E automatically do when no attendance?

6. Is it possible to purchase (or use one we already have) a computer case managers could access info on their clients? If that is not possible, could MIS give regular feedback to case managers concerning info in the database and attendance records? (I think we need to use our data more as feedback to case managers to help them use their time more effectively.)

7. Who can go on definite or 90 day hold? What is difference between active and inactive hold?

8. When is a part-time job OK for a term?

9. Do I update in notes the progress being made or how the assessment turned out with the referrals I get?

10. Why do we put class starting and ending in case notes, when the dates are documented in the ISS?
Module outlines
Case management

Session 1: Case Mgt: who what where when how
pre-training activities...what should they bring (knowledge, paper, etc)

intro to training
ice breaker
activity an prior knowledge
summary of cs mgt training...goals, expected outcomes,
learning points (objectives)

materials include oh’s as ho’s

Activities
1.a defining case mgt
   brainstorming what is
   presentation of completed define on overhead

1.b why do
   pairs 5 min brainstorm
   5 reasons why do cs mgt
   overhead
1.c. roles of cs mgr
   group fill in of sun diagram
   presentation of completed sun

1.d. personal character of a cm
   5 min write down the qualities of a perfect cs mgt
   have recorder write everyone’s down

1.e. models
   lecture/presentation/ho

1.f activities
   - referrals, recruitment, assessment, follow up, coordination,
   reporting, planning, goal setting, intaking
   give out envelopes with activities written one per card...have
   groups sequence
   seek consensus

   - components of typical cs mgt interventions
   - differ between one time activities and ongoing activities
hmwk: do research in agency: do you do case mgt? what model, what components. bring questions readings

Session 2: How to's what was the most important thing you learned? what do you need to know more about? specific questions?? from session 1 summarize goals, expected outcomes, learning points review of hmwk

2.a. who do we serve?

2.b. client/cs mgr relationship (student/teacher)

2.c exercise: positive negative interesting

2. d difficult people / crisis role playing

2e. initial cs mgt activities intake, assessment, placement

2.f goal setting suzanne's exercise

2.g documentation/case notes

hmwk: bring paper flow plan/flow chart, process of client mgt through your system bring questions do readings
Session 3
what was the most important thing you learned?
what do you need to know more about?
specific questions
review
goals, learning points, expected outcomes

activities:
  3a: discussion what they do at homebase
  3b present at model of paper flow
  3c group activities to develop flow chart for own operation or with simulation
  3d facilitating independence/ shift in client/case mgt relationship
  3e follow-up
  3 f case study work

post training work
  follow-up:
  Assistance with programs mgt plan - how does this plan fit in with overall program improvement plan? methods: on site technical assistance, on-line support, focus group through PDC's, learning through practice activities
Sample File
This form is intended for internal use by programs submitting their student data on floppy disk. Make any modifications that are required and photocopy for distribution to the teachers and tutors. These forms are not to be used to submit data directly to the Bureau.

The common practice has been to complete the first part of the form when the student enrolls. The second section is then completed when the student leaves the program. Because we require completion information at the end of the program year even when the student continues past June, agencies may wish to attach multiple copies of the second page for subsequent years. Carbon copies are no longer necessary because you will not be submitting these forms to Able.

1. Name ____________________________________________(SURNAME)
   __________________________ (First)
2. Social Security Number ___ / ___ / ___-___/___/___/___ (SS) Calculate ___
3. Home Address: Number & Street ________________________________
   __________________________ Address - Second Line
   City __________________________ Zip Code ______________________ (ZIP)
4. Telephone ___________________________ ___ OK to call ___ OK to mail
5. County /___/ (2 digit code) (COUNTY) 6. School District /___/___/___/___ (SCHLDIST)
   (See instructions for codes)
7. Sex: 1. ___ Male 2. ___ Female (SEX)
8. Race: ___ White/other ___ Black ___ Hispanic ___ Asian ___ Native American (RACE)
9. Student's initial entry level category in this program. (LEVEL) Check one level only (see instructions):
   1. ___ Preliterate ESL 0-1 4. ___ Advanced ESL 7-10 7. ___ Intermediate ABE 6-8
   2. ___ Beginning ESL 2-4 5. ___ Preliterate ABE 0-1 8. ___ ABE 9-12
   3. ___ Intermediate ESL 5-6 6. ___ Beginning ABE 2-5 9. ___ GED Prep

Date of birth /___/___/___ Month /Day/Year. (BIRTHYR)

Enrollments with no social security ID, sex, race, level category, or year of birth will be automatically rejected.
10. Student household status (enter one). (MARITAL)
   ___ 1. Head of a Single Parent Household        ___ 2. Head or Spouse/Partner in 2 Parent Household
   ___ 3. Head or Spouse/Partner-No Dependents       ___ 4. Dependent Member of Household
   ___ 5. Living Alone                                ___ 6. Living in Group Quarters

11. Number of Dependents Under 18 (DEPENDTS)

15 a. At time of enrollment student is (check one--see instructions) (EMPLOYMT)
   ___ 1. ___employed  2. ___unemployed but available for work  3. ___ not employed or available for work

b. ___At time of enrollment the student receives public assistance? (ASSIST)

c. At time of enrollment student is (check ALL that apply—see instructions)
   ___ disabled (HANDICAP) ___ institutionalized (INSTITUT) ___ homeless adult (HOMELESS) ___ an immigrant (IMMIGRNT)
   ___ limited in English proficiency (NELP) ___ displaced homemaker (DISPHOME) ___ enrolled in other employment preparation program (PIC/SPOC, etc.) (OTHERFED)

16. Circle last grade of school completed: (LSTGRADE)

   00 01 02 03 04 05 06 07 08 09 10 11 12

   Special Education 13 Non-English Diploma 14 Post-High School Study 15

17. How did student find out about this program? (check only ONE): (FINDOUT)
   ___ 01. School Board, IU, School announcement
   ___ 02. Newspaper, radio, TV
   ___ 03. Handout, mailed leaflet
   ___ 04. Sign, billboard, phone book (not in school, worksite, agency)
   ___ 05. Relative, friend, acquaintance
   ___ 06. Employer/union-worksite announcement
   ___ 07. Previously studied ABE/GED or Adult Literacy
   ___ 08. School/college counselor/teacher
   ___ 09. Institution (group home) personnel
   ___ 10. Library/other independent
   ___ 11. Community agency/human service agency
   ___ 12. Clergy/church group
   ___ 13. PIC/ITPA SPOC program
   ___ 14. Rehab. Counselor, caseworker, OES job service
   ___ 15. Court: Probation, parole, etc.
   ___ 16. Military recruiter
   ___ 17. Political/public official
   ___ 18. Other (none of the above)

18. Major reason for participating in program (check only ONE): (MAJREASN)
   ___ 01. to improve job prospects
   ___ 02. to learn better English
   ___ 03. to obtain driver's license
   ___ 04. to obtain citizenship
   ___ 05. to get diploma or certificate
   ___ 06. to qualify for training military
   ___ 07. to read to or help children with homework
   ___ 08. social acceptance, self satisfaction
   ___ 09. qualify for college, business school
   ___ 10. required by probation, welfare, parole
   ___ 11. to achieve competency in reading/spelling, etc., with no specific purpose in mind
   ___ 12. to achieve competency in math
   ___ 13. other (none of the above)
Section Two: Completions and Impact Data
(to be filled out at end of student's program or
at the end of the Program Year)

19. How many hours of instruction did this student receive during this program? \(\text{Round Fractions}\) (INSTRHRS)

(Complete this section only when hours have not been completed monthly, quarterly, etc.)

20. Other contact hours (counseling, paperwork, etc.) \(\text{Round Fractions}\) (CONTACT)

COMPLETION AND EARLY SEPARATION DATA

21. With reference to entry level category (ESL, ABE, or GED) indicated in Item 7, Copy One, or learning goal, check one of the following: (TERMSTAT)

1. \(\text{Completed the category at which enrolled and left the program.}\)
2. \(\text{Continued in the program while moving to a higher category.}\)
3. \(\text{Completed a learning goal and left the program.}\)
4. \(\text{Continued in the program after attaining a learning goal in order to attain other learning goals.}\)
5. \(\text{Continued in the program at the same category as enrolled or without attaining a learning goal.}\)
6. \(\text{Separated early prior to completing the enrollment category or attaining a learning goal.}\)

22. EARLY SEPARATIONS: If the student is recorded as an early separation, please consult the instructions for a list of reasons.

(SEPREASON)

23. Circle the number of Grade Levels or ESL levels the student advanced.

0 1 2 3 4 5 6 7 8 9 (GRADVANCED)

24. If the student has been tested, please complete the following: (See Instructions)
Name of Standardized instrument used for the pretest and post test.

a. Scoring Method: \(\text{PRETYPE}\)
   1. Grade Level. 2. GED test. 3. MELT. 4. TABE/CASAS raw score.
   b. Code \(\text{PRETEST}\) (See instruction for Code)
   c. Pretest month \(\text{PREMONTH}\)
   d. Subjects: \(\text{PRESUBJ}\) R Reading; M Mathematics; C Combined.
   e. Test score equivalent \(\text{PRESCORE}\) (to nearest tenth)

Scoring Method: \(\text{POSTTYPE}\)
   1. Grade Level. 2. GED test. 3. MELT. 4. TABE/CASAS raw score.
   b. Code \(\text{POSTCODE}\) (See instruction for Code)
   c. Post-test month \(\text{POSTMTH}\)
   d. Subjects: \(\text{POSTSUBJ}\) R Reading; M Mathematics; C Combined.
   e. Test score equivalent \(\text{POSTSCORE}\) (to nearest tenth)
25. IMPACT DATA: ACHIEVEMENT OF PROGRAM PARTICIPANTS

You must check at least one, but check as many as appropriate.

Educational

- Improved basic skills for personal satisfaction and increased self-confidence. (IMPRVBSK)
- Completed ABE Category I (0-5), ABE Category II (6-8), or GED Prep. (9-12) (LEV1COMP)
- Completed Beginning ESL. (ESL1COMP)
- Completed Intermediate ESL. (ESL2COMP)
- Completed Advanced ESL. (ESL3COMP)
- Improved, reading, writing, and math skills. (LEV1LMP)
- Obtained an adult high school diploma. (HSDIPLOM)
- Passed the GED test. (GEDP)
- GED test taken; results not received. (GEDT)
- Learned the English language (for participants whose primary language is not English) (ENGLLANG)
- Entered another education/training program. (OTHREDTR)

Societal

- Received U.S. Citizenship. (USCITZN)
- Registered to vote or voted for the first time. (VOTED)
- Received driver's license as a result of program. (DRIVER)
- Referred to agencies (other than educational) for needed services. (AGENCYRF)

Economic

- Obtained a job. (JOB)
- Obtained a better job or salary, or secured job retention. (BTRJOB)
- Was removed from public assistance. (OFFPUBAS)
- Met personal objective. (METPOBJ)

Other Outcomes

I certify that this information is correct. Completed by _______________________________(initials)
As a participant in a TIU Adult Education and Job Training Center program (funded by the Job Training Partnership Act or by other state/federal funds) or as a member of the participant's family, I authorize designated representatives of the following agencies or individuals to exchange information concerning my situation.

This authorization includes the following agencies/individuals:

- TIU Adult Education and Job Training Center
- Mid-State Employment and Training Consortium
- County Board of Assistance
- Office of Employment Security
- Mifflin County School District
- Mifflin County Library Literacy Program
- Bureau of Vocational Rehabilitation
- Social Security Administration
- Employers
- Agencies as deemed necessary by the Adult Education Center staff
- Parents/Guardians
- Media (newspaper, radio, etc.) regarding the annual awards ceremony

I also understand that statistical data may be reported to the Pennsylvania Department of Education or other government agencies. As required I will take pre and post tests the scores of which will be reported to the state.

It is understood that all information will be maintained in the strictest of confidence.

Signature of Applicant  Date  Signature of Family Member  Date

Signature of Parent/Guardian  Date  Signature of Adult Center Staff  Date

(Rev. 3/13/96)
TOBACCO POLICY

Tobacco use is not allowed in any training site of any of our programs. This includes lobby areas and all restrooms in any building we are utilizing for training.

I understand and agree to abide by the above policy. I understand that failure to comply with this policy may mean termination from adult education and job training center services.

Books/Materials Usage Agreement

As an enrollee of an Adult Education and Job Training Center program I understand that books and materials will be issued to me on a loan basis.

It is my responsibility to not write in or disfigure the materials in any way and return the books in good condition at the end of my participation in the program.

I understand that I am responsible for the books and materials issued to me. If returned in poor condition or not returned I will pay the Adult Center for the price of replacement materials.

SUBSTANCE ABUSE POLICY

The TIU Adult Education and Job Training Center will make every effort to maintain a drug-free environment. The sale, use, delivery and/or possession of alcohol, controlled substances, drugs and/or drug paraphernalia is prohibited in the building, parking lot or other premises of the TIU Adult Education and Job Training Center. Any individual who violates this policy will be required to leave the premises immediately. Law enforcement officials may be notified.

Any client who is under the influence of drugs or alcohol while on the Center premises will be required to leave immediately and may not return until a plan has been developed to address the substance abuse problem. This plan must be approved by an agency director.

COMPLIANCE WITH THIS POLICY IS MANDATORY.

PARTICIPANT SIGNATURE

DATE

Witness: Adult Education and Job Training Center Staff

DATE

TIU 11 is an equal rights and opportunities educational service agency.
# INDIVIDUAL EDUCATIONAL PLAN

**DATE:**

## SECTION I
### BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>MAIDEN NAME:</th>
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<tr>
<td>ADDRESS:</td>
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<tr>
<td>CITY/STATE/ZIP:</td>
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<tr>
<td>PHONE:</td>
<td>MESSAGE PHONE (optional):</td>
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<tr>
<td>DATE OF BIRTH:</td>
<td>AGE:</td>
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<td>SSN:</td>
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### LIVING SITUATION

- SINGLE___  MARRIED___  SEPARATED___  DIVORCED___

**DEPENDENT HOUSEHOLD MEMBERS:**

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<thead>
<tr>
<th>NAME:</th>
<th>DATE OF BIRTH:</th>
<th>RELATIONSHIP:</th>
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## SOCIAL SERVICE AGENCY INVOLVEMENT

Are you involved with other social service agencies? Yes No

If yes, what agencies? (Please check)

DPA___, WIC___, State Health___, Children & Youth___, Counseling___, Others___

## SECTION II - (SELF-REPORT)
### CUSTOMER PROGRAM GOALS

Why did you come to our agency?

What programs might be of interest to you?

What type of job do you want to have in 2 years?

In 5 years?

What training or education would make you more marketable in this field or for that particular job?
### SECTION III
EDUCATIONAL AND TRAINING EXPERIENCE

**HIGHEST GRADE COMPLETED:** 4 5 6 7 8 9 10 11 12 GED CERT. AA BA MA PhD
Other:

<table>
<thead>
<tr>
<th>List All Schools Attended</th>
<th>List All Degrees Earned</th>
<th>Dates Attended/Attending</th>
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</table>

List any special recognitions:

What happened that caused you to leave school?

**LANGUAGE:** PRIMARY LANGUAGE SPOKEN: **ENGLISH( ) OTHER(______)**

**COMMENTS:**

### LEARNING STYLES (OPTIONAL)

1. Does the customer think he/she has a learning problem? □ YES □ NO
   If yes, be specific
   ___________________________________________________________

2. Was that problem identified in school? □ YES □ NO
   If yes, how was the problem addressed?
   ___________________________________________________________

3. Strengths/weaknesses in Reading, Math, English (include if person needs and what those needs are; does anyone in immediate family have reading problems?
   ___________________________________________________________

4. Participant learning style (visual, auditory, tactile)?
   ___________________________________________________________

5. Reaction to being in group/classroom setting (comfort level)
   ___________________________________________________________
<table>
<thead>
<tr>
<th>JOB TITLE:</th>
<th>DATES OF EMPLOYMENT:</th>
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<td>ADDRESS:</td>
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<td>REASON FOR LEAVING:</td>
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<td>DESCRIBE JOB DUTIES &amp; ACCOMPLISHMENTS:</td>
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<td>REASON FOR LEAVING:</td>
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<td>DESCRIBE JOB DUTIES &amp; ACCOMPLISHMENTS:</td>
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<td>REASON FOR LEAVING:</td>
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<tr>
<td>DESCRIBE JOB DUTIES &amp; ACCOMPLISHMENTS:</td>
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</table>
SECTION IV (CONT.)
RELEVANT EXPERIENCE

TOOLS AND EQUIPMENT EXPERIENCE:


COMPUTER SKILLS AND EXPERIENCE:


IF THERE WAS TIME BETWEEN JOBS, WERE ANY SPECIAL SKILLS DEVELOPED?


PROFESSIONAL AFFILIATIONS/CERTIFICATIONS?


CLEARANCES (EDUCATION, GOVERNMENT):


LIST ANY VOLUNTEER EXPERIENCE:


LIST ANY MILITARY EXPERIENCE:


SPECIAL INTERESTS AND ACTIVITIES:


HAVE YOU BEEN ACTIVELY LOOKING FOR WORK PRIOR TO COMING HERE?
WHERE HAVE YOU APPLIED?
INTERVIEWS?
RESULTS?
### SECTION V
**ASSESSMENT TEST RESULTS**

<table>
<thead>
<tr>
<th>Test Administered</th>
<th>Skill Assessed/ Purpose</th>
<th>Date Administered</th>
<th>Results</th>
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<tbody>
<tr>
<td></td>
<td>Reading</td>
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<td>Math</td>
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<td>Language</td>
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### SECTION VI
**COMPETENCIES (FOR ALL PARTICIPANTS)**

<table>
<thead>
<tr>
<th>COMPETENCIES/ TRAINING NEED</th>
<th>PRE-ASSESSMENT DATE</th>
<th>COMP.</th>
<th>DEF.</th>
<th>POST-ASSESSMENT DATE ATTAINED</th>
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<td>PRE-EMPLOYMENT SKILLS</td>
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<td>WORK MATURITY</td>
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<td>BASIC EDUCATION LEVELS</td>
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<td>LEVEL I - ACADEMIC CREDIT</td>
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<td>LEVEL II - PRIMARY EMPLOYMENT SKILLS</td>
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<td>LEVEL III - HIGH SCHOOL EQUIVALENCY</td>
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<td>LEVEL IV - READING &amp; MATH REMEDIAL</td>
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<td>LEVEL V - FUNCTIONAL CONTEXT</td>
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<td>JOB SPECIFIC SKILLS</td>
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**SECTION VII**  
**STRENGTHS/ NEEDS ANALYSIS**

<table>
<thead>
<tr>
<th>LIFE SITUATION:</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Do you have?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adequate Housing/Shelter</td>
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<tr>
<td>Adequate Utilities (Elec/Gas/Water)</td>
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<tr>
<td>Adequate Food and Clothing</td>
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<tr>
<td>Adequate Transportation</td>
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<tr>
<td>To Attend Assessment</td>
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<tr>
<td>To Attend Training</td>
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<tr>
<td>To Commute to Employment</td>
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<tr>
<td>Do you have a Driver’s License</td>
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<table>
<thead>
<tr>
<th>FINANCIAL SITUATION:</th>
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<tbody>
<tr>
<td>Are you able to meet your monthly bills?</td>
<td></td>
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<tr>
<td>Are you receiving any financial counseling?</td>
<td></td>
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<tr>
<td>Are you a dependant?</td>
<td></td>
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<tr>
<td>Is anyone assisting you with household expenses?</td>
<td></td>
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<tr>
<td>Are you in default of a student loan?</td>
<td></td>
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<tr>
<th>FAMILY SITUATION:</th>
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<th>NO</th>
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<tbody>
<tr>
<td>Do you have?</td>
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<tr>
<td>Family Moral Support</td>
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<td>Family Financial Support</td>
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<tr>
<td>Friends Moral Support</td>
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<tr>
<td>Adequate Child Care</td>
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<td>To Attend Assessment</td>
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<td>To Attend Training</td>
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<tr>
<td>To Attend Employment</td>
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<thead>
<tr>
<th>PERSONAL HEALTH ISSUES</th>
<th>YES</th>
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<tbody>
<tr>
<td>Do you have?</td>
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<tr>
<td>Adequate General Health</td>
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<td>Adequate Dental Health</td>
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<tr>
<td>Adequate Vision</td>
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</table>
## SECTION VII
### STRENGTHS / NEEDS ANALYSIS (continued)

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<thead>
<tr>
<th>DOES INDIVIDUAL HAVE ANY LIMITATIONS IN:</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>■ Standing</td>
<td></td>
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<tr>
<td>■ Sitting</td>
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<tr>
<td>■ Bending</td>
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<tr>
<td>■ Lifting</td>
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<thead>
<tr>
<th>ARE THERE CURRENT PROBLEMS WITH:</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>■ Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Mental Health</td>
<td></td>
<td></td>
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<tr>
<td>■ Family Relationships</td>
<td></td>
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<table>
<thead>
<tr>
<th>LEGAL ISSUES Do you have?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>■ Criminal Record</td>
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<td></td>
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<tr>
<td>■ Probation Record</td>
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<tr>
<td>■ Suspended Driver's License</td>
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<tr>
<td>■ Wage Garnishment</td>
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<td>■ Child Support/Custody</td>
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<td>■ Alien Status</td>
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<tr>
<td>■ Pending Litigation</td>
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</table>
**SECTION VIII**  
**STRENGTHS/NEEDS SUMMARY**

**(SELF-REPORT)**  
**STRENGTHS SUMMARY**

**ASSESSMENT OF STRENGTHS:**

A. LIST STRENGTHS/BEHAVIORS THAT COULD ENHANCE EMPLOYMENT GOAL ACHIEVEMENT:

<table>
<thead>
<tr>
<th>LIST NEED</th>
<th>LIST METHOD TO ADDRESS/OVERCOME NEED</th>
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<tbody>
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## SERVICE PLAN

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<th>Subject</th>
<th>Projected Start Date</th>
<th>Projected End Date</th>
<th>Actual Start Date</th>
<th>Actual End Date</th>
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</table>
IN-HOUSE INFORMATION

☐ Not OK to call home ☐ Male ☐ Female

☐ Not OK to send mail home

Race: ____________________________

Enrolled here before: ☐ ABE ☐ ESL ☐ AL ☐ Male

☐ Female

When: ____________________________

At time of enrollment student is:

☐ Employed

☐ Unemployed/available for work

☐ Unemployed/NOT available for work

Are you registered with Job Center?  ☐ Yes ☐ No

At time of enrollment student is (check ALL that apply—see instructions)

☐ handicapped

☐ institutionalized

☐ homeless adult

☐ an immigrant

☐ limited in English proficiency

☐ displaced homemaker

Enrolled in other Federal training or educational program (PIC, etc.)

How did student find out about our programs:

☐ Relative, friend, acquaintance

☐ Newspaper, radio, TV

☐ Sign, billboard, phonebook

☐ Handout, mailed leaflet

☐ Rehab. couns., caseworker, OVR, Job Center

☐ Employer, union-work announcement

☐ Previously studied ABE, GED or adult literacy

☐ Community/human services agency

☐ Political/public official

NAME OF PERSON REFERRING: ____________________________

--- Major reason for participating in program (must check only ONE):

☐ improve job prospects

☐ obtain drivers license

☐ obtain citizenship

☐ quality for military training

☐ social acceptance, self-satisfaction

☐ required by probation, welfare

☐ read to or help children with homework

☐ quality for college, business school

☐ achieve competency in reading/spelling, etc.

☐ achieve competency in math

☐ with no specific purpose in mind

☐ learn better English

☐ get diploma or certificate

☐ other

Case Closed Date: ____________________________ Termination Date: ____________________________

Attainment of Competency:  ☐ Pre-Employment ☐ J.S. ☐ B.S.

EMPLOYMENT DATA INFORMATION (ALL FIELDS MUST BE COMPLETED WHEN TERMINATED)

Employer: ____________________________ Employer phone #: ____________________________

Employer Address: ____________________________________________

(Street)

(City) (State) (Zip)

Starting Date: ____________________________ Hourly Wage: ____________________________ Hrs. Per Week: ____________________________

Job Title: ____________________________ Fringe Benefits: ☐ Yes ☐ No UI Coverage: ☐ Yes ☐ No

CASE MANAGER:

From: ____________________________ To: ____________________________ Date: ____________________________

From: ____________________________ To: ____________________________ Date: ____________________________

PARTICIPANT CHANGE OF ADDRESS OR NAME

New Name: ____________________________ Effective date: ____________________________

New Address: ____________________________

Street

City State Zip

Phone Number (If Changed): ____________________________

Case Closed Date: ____________________________ Termination Date: ____________________________

Attainment of Competency: ☐ Pre-Employment ☐ J.S. ☐ B.S.

EMPLOYMENT DATA INFORMATION (ALL FIELDS MUST BE COMPLETED WHEN TERMINATED)

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Job Title: ____________________________ Fringe Benefits: ☐ Yes ☐ No UI Coverage: ☐ Yes ☐ No

CASE MANAGER:

From: ____________________________ To: ____________________________ Date: ____________________________

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PARTICIPANT CHANGE OF ADDRESS OR NAME

New Name: ____________________________ Effective date: ____________________________

New Address: ____________________________

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City State Zip

Phone Number (If Changed): ____________________________

Case Closed Date: ____________________________ Termination Date: ____________________________

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Job Title: ____________________________ Fringe Benefits: ☐ Yes ☐ No UI Coverage: ☐ Yes ☐ No

CASE MANAGER:

From: ____________________________ To: ____________________________ Date: ____________________________

From: ____________________________ To: ____________________________ Date: ____________________________

PARTICIPANT CHANGE OF ADDRESS OR NAME

New Name: ____________________________ Effective date: ____________________________

New Address: ____________________________

Street

City State Zip

Phone Number (If Changed): ____________________________
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Comments
As a participant in this program, I understand that I am expected to put forth my best effort in the accomplishment of these objectives. I will attend regularly and meet as scheduled with instructors and case manager.

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PENNSYLVANIA DEPARTMENT OF EDUCATION  ADULT BASIC EDUCATION PROGRAMS

COPY ONE-UPON ENROLLMENT SEND TO BUREAU OF ADULT BASIC AND LITERACY EDUCATION

Name: ____________________________
Home Address: ____________________________
City: ____________________________
Telephone No.: ____________________________

Name of person other than student's immediate family who will know where student is living should he/she move from present address. Not required for PDE reporting.

Address/Phone: ____________________________

Read the accompanying coding instructions before completing this form. Students should not complete these forms unassisted because of the extensive coding required.

Complete Copy One for each individual at the time of enrollment. After filling out the names and addresses, fold back both Copy One and Copy Two to avoid carbon-through to Copy Four. Detach AND SUBMIT Copy One to the Bureau of Adult Basic & Literacy Education, 333 Market Street, Harrisburg, PA 17126-0333. Complete AND SUBMIT Copy Three at the end of program or as soon as the student has terminated instruction. Retain Copies Two and Four for your records. Use Copy Five for Corrections. See instructions for use.

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PROGRAM YEAR 94-95

Student did not complete this form. Students should not complete these forms unassisted because of the extensive coding required.

Major reason for participating in program (mark only ONE):

- To improve job prospects
- To learn better English
- To obtain driver's license
- To obtain citizenship
- To get diploma or certificate
- To quality for training or military
- To read to or help children with homework
- Social acceptance, self satisfaction

Major reason for participating in program (mark only ONE):

- Quality for college, business school
- Required by probation, welfare, parole
- To achieve competency in reading, spelling, etc. with no specific purpose in mind
- To achieve competency in math
- Other (none of the above)

Please DO NOT WRITE IN THIS AREA
Samples of Student Forms
Mid-State Literacy Council
Adult Learner Data Sheet

Date: ___________________ Interviewer: ___________________

Name: ___________________ Social Security Number: __________

Address: ___________________________________________________

Home Phone: ________________ Message Number: ________________

Ok to Call at Home? ___________ Person at Message Number: _________

Birth Date: ________________ Gender: ____ Ethnic Background: ______

Tell me about your family.

Single  Married  Engaged  Divorced  Separated  Widowed

Name of girl/boyfriend, spouse or fiance:

Names and ages of any children:

How are your children doing in school?

Are you working right now?  Yes  No

Employer: __________________ Is it ok to call you at work?  yes  no

Work Phone: ________________ Occupation: __________________

Work Schedule: ________________ Laid off often? ________________

Have you had any vocational training?  What type?

Are you looking for work?  What kind?

Have you contacted the ___ JTPA ___ Employment Office/Job Center ___ OVR

What kinds of jobs have you had in the past?

Have you done any volunteer work?

What agency was it with?

What type of work did you do?

How is your health?

Eyesight

Contact Lion's Club?  Yes  No
Date of last eye exam: _______________ Glasses? _______________

Do your eyes itch or burn? Water after straining? Do words blur or move when you read?

Hearing

Hearing Aid? _______________ Date of last hearing test: _______________

Medication

Are you on any regular medication? ______ What is it for? ______

Other

Have you had any serious injuries or operations?

Do you have difficulty sitting or standing for long periods of time?

Do your arms, hands, or shoulders ever ache or feel numb?

Can you think of anything about your health that would make it difficult for you to work for one and a half hours with your tutor?

What do you like to do in your free time? What are your hobbies and interests?

Would you teach someone to do these things?

What do you remember about school?

Number of years attended: ______________ Age when finished: ______________

Type of program: Special Ed Business Vo-Tech GED Academic

Why did you leave school?

Did you miss school often? Was it because of moving or sickness?

Did you repeat any grades?

Was school difficult for you? Do you remember when it started being difficult?

Why do you think it was difficult?

What classes did you like? Dislike?

Why do you want to enter this literacy program?
LEARNER EVALUATION FORM

Student____________________
Tutor____________________
Interviewer________________
Date______________________

1. Does your tutor show up on time?

2. Are you happy with the time and the place of your meeting?

3. Would you want to meet with your tutor more often?

4. Does your tutor have things for you to do?

5. Is your tutor helping you with your goals?

6. Do you like your workbooks?

7. How much time do you spend on workbooks?

8. Do you work on the computer? If not, would you like to start computer lessons?

9. Does your tutor give you homework and do you like doing homework?

10. Does your tutor spend time on games, field trips?

11. Does your tutor give clear directions and ask you questions?

12. Is there anything you would like to change about your lessons?

13. Overall, do you enjoy working with your tutor? Do you think your tutor enjoys working with you?

14. Do you feel that MSLC has helped you? Do you have any suggestions that might make our program better?
Mid-State Literacy Council
204 Calder Way, Suite 306, State College, PA 16801  (814) 238-1809

Adult Learner Contract

Welcome to the Mid-State Literacy Council! We are very happy that you want to continue to improve your reading and writing skills.

Success for you and the Mid-State Literacy Council means hard work for everyone involved. To enroll in the MSLC program, we ask you to agree to the following:

* be enrolled for at least one year
* meet with your tutor at least once a week
* cancel a lesson only for an emergency and give 24 hours notice if you must cancel
* miss no more than two lessons in a row
* meet with a MSLC Supervisor every year for a reassessment
* understand that your lessons with your tutor will sometimes be observed by a MSLC staff person
* tell us about any address or phone number changes
* we reserve the right to terminate tutorial services to adult students under the following circumstances:

  a. immediately when an adult student or a student's family member threatens, harasses, or behaves violently towards a tutor or other staff member.
  b. after a thirty (30) day notice, when a team of three (3) staff members determines after a six (6) month period that a student has progressed to his or her maximum potential.

I agree to the above requirements for receiving services from the Mid-State Literacy Council.

(Student Signature)  (MSLC Staff Signature)

(Date) WORKS/FORM14.WPS

AN ADULT LEARN TO READ PROGRAM

A United Way Member Agency
Is there anything specific you want to learn?

Educational Goals:

Occupational Goals:

Personal Goals:

How long do you think it will take to accomplish your goals?

Are you able and willing to try this program for an entire year?

Have you ever been in a program like this before?

When? __________________________ Where? __________________________

What did you do in this program?

Why did you stop?

Why do you want to start again?

Do you know what resources are available to you? (example: computer lab, in-house library, public libraries, cassette player/tapes, News For You, etc.)

How did you hear about the Mid-State Literacy Council?

Agency: __________________________ Case Worker: __________________________

TV    Newspaper    Flyer    Radio    Parent    Friend    Word of Mouth

Where can you meet with a tutor?

When can you meet with a tutor?

Morning    Afternoon    Evening    M    T    W    Th    F    S    Su

How often would you like to meet with your tutor?

Do you have any preference in the gender or age of your tutor?

Do you have any questions/concerns/comments?
LEARNING STYLES

Tactile-Kinesthetic

- Folds paper when told to make columns
- Rocks in a chair
- Shakes leg
- Taps or wiggles pen, pencil, etc.
- Reaches out to touch everything: people or things
- Grabs the door frame to “fling” into a room
- Does not trust eyes or ears until thing is felt
- Is considered hyperactive
- Collects “things”
- Breaks up toothpicks, straws, etc.
- Takes things apart, puts things back together
- Talks fast, using hands
- Tends to interrupt
- Bears down extremely hard with pen or pencil when writing
- Enjoys working with tools
- Remembers best by writing things down several times
- Plays with coins and keys in pockets
- Chews gum, smokes, or snacks during studies
- Learns spelling by “finger spelling” the words
- Is good at working and solving jigsaw puzzles and mazes
Learning Styles - Page 2

**Auditory**

- Loves to talk
- Loves to listen
- Talks to self
- Reads aloud
- Uses finger to read
- Puts head near work
- Hoods eyes with hands
- Doesn’t do well with charts and graphs
- Needs words to go with a cartoon
- No visual or word recall
- Can’t draw without something to copy
- Can’t use maps, needs oral directions
- Uses jingles to learn things
- Doesn’t do well with symbols
- Can’t stand silences, needs to talk
- Can remember more about a subject through listening than reading
- Can tell if sounds match when presented with pairs of sounds
- Does better at academic subjects by listening to lectures and tapes
- Learns to spell better by repeating the letters out loud than by writing the word on paper
- Prefers listening to the news on the radio rather than reading about it in a newspaper
Visual

- Ignores auditory directions
- Asks for repeated directions
- Looks to see what others are doing
- Gets the words to a song wrong
- Turns the radio or TV up real loud
- Very good speller
- Writes lots of notes
- Watches speaker’s mouth
- Doesn’t like to talk on the phone
- Goes off into another world when lectured to
- Does well with charts and graphs
- Needs maps, gets lost with oral directions
- Can better understand a news article by reading about it in the paper than by listening to the radio
- Feel the best way to remember is to picture it in my head
- Find myself getting distracted by charts or pictures on the walls while someone is speaking
- Obtains information on an interesting subject by reading relevant materials

Adapted from: Barsch Learning Style Inventory
STUDENT

Date:_________
Student:__________________________
Address:________________________________________
________________________________________
Phone: (H)___________ (W)_________
OK to leave message?______________
Years of School/Level:____________
Occupation:_____________________
Transportation:____________________
Times Available:_________________
Grant:_______ Program:_______
SS#:__________________________
Sex____ Race____ Dependents____
Birthdate:__________________
Marital Status:______________
School District:______________
Type of Program:____________
Employer:____________________
Can travel/how far?______________
Lesson time/# per wk:_________
How student learned of program:______________________________________
If another agency, name of person making referral:_____________________
Motivation for participation in program:________________________________
Tutor Preference:____ Male _____Female _____Age
Comments:
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# GERMANTOWN WOMEN'S EDUCATIONAL PROJECT

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## ACADEMIC GOALS

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## GED PRACTICE TESTS

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## GED TESTS

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<tr>
<td><strong>Math</strong></td>
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<tr>
<td><strong>Writing</strong></td>
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<tr>
<td><strong>Social Studies</strong></td>
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<tr>
<td><strong>Science</strong></td>
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</tbody>
</table>

62 63
<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>JOB-RELATED GOALS</strong></th>
<th>Completed</th>
<th>Goal this Session</th>
<th>Future Goal</th>
<th>No Interest</th>
<th><strong>Evaluation &amp; Comments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Possibilities 1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>Take Career Readiness Class</td>
<td></td>
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<tr>
<td>Research Possible Training Programs</td>
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<tr>
<td>Learn to Type</td>
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<tr>
<td>Learn Basic Computer Skills</td>
<td></td>
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<tr>
<td><strong>SOCIAL/COMMUNITY GOALS</strong></td>
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<tr>
<td>Join Community Organization</td>
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<tr>
<td>Register to Vote</td>
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<tr>
<td>Get Driver's License</td>
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<tr>
<td>Obtain Library Card</td>
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<td><strong>ECONOMIC GOALS</strong></td>
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<tr>
<td>Budget</td>
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<tr>
<td>Open/Manage Bank Account</td>
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<td>Other</td>
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64

65
<table>
<thead>
<tr>
<th>Name:</th>
<th>Completed</th>
<th>Goal for this Session</th>
<th>Future Goal</th>
<th>No Interest</th>
<th>Evaluation &amp; Comments</th>
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<tbody>
<tr>
<td><strong>SELF-DEVELOPMENT GOALS</strong></td>
<td></td>
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<tr>
<td>Keep Journal</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Increase Self-Esteem</td>
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<tr>
<td>Draw/Sing/Knit/Crochet</td>
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<tr>
<td>Jog/ Swim/ Walk/ Aerobics</td>
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<tr>
<td>Learn Ways to Reduce Stress</td>
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<tr>
<td><strong>FAMILY RELATED GOALS</strong></td>
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<tr>
<td>Improve Family Communication</td>
<td></td>
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<tr>
<td>Discipline/ Limit setting w/ child</td>
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<tr>
<td>Improve Child's Self-Esteem</td>
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<tr>
<td>Get Involved in Child's School</td>
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<tr>
<td>Family Counseling Resources</td>
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<tr>
<td>Alcohol/ Drug Treatment Resources</td>
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<tr>
<td>Physical/ Sexual Abuse Resources</td>
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<tr>
<td><strong>HEALTH CARE GOALS</strong></td>
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<tr>
<td>Vision</td>
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<tr>
<td>Gynecological</td>
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<tr>
<td>Prenatal</td>
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<tr>
<td>Dental</td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
ACTION PLAN

GOAL: (what I want to get done)

STRATEGY: (how I'm going to do it)
   Step I
   Step II
   Step III

RESOURCES: (what I need to do it)
   Time (when)
   Money (how much)
   Other people (who)

OUTCOME: (what happened)

If unable to complete action plan, what are the obstacles or problems which are standing in your way. What are possible ways for dealing with the roadblocks.
DATE: ____________________________

NAME: (last, first, mi) ________________________________________________________________

HOME ADDRESS: ___________________________________________________________________

CITY: ____________________________ STATE: ____________ ZIP: ___________________________

HOME PHONE: ____________________________ WORK PHONE: ___________________________

SSN: ____________________________ GENDER: M F

BIRTHDATE: ____________________________ AGE: ____________________________

COUNTY: ____________________________ SCHOOL DISTRICT: __________________________

How long have you been a resident of York County? ___ NATIVE ___ YRS ___ MOS

COUNTRY OF BIRTH: ____________________________

RACE: Native American White Black Hispanic Asian or Pacific Islander Unknown

MARITAL STATUS: Single Married Divorced/Separated Widowed

Number Of Dependents Under The Age Of 18: _______________

HOUSEHOLD STATUS:

   ___ Head of Single Parent Household    ___ Living Alone
   ___ Head or Spouse of 2 Parent Household ___ Living in Group Quarters
   ___ Head or Spouse with no Dependents    ___ Other
   ___ Dependent Member of Household

EDUCATION:

Highest grade level completed in school: __________

Did you receive: ___ Diploma ___ GED ___ Did not graduate

Were you enrolled in special education classes? Y N

Have you taken some university classes? Y N

Did you attend or graduate from a technical or trade school? Y N

Are you now or have you ever been enrolled in ABE classes? Y N

Are you now or have you ever been enrolled in GED classes? Y N

Are you now or have you ever been enrolled in another literacy program? Y N

Are you now or have you ever been enrolled in another ESL class? Y N

Are you now or have you ever been enrolled in another English class? Y N
Did your parents have difficulty reading? ___ Mother ___ Father ___ Both

Do you wear glasses? Y N Date of last eye exam: ____________________________

Do you have a hearing problem? Y N

List any physical handicaps: ____________________________________________

EMPLOYMENT STATUS:

___ Employed full-time ___ Retired
___ Employed part-time ___ Disabled
___ Unemployed/available for work ___ Homemaker
___ Unemployed/not available for work ___ Student

Name of employer: ____________________________ Job Title: ___________________

How many hours per week do you work: ______ Hourly wage: __________________

How long have you been at your present job? ______ Years ______ Months

INCOME:
Are you receiving public assistance: DPA SSI SSDI UNEMP NONE

MILITARY EXPERIENCE:
Have you ever served in the United States military? Y N
If yes, when? ____________________________ What branch? ___________________

OTHER INFORMATION:
Method of transportation used to attend tutoring/classes? ___________________

What are your hobbies or special interests? ____________________________

GOALS (check three): What are your goals while enrolled in this program?

___ Citizenship ___ Removal from public assistance
___ Driver's License ___ Learn better English
___ GED (enrolled/completed) ___ To qualify for training or military
___ Job ___ To read to or help children with homework
___ Better job ___ Social acceptance, self satisfaction
___ Survival Skills ___ Qualify for college, business school
___ Parenting ___ Voting
___ To achieve competency in reading/ ___ To achieve competence in math
   spelling, etc. with no specific purpose in mind

Of these three goals, which is your main goal: _____________________________
Do you have a preference for a tutor?  
M Y/N  F Y/N  Either

Do you have a specific tutor in mind? ____________

When are you NOT AVAILABLE to meet with a tutor? (circle)

<table>
<thead>
<tr>
<th>Day</th>
<th>AM</th>
<th>PM</th>
<th>EVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Thursday</td>
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<tr>
<td>Friday</td>
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</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

ESL ONLY: (check one)

- Student can read and write in their native language but cannot speak, read or write English
- Student can read and write in their native language and can speak English, but cannot read or write in English
- Student can read and write in their native language and can read and write in English, but not speak English
- Student cannot read and write in their native language and can speak English, but cannot read or write English
- Student cannot read and write in their native language and cannot speak, read, or write in English

Annual household income:

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Y/N</th>
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<tbody>
<tr>
<td>Less than $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,000 - $14,999</td>
<td></td>
</tr>
<tr>
<td>$15,000 - $19,999</td>
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<tr>
<td>$20,000 - $24,999</td>
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<tr>
<td>$25,000 - $29,999</td>
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<tr>
<td>$30,000 - $34,999</td>
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<td>$35,000 - $39,999</td>
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<td>$40,000 - $44,999</td>
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<tr>
<td>$45,000 - $49,999</td>
<td></td>
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<tr>
<td>More than $50,000</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

CHARACTERISTICS:

- Welfare recipient
- Economically disadvantaged
- Racial or ethnic minority group member
- Youth
- Structurally unemployed
- Handicapped
- Ex-offender
- History of drug/alcohol abuse
- High school drop-out
- Senior Citizen
- Institutionalized
- Homeless adult
- Immigrant
- Limited English proficiency
- Displaced homemaker
- Enrolled in other federal train/ed program
- Learning disabled
- Prisoner

Family Income Size

<table>
<thead>
<tr>
<th>Size</th>
<th>Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$9,338</td>
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<tr>
<td>2</td>
<td>$12,538</td>
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<tr>
<td>3</td>
<td>$15,738</td>
</tr>
<tr>
<td>4</td>
<td>$18,938</td>
</tr>
<tr>
<td>5</td>
<td>$22,138</td>
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<td>6</td>
<td>$25,338</td>
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<tr>
<td>7</td>
<td>$28,538</td>
</tr>
<tr>
<td>8</td>
<td>$31,738</td>
</tr>
</tbody>
</table>
SOURCE OF REFERRAL (check one):

TV   Handouts/Mail   Sign/Billboard/Poster
Radio Clergy Phone book
Friend/Relative School Counselor School board, IU, School
Employer Literacy Hotline Announcement
Union Other Institutional Pers. Court, Probation, Parole, etc.
Newspaper Local Board of Ed. Military Recruiter
Special Event Human Service Agency Political/Public Official
Library Other Literacy Organ. Other
Other Student Rehab Counselor Unknown

Tutoring Record:

Tutor1 T1 Date Begun T1 Date Ended
T1 Time T1 Place T1 Termination Reason

Tutor2 T2 Date Begun T2 Date Ended
T2 Time T2 Place T2 Termination Reason

Tutor3 T3 Date Begun T3 Date Ended
T3 Time T3 Place T3 Termination Reason

TERMINATION REASONS:

1. Received citizenship
2. Family conflicts
3. Health/Pregnancy
4. Job conflicts
5. Student lack of interest
6. Student termination
7. Tutor termination
8. Transportation problems
9. Tutoring site
10. Tutoring time
11. Unknown
12. Childcare problems
13. Referred to other education program (tested out)
14. Student moved
15. Student dissatisfied with tutoring
16. Student met goal
17. Student reached his/her potential
18. Student died
19. Tutor died
20. Student improved basic skills
21. Class completed
22. Tutor fulfilled tutoring commitment
23. Student entered other program
24. Other
25. Lack of available tutors

COMMENTS:

________________________________________________________________________

________________________________________________________________________
**YCLC ADULT READING STUDENT ASSESSMENT REPORT**

**NAME:**

**DOB:**

**ADDRESS**  
**PH #**

**GOALS:**  
1.  
2.  
3.  

**EDUCATION:**  
HS Graduate: Y/N  
Last grade completed: 

**EMPLOYMENT:**  
Y/N

**SUGGESTED MATERIALS:**

### PART 1

1. Filled in information form unassisted  
   - Can Do  
   - Needs Work  
   - Did not attempt  
   - Dictated to tester

2. Wrote alphabet/Recited alphabet

3. Wrote numbers 1-20

4. Wrote sentence  
   - Sample attached  
   - Prompted  
   - Did not attempt  
   - Dictated to tester

### PART 2

2. Wrote alphabet/Recited alphabet

3. Wrote numbers 1-20

4. Wrote sentence  
   - Sample attached  
   - Prompted  
   - Did not attempt  
   - Dictated to tester

### PART 3

1. Able to write sentence or paragraph on specific subject  
   - Can Do  
   - Needs Work  
   - Check areas needing work

   - Sentence structure  
   - Spelling  
   - Punctuation/Capitalization  
   - Grammar  
   - Other

---

**WORD/LETTER/SOUND IDENTIFICATION**

**PART 1**  
SURVIVAL WORDS  
- Circle words missed

- Men  
- Women  
- Don't walk  
- One way  
- Exit  
- Enter  
- Emergency  
- Ladies  
- Gentlemen  
- Danger  
- Push  
- Pull  
- Turn  
- One way  
- Only  
- Exit  
- Enter  
- Poison  
- No parking  
- Out of order  
- Keep out  
- Open/closed  
- No smoking  
- Police  
- Do not enter  
- No smoking  
- Police

**PART 2**  
GRADED WORD LISTS  
- From Level  
- to Level

- Letter Names (identify alphabet by name)

- Consonant Sounds (beginning consonants)

- Consonant Blends

- Rhyming

- Short vowel sounds (circle ones needing work)  
  - a e i o u

- Long vowel sounds (circle ones needing work)  
  - a e i o u

- Vowel combinations (list ones needing work)

- Reversals

- Prefixes/suffixes

- Silent letters

---

### READING COMPREHENSION SKILLS

<table>
<thead>
<tr>
<th>Level (# words)</th>
<th># Misreadings</th>
<th>Comprehension</th>
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<tbody>
<tr>
<td>Beginner 0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium 3-4</td>
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<td></td>
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<tr>
<td>Advanced 5 and above</td>
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</tr>
</tbody>
</table>

**Date of Assessment:**

**Assessed by:**

**Level assessed:**  
Beginner 0-2  
Medium 3-4  
Advanced 5 and above

---

*DNA* - Did Not Attempt
Change Notification Form

Name__________________________________________  □Student  □Tutor

From:_________________________  Date_________________

Type of Change:
□Address  □Name  □Meeting location
□Marital Status  □Phone  □Meeting facility  □Other___________

New info:__________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Office use:
Student Change
sintake_____  wordstar_____  mts_____  card file_____  State Forms_____  |  Tutor Change
Tintake_____  rolodex_____  mts_____  cardfile_____  State Forms_____  |  Meeting Change
State Forms_____  |  Sintake_____  Church file_____  Tintake_____  |  Wordstar_____
(Also use form for ESL students)

Basic Reading Match Follow-Up

Tutor: ___________________________ Student: ___________________________
Ph #: ___________________________ Ph. #: ___________________________
Materials: _______________________

Goals: 1. _________________________ 2. _________________________ 3. _________________________
Date Began: ___________ Site: ___________________________ Key: Y/N

2 Wks/Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

Date: ________________
Comments: ___________________________

76
ADULT LITERACY CENTER OF THE LEHIGH VALLEY
REGISTRATION (A)
96-97

Date: ____________________

1. Name: ____________________

Address: ____________________

Zip Code: ____________________

2. Telephone: ____________________

3. Social Security Number: ____________________

4. Race: ____________________
   1 = Am. Indian
   2 = Asian
   3 = Black
   4 = Hispanic
   5 = White/Other

5. Sex: Male Female

6. Date of Birth: ____________________

7. Student Household Status
   ______ a single parent
   ______ married with children
   ______ married, no children
   ______ living alone
   ______ living in a group home
   ______ other

8. Number of Dependents under 18: ______

9. Are you
   ______ employed?
   ______ not employed/available for work?
   ______ unemployed/unavailable for work?

10. Where do you work? ____________________
    Full Time ___________ Part Time ___________

11. What is your job? ____________________
Name: __________________________________________

12. Are you (check all that apply)
   _____ handicapped?
   _____ limited in English proficiency?
   _____ homeless?
   _____ immigrant?
   _____ going to school after working at home?

13. Do you receive welfare, SSI, Medical card?  YES  NO

14. Circle last grade of school completed.
   [ ] 01  [ ] 02  [ ] 03  [ ] 04  [ ] 05  [ ] 06  [ ] 07  [ ] 08  [ ] 09  [ ] 10  [ ] 11
   H.S. Diploma  Post High School
   GED  Special Education  Non English Diploma
   Other ____________________________

15. How did you find out about our program?
   _____ School Board, IU, School announcement
   _____ Newspaper, radio, TV
   _____ Handout, mailed leaflet
   _____ Sign, billboard, phone book
   _____ Relative, friend, acquaintance
   _____ Employer/union-worksites announcement
   _____ Previously studied ABE/GED or Adult Literacy
   _____ School/college counselor/teacher
   _____ Institution or group home personnel
   _____ Library/other independent adult ed agency
   _____ Community agency/human services agency. Specify ________
   _____ Clergy/church group
   _____ PIC/JTPA SPOC program
   _____ Rehab. Counselor, caseworker, OES job service
Court: Probation, parole, etc.
Military recruiter
Political/public official
Other (none of the above)

16. Major reason for participating in program. (Check one)

01. to improve job prospects
02. to learn better English
03. to obtain driver's license
04. to obtain citizenship
05. to get diploma or certificate
06. to qualify for training military
07. to read to or help children with homework
08. social acceptance, self satisfaction
09. qualify for college, business school
10. required by probation, welfare, parole
11. to learn with no specific purpose in mind
12. to achieve competency in math
13. none of the above

17. Do you have a car? YES NO
18. Do you speak a language other than English? YES NO
19. Country of origin
20. How long have you lived in the United States?
   (1) one year or less  (3) more than two years.
   (2) two years or less  (4) always
21. Have you studied English before?  Yes  No  If yes, did you study in the U.S.? In your native country or in both?

22. If you worked in your native country, what was your occupation?

23. Days of the week Available:

   Time: Morning, Afternoon, Evening

24. Can you travel to meet your tutor?  YES  NO

25. Student's Initial Entry Level.

   ___ Preliterate 0-1
   ___ Beginning 2-5
   ___ Intermediate 6-8
   ___ ABE 9-12 (with H.S. Diploma)
   ___ GED Prep (9-12).

25a. Special Needs?  YES

26. Assessment

   A. Test Code ___________ (timed)

   R _____ W _____ M _____ C _____

   B. Test Code ___________ (untimed)

   R _____ W _____ M _____ C _____

   C. Test Code ___________ Date: ___________

   R _____ W _____ M _____ C _____

27. Tutor Name

28. Site

S79628
NAME ____________________________ DATE ____________________________

ADDRESS ____________________________ PHONE # ____________________________

PROGRAM small group

Reading
- Test ____________________________
- Level: ____________________________

Writing
- Test ____________________________
- Level: ____________________________

Math
- Test ____________________________
- Level: ____________________________

Student's Long Term Goal(s)
Student Summary: (Preferred learning style, comments on motivation, verbal communication, awareness of specific needs)
STUDENT REFERRAL FORM

Student name: ___________________________ S.S.# ______-____-____

Address: ___________________________ Telephone# __________________

Income: Break down & Source: _______________________________________
(Be sure to complete information on reverse side)

Circle one: Available: Morning, Afternoon, Evening, Anytime

Reason for Coming: Workforce, GED, Other

Description of need:

___________________________________________________________

___________________________________________________________

Person making referral: (write self if person refers him/her self)

Name: ___________________________ Initial Referral Date: _____________

Agency: ___________________________ Telephone# __________________

Yes / No - Contact above with student's status
(If yes release must be signed)

CONTACT

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of contact</th>
<th>Initial Hrs</th>
<th>Message</th>
</tr>
</thead>
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Comments:

___________________________________________________________

___________________________________________________________

Assessment date: ___________________________

Financial page on reverse side ___________________________

Person taking referral ____________________________

L193
SKILLS CHECKLIST

Circle yes or no in response to the following questions.

1. Can you write a check or money order?  
   Yes  No
2. Can you write a note or phone message?  
   Yes  No
3. Can you read directions on a medicine bottle?  
   Yes  No
4. Can you use a bus schedule?  
   Yes  No
5. Can you use coupons to shop?  
   Yes  No
6. Can you use a phone book?  
   Yes  No
7. Do you know how to register to vote?  
   Yes  No
8. Can you keep track of appointments by using a calendar or date book?  
   Yes  No
9. Can you find your place of birth on a globe or map?  
   Yes  No
10. Can you read written directions?  
    Yes  No
11. Can you complete a job application?  
    Yes  No
12. Can you find the time for your favorite TV show by using a TV guide?  
    Yes  No
13. Can you find a job or an apartment using the classified ads in the newspaper?  
    Yes  No
14. Can you use a map to go to some place new?  
    Yes  No
15. Can you order from a catalog?  
    Yes  No
16. Can you read work related materials: time sheet?  
    Yes  No
    pay stubs?  
    Yes  No
    handbook?  
    Yes  No
17. Do you do your own banking?  
    Yes  No
18. Can you interpret a bank statement?  
    Yes  No
19. Can you write directions?  
    Yes  No
20. Can you use the library?  
    Yes  No
21. Can you use books or the newspaper to find information you need?  
   Yes  No

22. Can you write a letter?  
   Yes  No

23. Can you locate and read material that will support your opinion?  
   Yes  No

24. Can you write a letter stating a problem or complaint?  
   Yes  No

25. Can you interpret a rental agreement?  
   Yes  No

26. Can you prepare a resume?  
   Yes  No

27. Do you have a driver's license?  
   If no, can you pass an oral driver's test?  
   If no, can you pass a written driver's test?  
   Yes  No

28. Do you have your GED or high school diploma?  
   Yes  No

29. Do you have difficulty seeing the words on this page?  
   Yes  No

30. Do you have difficulty seeing the words in the phone book?  
   Yes  No

31. Have you seen an eye doctor in the last three years?  
   Yes  No

S119512
Rev. 11/95
Name: ________________________________

Address: _______________________________________

Phone: ____________________ Date: ______________
Individual Literacy Profile for __________________________ (2)

Reading:
  Test Name
  Level/Score

Writing:
  Test Name
  Level/Score

Math:
  Test Name
  Level/Score

Literacy Needs indicated by student in interview:

Long-term Student Goals:

Basic Communication:
  Vocabulary - Speaking
Individual Literacy Profile for (3)

Vocabulary - Listening

Specific Communication Needs

Reading:

Vocabulary

Word Recognition

Comprehension

Spelling:

Writing:
Individual Literacy Profile for

Math:

Basic Fractions/Decimals
Algebra/Geometry

Short-term goals:

Textbooks or suggested materials:

Assessed by:

S79643
Rev. 8/96
Individual Literacy Profile for

Student Summary: (Preferred learning style, comments on motivation, background information.)
Paperflow
1. **Pre orientation**
   A. Students sign up by referrals, call or walk in.
   B. Scheduled by office staff.

2. **Orientation**
   A. Student signs in and orientation occurs.
   B. Student completes orientation identification and information sheet and appointment is scheduled with intake worker.
   C. Orientation sheet goes to intake worker.
   D. If student doesn’t show for orientation, office staff call.
   E. If student doesn’t show for intake, intake worker calls.

3. **Intake occurs**
   A. Complete IEP packet (cover sheet, contact sheet, release forms, testing information) and PDE Student Intake/Data Form.

4. **Completed IEP packet** is forwarded to supervisor for review, enrollment and assignment of case manager.

5. After review, packet is forwarded to clerical for data entry and entry onto class lists.

6. **File is made for student’s IEP packet and filed.**

7. **Independent Study Students/Computer Assisted Instruction**
   A. When a case manager makes a referral for a student to attend, the file is pulled and reviewed by instructor. Case manager will follow up if student does not attend open entry class.
8. Pre-Class Activity
A. One week before class starts, lists are printed and copied to case managers and instructors.
B. One week before class starts, instructors pull files on class list and review.

9. Class Start up
A. Students sign attendance sheet for class.
B. Attendance sheet goes to clerical for entry into database and a copy of sheet goes to each case manager.
C. If student does not attend, instructor will call first day of class missed. Results of that call will be communicated with case manager for follow-up and documented in file.

10. Student Participation
A. Instructor and/or case manager meets regularly with student for revision of goals and for assessment. All progress documentation is completed in file.

11. Case Management
A. Case manager meets with student regularly for updating and revising IEP's.
B. By last day of all classes, case manager meets with student to review next step. Done as a group or individually. Scheduling is arranged between case managers and instructors.
C. If student is proceeding to another class/level, file goes to clerical to be put on a class list.
D. If student is terminating, PDE Section Two: Completions and Impact Data form must be completed and returned to clerical for entry of termination information into database.
Module Outlines
Agenda
Session #1

- Welcome
- Defining Case Management
- Why do Case Management?
- Roles of Case Managers
- Personal Characteristics
- Whom do we Serve?
- Student/Case Manager Relationship
- Activities of Case Management
Agenda Session #2

- Welcome Back
- Initial Case Management Activities
- Goal Setting / IEP
- Documentation / Case Notes
- Follow-up
- Preparation for Session #3
Agenda Session #3

- Welcome
- Review of Sessions 1 & 2
- Dealing with Difficult Students
- Facilitating Independence
- Paper Flow
- Case Studies
- Post-Training Work and Support
Title: Case Management for Adult Educators

Author(s): Carol Molek

Corporate Source: Tuscarora Intermediate Unit #11

Publication Date: June 1997

Signature: Cheryl Keenan, Director, Bureau of ABLE

Printed Name/Position/Title: Cheryl Keenan, Director, Bureau of ABLE

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