

ADULT LEARNING PLAN (Required by the Office of Adult Education)

Program Year:

- Asterisk (*) Items: Completion - Optional

Planned End of Service Date:

- Shaded Items: Data reported at ENTRY which remains unchanged during the participant's entire registration period

- Complete and attach an ALP ADDENDUM – CONTINUED REGISTRATION for each additional program year of the participant's registration period

Program Provider Code	Provider Name	Registration Date
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Local Student Number	*Social Security Number	*UIC Number
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Participant Name Last		First	MI	*Maiden Name
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Address	City	State	Zip Code	County
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<input type="checkbox"/> Check if no address	Phone Number	Alternate Phone Number	Email Address
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Date of Birth (mm/dd/yyyy)	Age	Place of Birth (City and State, or City and Country)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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*Alternate Contact Info (Individual not living in the household)		Relationship to Participant	Eligibility/ID Verification On File: <input type="checkbox"/> Driver License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Transcript <input type="checkbox"/> Other ()
Last Name	First Name		
Address	City	State Zip Code	

Phone Number	Email
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Number of Preschool-Aged Children:	ETHNICITY Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED AT ENTRY (INDICATE IF US OR NON-US) Select one: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> HS Diploma/alternate credential <input type="checkbox"/> GED <input type="checkbox"/> Some college, no degree <input type="checkbox"/> College or professional degree <input type="checkbox"/> Unknown	ADDITIONAL STATUS MEASURES AT ENTRY <input type="checkbox"/> Receiving Public Assistance <input type="checkbox"/> Disabled <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled
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Number of School-Age Children (K-12):	RACIAL GROUP (Select one or more that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Select one: <input type="checkbox"/> US Based Schooling <input type="checkbox"/> Non-US Based Schooling
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LABOR STATUS: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the Labor Force	*If Employed, enter Employer's Name:	*Hourly Wage at Entry:
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HIGH SCHOOL DIPLOMA CREDITS AT ENTRY	GED TESTS AT ENTRY: (OSSID #:)
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# of Transferable HS Diploma Credits Previously Earned	# of <u>Actual</u> GED Tests Previously Passed at Entry
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# of Credits Required for Completion of HS Diploma by District	
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INSTRUCTIONAL AREA	DATE OF CLASS ENROLLMENT	PROGRAM FUNDING SOURCE(S)	PROGRAM TYPE (if applicable)
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<input type="checkbox"/> Adult Basic Education		<input type="checkbox"/> Federal Adult Education and Family Literacy	<input type="checkbox"/> Literacy Council
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<input type="checkbox"/> English As a Second Language		<input type="checkbox"/> General Instruction	<input type="checkbox"/> State Correctional Facility (Prison)
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<input type="checkbox"/> High School Diploma (<input type="checkbox"/> MMC)		<input type="checkbox"/> Institutional	<input type="checkbox"/> Community Correctional Program
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<input type="checkbox"/> GED		<input type="checkbox"/> EL Civics	<input type="checkbox"/> Other Institutional Setting
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<input type="checkbox"/> Work-Based Project Learner		<input type="checkbox"/> State School Aid - Section 107	
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<input type="checkbox"/> Family Literacy		<input type="checkbox"/> Other Funding Source (specify:)	SUPPORT SERVICES (if applicable)
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<input type="checkbox"/> Workplace Literacy			<input type="checkbox"/> Transportation
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<input type="checkbox"/> Program for the Homeless			<input type="checkbox"/> Child Care
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			<input type="checkbox"/> Other (specify:)
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***SECTION 107, STATE SCHOOL AID ONLY: If applicable, indicate the count date(s) and FTEs reported into MSDS for the Section 107 participant. (Max: 1 FTE/count period)** Jul (FTEs:) Oct (FTEs:) Feb (FTEs:) Apr (FTEs:)

VERIFICATION OF PARTICIPANT INVOLVEMENT: The participant was actively involved in the development of this ALP and, with counseling from the adult education provider, was actively involved in selecting appropriate goals.

Verified By:	Name of Agency Official	Title of Agency Official	Date
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Participant Name:

ASSESSMENTS (ATTACH ADDITIONAL ASSESSMENT PAGES AS NEEDED DURING A PARTICIPANT'S REGISTRATION)

- Office of Adult Education approved assessments: CASAS, TABE CLAS-E, TABE 9/10 (Survey or Complete Battery) and GAIN
- Only one pre-test and one post-test is recorded in MAERS for a participant (The post-test is the last test administered during the program year)
- The pre-test and post-test assessment SCALE scores must fall within the designated range allowed for the test given
- Pre-test must be administered prior to any instruction being provided
- Post-test must be administered according to the latest Office of Adult Education's Assessment Policy
- TABE 9/10 Locator is required for new participants. TABE CLAS-E Locator and CASAS Appraisal are highly recommended. Locator and Appraisal cannot be used as an official pre- or post-test.

PROGRAM YEAR:	SELECT ONE: <input type="checkbox"/> TABE 9/10 Indicate Test Type: <input type="checkbox"/> Survey <input type="checkbox"/> Complete Battery <input type="checkbox"/> GAIN <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> CASAS Indicate Series:						
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

PROGRAM YEAR:	SELECT ONE: <input type="checkbox"/> TABE 9/10 Indicate Test Type: <input type="checkbox"/> Survey <input type="checkbox"/> Complete Battery <input type="checkbox"/> GAIN <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> CASAS Indicate Series:						
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

POST-TEST MINIMUM HOUR REQUIREMENT WAIVER (if applicable) (This does not waive the requirement to post-test.) <input type="checkbox"/> Participant obtained HS Diploma prior to post-test minimum hour requirement and received a minimum of 12 hours of instruction. <input type="checkbox"/> Participant obtained GED prior to post-test minimum hour requirement and received a minimum of 12 hours of instruction. <input type="checkbox"/> Participant in Workplace Literacy instructional area and received a minimum of 12 hours of instruction.		
Date Waiver Granted	Name of Program Official Authorizing the Waiver	Title of Program Official Authorizing the Waiver

Participant Name:

PARTICIPANT GOALS: Select as many goals as applicable and the program year(s) the goal was selected.		PARTICIPANT OUTCOMES: Identify ALL outcomes achieved by this participant and the program year(s) the outcome was achieved	
GOALS	Program Year(s) Goal Selected	OUTCOMES ACHIEVED	Program Year(s) Outcome Achieved
PRIMARY GOALS			
Educational Gain (Required Goal) - Must select one: <input type="checkbox"/> Improve Basic Literacy Skills (non-ESL programs) <input type="checkbox"/> Improve English Skills (ESL programs)		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Function at or Above 9 th Grade Level (ABE Only)		<input type="checkbox"/>	
<input type="checkbox"/> Achieve English Language Proficiency (ESL Only)		<input type="checkbox"/>	
<input type="checkbox"/> Pass One or More Official GED Test		<input type="checkbox"/>	
<input type="checkbox"/> Obtain HS Diploma Credit		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a GED		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a HS Diploma		<input type="checkbox"/>	
<input type="checkbox"/> Enroll in Postsecondary Education		<input type="checkbox"/>	
<input type="checkbox"/> Obtain Employment		<input type="checkbox"/>	
<input type="checkbox"/> Retain/Improve Employment		<input type="checkbox"/>	
SECONDARY GOALS			
<input type="checkbox"/> Reduction in Receipt of Public Assistance		<input type="checkbox"/>	
<input type="checkbox"/> Achieve Citizenship Skills		<input type="checkbox"/>	
<input type="checkbox"/> Register to Vote or Vote for the First Time		<input type="checkbox"/>	
<input type="checkbox"/> Increase General Involvement in Community Activities		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Education		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Literacy-Related Activities		<input type="checkbox"/>	
<input type="checkbox"/> Achieve Work Based Project Learner Goal		<input type="checkbox"/>	
<input type="checkbox"/> Other (specify: _____)		<input type="checkbox"/>	

HIGH SCHOOL DIPLOMA CREDITS AT EXIT	
Total # of HS Diploma Credits Earned at Exit	

GED TESTS AT EXIT	
Total # of <u>Actual</u> GED Tests TAKEN at Exit	
Total # of <u>Actual</u> GED Tests PASSED at Exit	

EXIT STATUS (END OF SERVICE): The participant Exit Status is reported when the participant has exited from all adult education services.

Check one of the following:

Participant Completed and Does Not Plan to Continue – Participants who completed the instructional period and/or made an educational gain or achieved their goal, and do not plan to continue in the program.

Participant Separated Before Completion - Participants who separate from the program prior to the end of a program year and did not receive services for 90 days, without having made an educational gain or achieved their goal. If this exit status is selected, a Reason for Separation is required and you must select the appropriate option from the list provided. Check all that apply.

<input type="checkbox"/> Illness/Incapacity/Pregnancy	<input type="checkbox"/> Lack of Interest/Instruction Not Helpful	<input type="checkbox"/> Deceased
<input type="checkbox"/> Lack of Dependent Child Care Resources	<input type="checkbox"/> Moved	<input type="checkbox"/> No Service for 90 Consecutive Days
<input type="checkbox"/> Lack of Transportation Resources	<input type="checkbox"/> Entered Employment	<input type="checkbox"/> Other Known Reasons
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Work Conflict	<input type="checkbox"/> Unknown
<input type="checkbox"/> Time and/or Location of Services Not Feasible	<input type="checkbox"/> Incarcerated	

Exit Status Date: