

Education Summary

Name _____
Social Security Number _____/_____/_____
Program _____ Caseworker _____
Last School Attended _____ Grade Completed _____
Intake Date ____/____/____ Exit Date ____/____/____
Community Referral: _____

Closed File Checklist	Yes	No	NA	Staff Initials
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Special Education reported	Y	N	NA	_____
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Comments: _____

IEP/Education Goals

Intake	Y	N	NA	_____
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Exit	Y	N	NA	_____
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SORT assessment

Intake	Y	N	NA	_____
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Exit	Y	N	NA	_____
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LOCATOR assessment

Intake	Y	N	NA	_____
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Exit	Y	N	NA	_____
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MATH Placement

Intake	Y	N	NA	_____
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Exit	Y	N	NA	_____
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Lesson Plans

Y	N	NA	_____
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GED Application

Y	N	NA	_____
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GED Pre-Test

Y	N	NA	_____
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Official GED results

Y	N	NA	_____
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Scores in CMIS

Y	N	NA	_____
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Logs completed

Intake and Exit	Y	N	NA	_____
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Academic Instructor

Date

Coordinator

Date