



ADULT BASIC EDUCATION High School Programs Educational Plan

Name _____ Student ID _____ Birthdate _____ Date _____ Phone Number _____

How did you hear about this program? _____

Academic Goal: Adult High School Diploma High School Equivalency (GED/HiSET/TASC) Undecided (answer all questions below)

Future Academic Goal: Community College College Vocational School Other: _____

Adult Diploma or Undecided: What class would you like to start with?* *(You can change this when you meet with a counselor)	
<input type="checkbox"/> English <input type="checkbox"/> Life Science (Biology) <input type="checkbox"/> Physical/Earth Science <input type="checkbox"/> Math (Pre-Algebra or Algebra) <input type="checkbox"/> Visual & Performing Arts (Art)	<input type="checkbox"/> World History <input type="checkbox"/> US History <input type="checkbox"/> Government <input type="checkbox"/> Economics <input type="checkbox"/> Health

High School Equivalency or Undecided: What subject(s) do you think you need help with?
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science

All students:

Do you have a job now? If yes, what do you do?	What is your future career goal?

Any additional comments or questions?	Please check the boxes of the programs/services you would like more information about:
	<input type="checkbox"/> Career assessment & counseling <input type="checkbox"/> ACCESS Services (support for students with disabilities) <input type="checkbox"/> Transportation assistance (bus pass) <input type="checkbox"/> Child care services <input type="checkbox"/> Emergency resources (e.g. housing & food) <input type="checkbox"/> Other: _____

Student Signature _____

Date _____

Counselor/Advisor Signature _____

Date _____