

Cleveland Heights-University Heights STUDENT EXIT FORM SFY 2011 (2010-2011)

Exit date: ____/____/____

Name: _____
Last
First
M.I.
Maiden or other former name

Social Security #: ____ - ____ - ____ GED Security #: ____ - ____ - ____ Site: _____ Instructor: _____

Reasons for attending	GOALS	Exit goal achieved (mark all that apply)
Primary	Secondary	
<input type="radio"/>	<input type="radio"/>	Improved basic skills
<input type="radio"/>	<input type="radio"/>	Improved English language skills (ESOL)
<input type="radio"/>	<input type="radio"/>	Obtained a job
<input type="radio"/>	<input type="radio"/>	Retained or improved a job
<input type="radio"/>	<input type="radio"/>	Earned GED or secondary school diploma
<input type="radio"/>	<input type="radio"/>	Entered postsecondary education or training
	<input type="radio"/>	Decreased public assistance received
	<input type="radio"/>	Obtained citizenship skills
	<input type="radio"/>	Passed citizenship test
	<input type="radio"/>	Registered to vote or voted for the first time
		Increased involvement in community activities
		Obtained Stackable Pilot certificate <i>Basic:</i> certificate # _____ date issued: _____ <i>Advanced:</i> certificate # _____ date issued: _____ <i>Oral Comm.:</i> certificate # _____ date issued: _____
		Obtained National Career Readiness Credential _____
	<input type="radio"/>	Other (specify: _____)
Family Literacy goals (for students in Family Literacy programs only)		
	<input type="radio"/>	Increased involvement in children's education
	<input type="radio"/>	Increased involvement in children's literacy-related activities

Reasons for leaving
Why did the student leave the program? (mark all that apply)
<input type="radio"/> Met primary goal
<input type="radio"/> Met secondary goal
<input type="radio"/> Met academic goal (if other than primary or secondary goal)
<input type="radio"/> Class closed
<input type="radio"/> Family problems
<input type="radio"/> Illness/incapacity
<input type="radio"/> Instruction not helpful
<input type="radio"/> Lack of child care
<input type="radio"/> Lack of transportation
<input type="radio"/> Moved
<input type="radio"/> Lack of interest
<input type="radio"/> Time and/or location of services not convenient
<input type="radio"/> Unknown/cannot locate or contact
<input type="radio"/> Other (specify: _____)

Total hours attended _____

Placement level		Exit level		Exit level status	
ABE	ESOL	ABE	ESOL	Exit level status	Assessment used to determine level completion
<input type="radio"/> Beg. Lit.	<input type="radio"/> Beg.Lit.	<input type="radio"/> Beg.Lit.	<input type="radio"/> Beg.Lit.	Completed a level	List assessment used
<input type="radio"/> Beginning	<input type="radio"/> Low Beg.	<input type="radio"/> Beginning	<input type="radio"/> Low Beg.	<input type="radio"/> And left	(Assessment must be entered into ABLELink)
<input type="radio"/> Low Int	<input type="radio"/> High Beg.	<input type="radio"/> Low Int	<input type="radio"/> High Beg.	<input type="radio"/> And advanced to a higher level	
<input type="radio"/> High Int	<input type="radio"/> Low Int.	<input type="radio"/> High Int	<input type="radio"/> Low Int.	<input type="radio"/> Separated before completing a level	
<input type="radio"/> Low ASE	<input type="radio"/> High Int.	<input type="radio"/> Low ASE	<input type="radio"/> High Int.	<input type="radio"/> Progressing at the same level	
<input type="radio"/> High ASE	<input type="radio"/> Advanced	<input type="radio"/> High ASE	<input type="radio"/> Advanced		