



**When I was in school:**

- I was absent a lot.
- I didn't like to study.
- I had personal problems.
- I was suspended or expelled.
- I was older than most of my classmates.
- I struggled in some of my classes.
- Other \_\_\_\_\_.
- I had health problems.
- I was lazy.
- I became a parent.
- I hated school.
- My teachers didn't like me.
- I was identified with a learning disability.
- Other \_\_\_\_\_.

**I have children:**  no  yes: their ages \_\_\_\_\_

**Problems that May Prevent me From Completing this Program:**

- I don't have reliable transportation.
- I don't have reliable housing.
- Other \_\_\_\_\_
- I don't have reliable childcare.
- I don't a strong support system encouraging me.
- Other \_\_\_\_\_

My Back-up Plan for these Issues: \_\_\_\_\_

**I May Need:**

- extra tutoring
- Other \_\_\_\_\_
- help staying motivated
- Other \_\_\_\_\_

I am committed to completing this program, so I will communicate with my teacher when I feel I need the following help \_\_\_\_\_

What my teacher and I are going to do \_\_\_\_\_

**I think I have a learning disability** no yes don't know, but would like to know more

Date my teacher explained about Learning Disabilities \_\_\_\_\_

I want to take the Washington Screening to see if I might have a Learning Disability no yes

Based on my Washington Screening Score, my teacher has recommended that I seek further testing to determine if I do have a learning disability no yes

I would like to take Learning Disability testing so I can be considered for accommodations on the GED test yes no

What I need to do next \_\_\_\_\_

I understand that I must show a commitment to the program before Learning Disability testing arrangements will be made for me no yes

My teacher has made arrangements for me to receive Learning Disability testing yes no

Date \_\_\_\_\_ Where \_\_\_\_\_ Time \_\_\_\_\_

I have the ability to pay for this testing yes no, but I have spoken with program staff and we have made arrangements

## **MY OFFICIAL GED PRACTICE TEST INFORMATION**

**Date my teacher explained to me how I'd know when I'm ready to take an Official GED Practice Test** \_\_\_\_\_

**Date I'm scheduled to take an Official GED Practice Test** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Form** \_\_\_\_\_

Science \_\_\_\_\_ Social Studies \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_  
What my scores mean \_\_\_\_\_

**Date I'm scheduled to take a second Official GED Practice Test** \_\_\_\_\_ **Time** \_\_\_\_\_  
**Form** \_\_\_\_\_

Science \_\_\_\_\_ Social Studies \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_  
What my scores mean \_\_\_\_\_

## **CAREER READINESS CERTIFICATE**

**Date my teacher explained the Career Readiness Certificate to me** \_\_\_\_\_

I'd like the opportunity to earn the Career Readiness Certificate  yes  no

Date I'm scheduled to take WorkKeys to earn the Career Readiness Certificate \_\_\_\_\_

**My WorkKeys Scores:** Reading \_\_\_\_\_ Applied Math \_\_\_\_\_ Locating Information \_\_\_\_\_

**Career Readiness Certificate I Earned:**  Bronze  Silver  Gold

## **GED TESTING**

I want to take the GED test now  yes  no, why? \_\_\_\_\_

I am ready to take the GED test  yes  no, why? \_\_\_\_\_

My teacher supports my decision regarding when to take the GED test  yes  no, why? \_\_\_\_\_

This is the first time I've taken the GED test  yes  no, when? \_\_\_\_\_

My previous scores are still valid  yes  no

My previous scores: M \_\_\_\_\_ W \_\_\_\_\_ SS \_\_\_\_\_ SC \_\_\_\_\_ R \_\_\_\_\_

Program staff have recommended that I take the following tests to have the minimum total score of 2250 and an average of 450 on each subject

Math  Writing  Social Studies  Science  Reading

Date I would like to take the GED test \_\_\_\_\_ Location \_\_\_\_\_ Time \_\_\_\_\_

I want to take these subject tests  Math  Writing  Social Studies  Science  Reading

There are openings on my preferred test date  yes  no, but I was given this date \_\_\_\_\_

I am able to pay the GED Test fee  yes  no

I would like to be considered for a GED Test Scholarship  yes  no

I have completed the necessary paperwork to register for the GED test  yes  no

I have a valid state-issued picture ID  yes  no

I understand that I cannot take the GED if I do not have a valid state-issued picture ID  yes  no

I have reliable transportation to the GED test  yes  no

I have reliable childcare during the GED test  yes  no

I understand that I must be punctual to the GED test  yes  no

I understand that if I cannot attend the test date for which I've signed-up, I have an obligation to reschedule so my seat can be given to someone else  yes  no

## **CAREER PLANNING**

**Date my teacher explained the Career Planning process to me** \_\_\_\_\_

I'd like the opportunity to take career assessments  yes  no

Date I'm scheduled to take career assessments \_\_\_\_\_ Time \_\_\_\_\_

My Career Search with Personal Match Results \_\_\_\_\_

My Skills Assessment Results \_\_\_\_\_

My Super's Work Values Inventory Results \_\_\_\_\_

Career Clusters Information: "People with Interests Like Yours" \_\_\_\_\_

"Explore Careers" Information \_\_\_\_\_

"Choose a Major" Information \_\_\_\_\_

"Select a College" Information \_\_\_\_\_

Date my teacher explained to me how the Transitional Specialist can help me \_\_\_\_\_

I'd like the Transitional Specialist to help me  with the college entrance process  with the employment process

Date the Transitional Specialist is scheduled to begin helping me \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

What the Transitional Specialist and I are planning to do: \_\_\_\_\_

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**I have decided on a career goal.** It is \_\_\_\_\_

**I have determined the benefits of having this career.** They are \_\_\_\_\_

**I have identified obstacles.** Some things that might get in my way and prevent me from accomplishing my goal are \_\_\_\_\_

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**I have identified my support system.** The following people CAN and WILL help me accomplish my career goal \_\_\_\_\_

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**I have made a plan.** This is what I need to do to achieve my career goal \_\_\_\_\_

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**I have set a Deadline.** This is when I'd like to complete this program and begin working on my career goal \_\_\_\_\_. My teacher agrees that this is a reasonable deadline  yes  no, Why? \_\_\_\_\_

**I'm going to back my plan with determination and persistence**  no  yes, and this is what I can do if I get frustrated, overwhelmed, and need help \_\_\_\_\_

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## **EMPLOYMENT ASSISTANCE**

**I would like help completing a job application**  yes  no

**I would like help writing a resume and cover letter**  yes  no

Date my teacher explained to me about the Career and Computer Preparation Class \_\_\_\_\_

**I am planning to get employment assistance**  from the Transitional Specialist  in the Career and Computer Preparation Class

Date I'm scheduled to begin working on my employment goals \_\_\_\_\_

I understand that I can get assistance with NRCC's Job Placement Services no  yes

## **COLLEGE TRANSITION**

**Date the Transitional Specialist explained the College Placement Tests to me** \_\_\_\_\_

I need to take the College Placement Tests  yes  no

Date I'm scheduled to take the Placement Tests \_\_\_\_\_ Time \_\_\_\_\_

My Placement Scores: Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

What my College Placement Scores mean \_\_\_\_\_

I show an "Ability to Benefit": yes  no

What I need to do now \_\_\_\_\_

**I have submitted my college application** no  yes, date \_\_\_\_\_

My Student Number is \_\_\_\_\_

I have completed and submitted the form to declare my major no  yes, date \_\_\_\_\_

**I would like assistance with the Financial Aid Process** no  yes

Date I completed and submitted the State Financial Aid Form \_\_\_\_\_

Date I completed the federal financial aid form \_\_\_\_\_

Date I'm scheduled to enter the financial aid information on-line \_\_\_\_\_

With whom \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Date I heard from the college about my financial aid award \_\_\_\_\_

What I need to do now \_\_\_\_\_

**I would like assistance registering for my college classes** no  yes

I have a current college schedule and have written down the classes I'd like to take no  yes

Date I'm scheduled to register for classes \_\_\_\_\_ Time \_\_\_\_\_ With whom \_\_\_\_\_

I have successfully registered for classes and have a schedule that fits my work, family, and life situation yes  no

I understand that if need to change my schedule, I must contact the program staff yes  no

I am confident I will be successful in my college classes no  yes

I understand that when I complete my college program, I can get assistance with NRCC's Job Placement Services to get a job in my chosen career field no  yes

What I need to do now \_\_\_\_\_





