

# ABE STUDENT EXIT FORM

Revised 4-30-2005

**(End of Year: This form needs to be completed for ALL students enrolled in your classes.)**

School Year 2004 – 2005

Form completed by \_\_\_\_\_ Exit Date 4-30-05

Class \_\_\_\_\_

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Student Name (Last)	(First)	(MI)	Social Security Number
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For end of the year quarter ending April 30:

☐ Check here if the student is exiting your class

☐ Check here if student will carry over into the next program year

**Achievements – Mark all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Passed GED                                 | <input type="checkbox"/> Improved English skills                        |
| <input type="checkbox"/> Increased Basic Literacy                   | <input type="checkbox"/> Achieved citizenship skills                    |
| <input type="checkbox"/> Earned High School Diploma                 | <input type="checkbox"/> Received US Citizenship                        |
| <input type="checkbox"/> Enrolled in post-secondary education       | <input type="checkbox"/> Voted or registered to vote for the first time |
| <input type="checkbox"/> Obtained job                               | <input type="checkbox"/> Increased involvement in community activities  |
| <input type="checkbox"/> Improved/Retained current job              | <input type="checkbox"/> Helped child more with school work             |
| <input type="checkbox"/> Wrote resume/ increased job search skills  | <input type="checkbox"/> Increased contact with child's teacher         |
| <input type="checkbox"/> Left or reduced public assistance          | <input type="checkbox"/> More involved with child's school activities   |
| <input type="checkbox"/> Achieved work-based project learning goals | <input type="checkbox"/> Read to child                                  |
| <input type="checkbox"/> Increased Computer Skills                  | <input type="checkbox"/> Visited library (with/for child)               |
|   | <input type="checkbox"/> Purchased books or magazines                   |

Reason for Leaving - (Changed Address/Left Area/Health Problems/Family/Location of Class/Time Scheduled/Take a Job/Unknown/Other) \_\_\_\_\_

**If, at the time a student exits your class, you have not furnished Assessment Information (CASAS/GED Practice Test Scores) to the office, it must be done at this time.**

Instrument	Type	Form	Level	Date	Scale Score	Level Change?