

Learner Transition to Post Secondary Plan

Learner Name _____ Date _____

____ Educational Level Test Taken

TABE Test: Reading Form _____ Score _____

TABE Test: Math Form _____ Score _____

Educational Level: Low Secondary High Secondary

____ Completed High School Diploma or GED Program

____ Orientation Session for Advancer Scheduled

____ Orientation Session for Advancer Completed, including explanation of 90 day requirement.

First Log In Date _____ Prescription Expires on _____

____ Decided on a post secondary program Applied on _____ Accepted on _____

Name of Program _____ Name of institution _____

____ **Determined Accuplacer Test needed**

____ Reading

____ **Sentence Structure**

____ Arithmetic

____ **Elementary Algebra**

Accuplacer Test Taken on (Date) _____

Scores: Reading _____

Sentence Structure _____

Arithmetic _____

Elementary Algebra _____

Accuplacer Test Taken on (Date) _____

Scores: Reading _____

Sentence Structure _____

Arithmetic _____

Elementary Algebra _____

Accuplacer Test Taken on (Date) _____

Scores: Reading _____

Sentence Structure _____

Arithmetic _____

Elementary Algebra _____

Items in **BOLD** are required

Revised : July 1, 2008