

Lewis and Clark Community College
Individualized Optional Education Plan

Part 1 of 2

Name: _____ Home Phone: _____

Middle

Street: _____ City: _____ State: _____ Zip: _____

SS# _____ SIS # _____ Date of Birth: _____

Ethnicity _____

When are you eligible to take the GED test? _____ M _____ F _____

My educational and/or career goals:

- | | |
|--|--|
| <input type="checkbox"/> Improve reading skills
<input type="checkbox"/> Improve math skills
<input type="checkbox"/> Get my GED
<input type="checkbox"/> Enroll in College Classes <ul style="list-style-type: none"> <input type="checkbox"/> Associates or certificate program <input type="checkbox"/> Begin studies for four yr. Degree <input type="checkbox"/> Vocational program | <input type="checkbox"/> Learn about career/job skills
<input type="checkbox"/> Take ESL classes
<input type="checkbox"/> Enroll in parenting classes
<input type="checkbox"/> Get a job
<input type="checkbox"/> Attend class regularly |
|--|--|

GOAL (from above)	Action Steps to Reach Goal	By When?

Please check all that apply:

- I am employed full/part time – Job title _____
- I need help with career exploration
- I received food stamps and/or medical card ONLY
- I receive a Public Aid check
- I would like to change jobs or get a better job
- I need childcare while in school
- I am a parent – ages of children _____
- I need transportation to get to class
- I received SSI (Supplemental Security Income)
- I am registered to vote

Careers that interest me:

1. _____ 2. _____ 3. _____

How did you discover our program? _____

I understand and am committed to this plan:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

INDIVIDUALIZED OPTIONAL EDUCATION SERVICE PLAN

Part 2 of 2

Name: _____

Date of Enrollment: _____ Date of Completion: _____

Check those that apply to student and make comments as appropriate:

- Academic Instruction _____
- Academic Counseling _____
- GED Instruction _____
- Enrolled in a Comm. College Course _____
- Tutoring _____
- Home Visits _____
- Life Skills Training _____
- Mentoring _____
- Parenting Skills _____
- Personal Counseling _____
- Monitoring _____
- Referral to Social Service Agency _____
- Support Services for Parents/Families _____
- Transportation _____
- Career Services _____
- Work Experience _____

Assessments:

Myers-Briggs _____ Self-Directed Search _____ Learning Style _____

TABE pre-test _____ TABE post-test _____ CPT Scores _____

GED Practice Test Scores _____

Counselor Evaluation _____

_____ **Date of transition from ABE to GED class**

_____ **Date of transition to college classes**

_____ **Date of transition to work (if applicable)**

Additional comments:

