

**Adult Education Programs & Policy (AEPP)
EDUCATION AND EMPLOYMENT PLAN (EEP)**

CONTACT INFORMATION

Name:	Email:
Street Address:	Current Telephone:
City, Zip:	
Alternate Contact Person:	Email:
	Current Telephone:

EMPLOYMENT PLAN

Are you currently employed? Yes No	If you are unemployed, are you looking for work? Yes No
Current Employer:	Which industry are you interested in working for? <input type="checkbox"/> Healthcare <input type="checkbox"/> Food Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other _____

EDUCATION PLAN

NYS Regents

Did you attend high school in NYS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What grade did you last attend in school?	9 th ___ 10 th ___ 11 th ___ 12 th ___	
Have you passed any NYS Regents exams?	<input type="checkbox"/> Math	<input type="checkbox"/> Science
	<input type="checkbox"/> Social Studies/History	<input type="checkbox"/> English Language Arts

GED

Which subjects of the GED have you taken?	<input type="checkbox"/> Math	<input type="checkbox"/> Science
	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Reading/Writing
When did you take the GED?	Date: _____	Date: _____
Have you registered on the new GED site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your GED ID?		

TASC

Which subjects of the TASC have you taken?	<input type="checkbox"/> Math	<input type="checkbox"/> Science
	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Reading
	<input type="checkbox"/> Writing	

EDUCATION, EMPLOYMENT, ADDITIONAL QUESTIONS

What are your goals?	<input type="checkbox"/> High School Equivalency Diploma	<input type="checkbox"/> Improve/Achieve Employment
	<input type="checkbox"/> Learn English	<input type="checkbox"/> Vocational, Technical Training (CTE)
Do you have any learning disabilities? (ADA guidelines have been read and signed by student)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there challenges that could prevent you from attending class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WIOA BARRIERS TO EMPLOYMENT

Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
Displaced Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant/Seasonal work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runaway Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Native English Speaker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ex-Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth in Foster Care/Aged out of System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Barriers to Learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Unemployed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhausting TANF within 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No