

EDUCATIONAL PROGRAM PLAN

Name: _____ Prisoner Number: _____ Lock: _____ Institutional Code: _____

Date Evaluated: _____ Verified GED/High School Diploma: Yes _____ No _____

Date Assigned: _____ Date Terminated: _____ Code: _____

PROGRAM REPORT:

Check One: _____ Initial Evaluation _____ Quarterly Review _____ Termination _____

PROGRAM(S) ENROLLED IN:

Date Begin

Date Completed

Staff Init.

Facility

☐ ACADEMIC

____/____/____

____/____/____

☐ CAREER TECH. ED. _____

____/____/____

____/____/____

☐ ESL

____/____/____

____/____/____

☐ SPECIAL ED.

____/____/____

____/____/____

☐ PRE-RELEASE

____/____/____

____/____/____

☐ SOCIAL/LIFE SKILLS

____/____/____

____/____/____

GED PRACTICE

TEST VERSION: _____

Date: ____/____/____

Scores: 1.____ 2.____ 3.____ 4.____ 5.____ Ave:____

Date: ____/____/____

Scores: 1.____ 2.____ 3.____ 4.____ 5.____ Ave:____

GED TEST

VERSION: _____

Date: ____/____/____

Scores: 1.____ 2.____ 3.____ 4.____ 5.____ Ave:____

Pass/Fail _____

Date: ____/____/____

Scores: 1.____ 2.____ 3.____ 4.____ 5.____ Ave:____

TABE TEST

VERSION: _____

Date: ____/____/____

Reading: Grade _____ Scale _____ Math: Grade _____ Scale _____

Date: ____/____/____

Reading: Grade _____ Scale _____ Math: Grade _____ Scale _____

COMMENTS REGARDING CURRENT EVALUATION PERIOD:

Stays on Task _____ Attitude _____ Motivation _____ Works Effectively _____

(prepared, works to meet goals) (cooperative, acts appropriately) (timely progress on modules & goals) (does assigned work, uses available resources)

Rating 1 – 5: Excellent = 5 Good = 4 Average = 3 Poor = 2 Unsatisfactory = 1

TOTAL HOURS IN PROGRAM:**NEW PROGRAM GOAL(S):**

REASSESSMENT Date: ____/____/____

Month / Year

PRISONER'S SIGNATURE: _____ Date: _____

EVALUATOR'S SIGNATURE: _____ Printed Name and Title: _____ Date: _____

SUPERVISOR'S SIGNATURE: _____ Printed Name and Title: _____ Date: _____