MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY | EMPLOYMENT & TRAINING

Adult Learning Plan

The Adult Learning Plan (ALP) is required by the Office of Adult Education

Note: *Fields marked with an asterisk (*) are required

*Program Year:

Section 1 Provider Information

Provider information: Adult Education Providers, location and services

* Provider Name:
Provider Location:
*Date completed:
Staff person who assisted you:

Section 2 Participant Information

*First Name:	*Last Name:	Middle Initial:
Maiden Name:	*Date of Birth:	Social Security Number:
City of Birth:	State of Birth:	County of Birth

*Sex/Gender: ☐ Female ☐ Male ☐ Non-binary ☐ No Answer

Street Address:	City:	State:
Zip Code:	County:	*Phone Number:

Alternate Phone Number:	* Email Address:

Alternate Contact Information

First Name:	Last Name:	Relationship to Participant:
Street Address:	City:	State:
Zip Code;	Phone number:	Email Address:

Section 3 Personal Information

Please indicate the number of children you have to help us track the direct effect on the education of our participants' children. **Number of children not yet in school (0 – preschool):** ***Number of school-age children (K-12):**

*Are you a veteran? ☐ Yes or ☐ No	*Are you Hispanic or Latino? ☐ Yes or ☐ No
*Select one or more races with which you identify: ☐ African American or Black ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White	*Select your highest level of education completed: ☐ No Schooling ☐ Grades 1-5 ☐ Grades 6-8 ☐ Grades 9-12 (no diploma) ☐ High School Diploma ☐ High School Equivalency (HSE) Certificate (GED/HiSET) ☐ Some Postsecondary / No Degree ☐ Postsecondary or Professional Degree ☐ Unknown *Where was your education completed? ☐ U.S. Based Schooling or ☐ Non-U.S. Based Schooling

Section 4 Labor Status

*What is your current labor status?
☐ Employed
☐ Employed / received termination notice or military
☐ Unemployed – seeking employment
☐ Not working – not seeking employment (not in labor force)

If Employed:

Employer Name:	Hourly Wage:	Hours usually worked in a Week:

Section 5 Barriers

*Childcare	Do you have difficulty finding affordable and/or reliable childcare?	☐ Yes ☐ No
*Cultural Barriers	Do your beliefs, customs, or practices make it difficult for you to function in a school or work environment? **If yes, please identify the cultural barrier**:	☐ Yes ☐ No
*Current / Prior Foster Care	Are you currently in or have you aged out of the foster care system?	☐ Yes ☐ No
*Digital Access – Equipment	Do you have access to a computer?	☐ Yes ☐ No
*Digital Access – Internet	Do you have access to the internet?	☐ Yes ☐ No
*Digital Literacy	Do you have difficulty using computers, the internet, and/or technology?	☐ Yes ☐ No
*Disabled (Physical / Mental Impairment)	Do you have physical, mental disabilities, or impairments that limit major life activities (you do not need to be receiving disability benefits)?	☐ Yes ☐ No

Section 5 Barriers Continued

*Displaced Homemaker	Are you a displaced homemaker, provided unpaid services in the home and now must seek employment, was financially dependent on another person and no longer receives that support, or has a spouse deployed to active duty, causing a significant loss of family income?	☐ Yes ☐ No
*Exhausting TANF	Are you within two years of using up your lifetime eligibility for Temporary Assistance for Needy Families (TANF)? TANF is a temporary program that provides cash assistance to low-income families.	☐ Yes ☐ No
*Ex-Offender	Are you an ex-offender, has an arrest or conviction that creates a barrier to employment, is currently on probation or parole, or has a criminal record beyond minor infractions, including misdemeanors or felonies?	☐ Yes ☐ No
*Homeless	Are you currently experiencing homelessness or lack a permanent, adequate, night-time residence?	☐ Yes ☐ No
*IEP	Do you or have you had an Individualized Educational Plan (IEP) or a 504 plan in school?	☐ Yes ☐ No
*Learning Disabled	Have you been diagnosed, or do you believe you have a learning disability?	☐ Yes ☐ No
*Low-Income	Does your family meet the low-income guidelines? Your family income is below the poverty level (about $12,000 for one person or $25,000 for a family of four).and or You or your children receive benefits such as SNAP, TANF, SSI, Medicaid, WIC, food assistance, public housing, rental assistance, or other public aid	☐ Yes ☐ No
*Long-Term Unemployed	Have you been unemployed for more than six months?	☐ Yes ☐ No
*Migrant / Seasonal Farm Worker	Are you a Migrant/Seasonal Farm Worker? This includes individuals who primarily work in agriculture or fish farming, or whose family travels to locations where farm work is available.	☐ Yes ☐ No
*Single Parent	Are you a single parent defined here as someone who is pregnant, separated, divorced, or widowed and have primary responsibility for one or more dependent children under age 18?	☐ Yes ☐ No
*Substance Abuse	Do you struggle with an addiction to alcohol or drugs?	☐ Yes ☐ No
*Transportation	Do you lack reliable transportation, have no means to pay for public transit, rely on friends for rides, or struggle to consistently get to school or work?	☐ Yes ☐ No
Other	Do you have any other barriers not listed above? **If yes, please describe:**	☐ Yes ☐ No

Section 6 Goals

*Select one or more that may apply: ☐ Function at or above 9th Grade Level (ABE only) ☐ Achieve English Language Proficiency (ESL only) ☐ Pass One or More Official HSE Tests (GED or HiSet) ☐ Attain High School Diploma Credits ☐ Obtain High School Equivalency (GED or HiSet) ☐ Obtain a High School Diploma ☐ Enroll in Postsecondary Education	☐ Obtain Postsecondary Credential ☐ Obtain Employment ☐ Retain Employment ☐ Achieve Citizenship Skills ☐ Vote or Register to Vote ☐ Increase Involvement in Community Activities ☐ Involvement in Children's Education ☐ Involvement in Children's Literacy Related Activities ☐ Leave Public Assistance ☐ Other, please specify:

Section 7 Notice of Data Sharing

Participant registration information will be used to research and evaluate the effectiveness of adult education programs in Michigan through data sharing with other data systems, such as employment and wage records, high school equivalency testing, and college records. The State of Michigan does not report or publish an individual's performance results, only statewide and program totals. The Office of Employment and Training - Workforce Development will not disclose an individual's Social Security number and will comply with all laws and regulations governing Social Security number use and client privacy.

This form may be signed electronically. The signature, whether handwritten or electronic, confirms that information provided is accurate and correct.

Participant Signature: _____