



Adult Learning Plan

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

* = Required Field

Program Year: _____

Section 1: Provider Information	
*Provider Name: _____ Adult Education Services Locator	
Provider Location: _____	
*Date completed: _____	Staff person who assisted you: _____
Section 2: Participant Information	
*First Name: _____	*Last Name: _____ *Middle Initial: _____
*Date of Birth: _____	*City of Birth: _____
Street Address: _____	State/Country of Birth: _____
City: _____	State: _____ Zip Code: _____
County: _____	Social Security Number: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Phone Number: _____	Alternate Phone Number: _____
*Email Address: _____	
Alternate Contact Information	
First Name: _____	Last Name: _____
Relationship to the Participant: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	Email Address: _____
Section 3: Personal and Family Information	
<p>Please indicate the number of children you have to help us track the direct effect on the education of our participants' children.</p> <p>*Number of children not yet in school (0 – preschool): _____</p> <p>*Number of school-age children (K-12): _____</p> <p>*Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Select one or more races with which you identify:</p> <p><input type="checkbox"/> African American or Black</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>*Select your highest level of education completed:</p> <p><input type="checkbox"/> No Schooling</p> <p><input type="checkbox"/> Grades 1-5</p> <p><input type="checkbox"/> Grades 6-8</p> <p><input type="checkbox"/> Grades 9-12 (no diploma)</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> High School Equivalency (HSE) Certificate</p> <p><input type="checkbox"/> Some Postsecondary / No Degree</p> <p><input type="checkbox"/> Postsecondary or Professional Degree</p> <p><input type="checkbox"/> Unknown</p> <p>*Where was your education completed?</p> <p><input type="checkbox"/> U.S. Based Schooling</p> <p><input type="checkbox"/> Non-U.S. Based Schooling</p>
Section 4: Labor Status	
<p>*What is your current labor status?</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Employed / received termination notice or military</p> <p><input type="checkbox"/> Unemployed – seeking employment</p> <p><input type="checkbox"/> Not working – not seeking employment (not in labor force)</p>	<p>If Employed:</p> <p>Employer name: _____</p> <p>Hourly wage: _____</p> <p>Hours usually worked in a week: _____</p>

Section 5: Barriers		
*Childcare	Do you have difficulty finding affordable and/or reliable childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Current / Prior Foster Care	Are you currently in or have you aged out of the foster care system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Access – Equipment	Do you have access to a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Access – Internet	Do you have access to the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Literacy	Do you have difficulty using computers, the internet, and/or technology?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Displaced Homemaker	Displaced homemaker can be defined as any of the following: (1) If you have been providing unpaid services to family members in your home but now need to look for employment, (2) If you have been dependent on another person's income and no longer receive that financial support, or (3) If your spouse has been deployed to active military duty and your family income has significantly reduced. Are you a displaced homemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Exhausting TANF	Are you within two (2) years of exhausting your lifetime eligibility for Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Ex-Offender	Ex-Offender can be defined as any of the following: (1) You have an arrest or conviction on your record that has created a barrier to employment, (2) You are you currently on probation or parole, or (3) You have a criminal record beyond infractions, including misdemeanors or felonies. Are you an ex-offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Homeless	Are you currently experiencing homelessness or lack a permanent, adequate, nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*IEP	Do you or have you had an Individualized Educational Plan (IEP) in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Learning Disabled	Have you been diagnosed, or do you believe you have a learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Low-Income	Defined as meeting any or all of the following low-income guidelines applying to you, or your child(ren): (1) Your total family income falls below the poverty line. (This is approximately \$12,000 for one person and \$25,000 for a family of four), (2) You or your child(ren) receives SNAP, TANF, SSI, Medicaid insurance, WIC, food assistance, public housing or rental assistance, or any other public assistance. Does your family meet the low-income guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Long-Term Unemployed	Have you been unemployed for more than six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Migrant / Seasonal Farm Worker	Are you a Migrant / Seasonal Farm Worker defined here as someone who is primarily employed in agriculture, fish farming labor, or your family travels to where farming jobs are available?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Substance Abuse	Do you struggle with an addiction to alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Transportation	Do you lack transportation, have unreliable transportation, do not have the means to pay for public transportation and /or do you get rides from friends or lack consistent transportation to get to school or work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Other	Do you have any other barriers not listed above? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Goals

*Select one or more that may apply:

- | | |
|--|--|
| <input type="checkbox"/> Function at or above 9 th Grade Level (ABE only) | <input type="checkbox"/> Retain Employment |
| <input type="checkbox"/> Achieve English Language Proficiency (ESL only) | <input type="checkbox"/> Achieve Citizenship Skills |
| <input type="checkbox"/> Pass One or More Official HSE Tests | <input type="checkbox"/> Vote or Register to Vote |
| <input type="checkbox"/> Attain High School Diploma Credits | <input type="checkbox"/> Increase Involvement in Community Activities |
| <input type="checkbox"/> Obtain High School Equivalency | <input type="checkbox"/> Involvement in Children's Education |
| <input type="checkbox"/> Obtain a High School Diploma | <input type="checkbox"/> Involvement in Children's Literacy Related Activities |
| <input type="checkbox"/> Enroll in Postsecondary Education | <input type="checkbox"/> Leave Public Assistance |
| <input type="checkbox"/> Obtain Postsecondary Credential | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Obtain Employment | _____ |

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.

*Signature: _____