

ABT Entered

Assessment Checklist and Program Planning Sheet

Name of Student March, So
Program SGS

Student ID# 000-00-0001
Advisor Alcott

ADMISSIONS INITIAL ASSESSMENT*

	Yes	No	Year		Yes
High School Graduate/GED**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2005</u>	College Transcript Received	<input type="checkbox"/>
High School Transcript Received	<input checked="" type="checkbox"/>	<input type="checkbox"/>		College Transcript Received	<input type="checkbox"/>
Verification of GED Received	<input type="checkbox"/>	<input type="checkbox"/>		College Transcript Received	<input type="checkbox"/>
Home Schooled	<input type="checkbox"/>	<input type="checkbox"/>		Other	_____
Verification of Home Schooling	<input type="checkbox"/>	<input type="checkbox"/>			
Early Admit	<input type="checkbox"/>	<input type="checkbox"/>			

TESTING REQUIRED

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sentence Skills _____
<input type="checkbox"/>	<input type="checkbox"/>	Reading Comprehension _____
<input type="checkbox"/>	<input type="checkbox"/>	Arithmetic Skills _____
<input type="checkbox"/>	<input type="checkbox"/>	ESOL _____

Academic Assessment Completed by: R. W. Emerson Date: 1-5-06
Accepted (date) 1-5-06

Comments: _____
*Admissions Use Only **Reported by Student

ASSESSMENT TEST Date 1/9 Accuplacer Asset _____ Other _____

Test	Score	Course Recommendation
Sentence Skills	<u>60</u>	ENGL <u>099</u>
Reading Comprehension	<u>96</u>	RDNG <u>none</u>
Arithmetic Skills	<u>50</u>	MATH <u>90</u>
ESOL	_____	_____

Retest: Reason _____ Date _____ Results _____

COURSE RECOMMENDATIONS: Semester Sp 06 COMMENTS

<u>ENGL 099</u>	<u>4</u>	
<u>MATH 090</u>	<u>4</u>	
<u>ART 120</u>	<u>3</u>	
<u>HEALTH 126</u>	<u>1</u>	
<u>CAPS III</u>	<u>1</u>	

Entry Level Advisor's Signature Henry D. Thoreau Date 1-9-06