

Student Tracking Form: Adult English for Speakers of Other Languages (ESOL)

Student Name: _____ Student ID # _____ Enrollment Date: _____

Student Status: Date of drop (within 1st 12 hours, no show) _____ Date of withdrawal: _____

Course: (circle 1 or more) XAB (ABE) XEL (ESOL) XGE (GED) Instructor: _____

Initial Pre-Test Date: _____	Oral Assessment Score: _____
CASAS Test Form _____ Level: _____ Score: Listening: _____ Reading: _____	
Post-Test Date: _____	
CASAS Test Form _____ Level: _____ Score: Listening: _____ Reading: _____	
Pre-Test Date: _____	
CASAS Test Form _____ Level: _____ Score: Listening: _____ Reading: _____	
Post-Test Date: _____	
CASAS Test Form _____ Level: _____ Score: Listening: _____ Reading: _____	

Indicate the initial assessed literacy level(s). Mark X in the assessed literacy level

ESOL Literacy Foundation Level I	ESOL Low Beginning Level II	ESOL High Beginning Level III	ESOL Low Intermediate Level IV	ESOL High Intermediate Level V	ESOL Advanced Level VI
CASAS Scale: < 180 Grade level: 0-1.9	CASAS Scale: 181-190 Grade Level: 2.0-2.9	CASAS Scale: 191-200 Grade level 3.0-4.5	CASAS Scale: 201-210 Grade level: 4.6-5.9	CASAS Scale: 211-220 Grade Level: 6.0-7.4	CASAS Scale: 221-235 Grade Level: 7.5-8.9

Date LCP Certificate(s) issued:

Level I	Level II	Level III	Level IV	Level V	Level VI
Date:	Date:	Date:	Date:	Date:	Date:

Incentive Funding Eligibility for Serving within a Target Population:

Please check all that apply. Supportive documentation required for each category checked.

Adults with Disabilities _____	ESOL _____	Corrections _____	Economically Disadvantaged _____	WAGES _____
--------------------------------	------------	-------------------	----------------------------------	-------------