

Student Tracking Form: GED Preparation

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) XOR (orientation) XAB (ABE) XEL (ESOL) XGE (GED) Instructor: _____

Initial TABE Assessment Date: _____ TABE : Form _____ Level _____ Reading: _____ Math: _____ Lang. _____ Comp. _____

Practice GED Initial Assessment Date: _____

Indicate the Official GED Practice Test Scores (Pre and Post) for each instructional area and the number of hrs. of instruction completed (after the initial pre-test and before post-testing). Before post-testing the student must be enrolled for a minimum of 24 contact hrs.

Pre-Test: GED Practice Test Form _____ Post Test: GED Practice Test Form _____

Language Arts, Writing		Social Science		Science		Language Arts, Reading		Math	
Pre-test Score	Post-test Score	Pre-test Score	Post-test Score	Pre-test Score	Post-test Score	Pre-test Score	Post-test Score	Pre-test Score	Post-test Score
Enrollment time between testing		Enrollment time between testing		Enrollment time between testing		Enrollment time between testing		Enrollment time between testing	

Score of **450 to 500** on the **GED Official Practice Test** required on each sub-test for registration referral to the GED Examination.

Date referred to register for GED Examination: _____

Date and location of GED Examination: _____

GED Test Results : Pass _____ Fail _____ Composite Score _____

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 _____