

Brooklyn Public Library Literacy Program

Individual (Student) Education and Employment Preparation Plan (IEEPP)

Student Name:	
Program Start Date:	

Test Date: _____

Writing Rubric Level		TABE Locator Score	TABE Word List Score

TABE Reading (All BE Programs)				
Level _____		Form _____		
Number-Correct Score	Scale Score	Percentile Rank	Stanine	Grade Equivalent

TABE Mathematics (Pre-GED Program ONLY)					
Level _____		Form _____			
	NC	Scale Score	Percentile	Stanine	GE
Mathematics Computation					
Applied Mathematics					
Total Mathematics					

NOTES

Goals Checklist

Part 1

CHECK ONLY THE GOALS YOU WANT TO ACHIEVE.

NAME _____

YOU MAY ADD GOALS

READING			
	FOR ENJOYMENT		FOR USING COMPUTERS
	FOR WORK		NEWSPAPER, CURRENT EVENTS
	FOR HEALTH PURPOSES		FOR READING BIBLE / RELIGIOUS REASONS
	TRANSPORTATION		ADVERTISEMENTS & RECEIPTS
	FOR HELPING CHILDREN WITH HOMEWORK		LABELS & SIGNS
	FOR COMMUNICATION WITH TEACHERS & SCHOOLS		DIRECTIONS / INSTRUCTIONS
	FOR PERSONAL FINANCE (PAYING BILLS, BANKING, ETC.)		RESTAURANT MENUS (OTHER CHARTS & TABLES)

WRITING			
	NOTES (TO TEACHERS, ETC.)		TAKING MESSAGES
	FOR WORK (COMPLETING FORMS, ETC.)		GROCERY LISTS
	RESUMES & JOB APPLICATIONS		FOR ENJOYMENT
	FINANCIAL FORMS (CHECKS, ACCOUNT SLIPS, ETC.)		LETTERS TO FRIENDS & RELATIVES
	HEALTH FORMS (HEALTH HISTORY, ETC.)		

STEPS YOU WILL TAKE TO IMPROVE READING SKILLS

STEPS YOU WILL TAKE TO IMPROVE WRITING SKILLS

Goals Checklist

Part 2

CHECK OR CIRCLE ALL THAT APPLY

NAME _____

EMPLOYMENT GOALS

LABOR FORCE STATUS

EMPLOYED 15 HOUR OR MORE A WEEK	UNEMPLOYED-NOT WORKING BUT ARE SEEKING EMPLOYMENT	NOT IN THE LABOR FORCE
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FOR STUDENTS WHO ARE EMPLOYED

DO YOU WORK FULL TIME?	YES	NO
DO YOU WORK PART-TIME?	YES	NO
WHERE DO YOU WORK?		
HOW MANY HOURS A WEEK?		
WHEN DID YOU START WORKING AT THIS JOB?		
IS IT STEADY WORK?	YES	NO
DO YOU HAVE HEALTH BENEFITS?	YES	NO
ARE YOU LOOKING FOR A PROMOTION?	YES	NO
ARE YOU LOOKING FOR A DIFFERENT JOB?	YES	NO
DO YOU SUPERVISE OTHER PEOPLE?	YES	NO
WOULD IMPROVING READING AND WRITING CHANGE ANY OF THIS?	YES	NO

FOR STUDENTS WHO ARE NOT EMPLOYED

ARE YOU AVAILABLE FOR WORK?	YES	NO
IF YES: DO YOU WANT TO GET A JOB?	YES	NO
IF YES: WHAT KIND OF JOB?		

DISABILITY STATUS

- Learner has a record of, or is regarded as having, any type of physical or mental impairment, including a learning disability that substantially limits or restricts one or more major life activities.

FOLLOW-UP SURVEY (AT POST-TEST OR AFTER EXITING PROGRAM)

DATE: _____

DID YOU GET A JOB SINCE YOU ENROLLED IN THE PROGRAM	YES	NO
DO YOU STILL HAVE THAT JOB?	YES	NO
IF YES: WHAT IS THE NAME OF YOUR EMPLOYER?		

NOTES:

Goals Checklist

Part 3

CHECK OR CIRCLE ALL THAT APPLY

EDUCATION GOALS

ENTER A PRE GED CLASS	YES	NO
ENTER A GED CLASS	YES	NO
HIGH SCHOOL DIPLOMA	YES	NO
CERTIFICATE (TRAINING PROGRAM)	YES	NO
ENTER COLLEGE	YES	NO

OTHER GOALS

DRIVER'S LICENSE / PERMIT	YES	NO	SUPPORT AN ORGANIZATION (CHURCH, PTA, RED CROSS, ETC.)	YES	NO
USE COMPUTERS	YES	NO	HAVE BOOKS & MAGAZINES AT HOME	YES	NO
USE THE PUBLIC LIBRARY	YES	NO	READ TO CHILDREN	YES	NO
BECOME A CITIZEN	YES	NO	REGISTER TO VOTE	YES	NO
VOLUNTEER	YES	NO			

STEPS I WILL TAKE TO ACHIEVE THESE GOALS:

STUDENT SIGNATURE: _____

DATE: _____

STAFF SIGNATURE: _____

LEARNING CENTER: _____