

Post-Assessment Exception Form

Adult educators must document reasons for all post-assessments administered prior to the recommended timeframes for post-testing as stipulated in *Nevada Assessment Policy*, Section 2.

This form must be filed with the student's records, and a copy of the form must be forwarded to the Adult Education Program Director to remain on file in his/her office. The files are subject to review during monitoring and site visits.

Instructions: Fill in student's name, TOPSpro ID, and answer all status questions. Check reason(s) for exception. Complete the adult educator section and sign.

Student Name: _____ **Student ID#:** _____

Assessment Used: _____ **# of Instructional Hours** (40+ hours required): _____

Student's Entering Educational Functioning Level (check one):

- | | |
|--|---|
| <input type="checkbox"/> ABE Beginning Literacy | <input type="checkbox"/> ESL Beginning Literacy |
| <input type="checkbox"/> ABE Beginning Basic Education | <input type="checkbox"/> ESL Low Beginning |
| <input type="checkbox"/> ABE Low Intermediate Basic Education | <input type="checkbox"/> ESL High Beginning |
| <input type="checkbox"/> ABE High Intermediate Basic Education | <input type="checkbox"/> ESL Low Intermediate |
| <input type="checkbox"/> ASE Low Adult Secondary Education | <input type="checkbox"/> ESL High Intermediate |
| <input type="checkbox"/> ASE High Adult Secondary Education | <input type="checkbox"/> ESL Advanced |

Student's NRS Core Goal(s) (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Obtain GED or High School Diploma | <input type="checkbox"/> Obtain Employment |
| <input type="checkbox"/> Retain Employment | <input type="checkbox"/> Enter Post-Secondary or Training |
| <input type="checkbox"/> Improve Basic Skills | <input type="checkbox"/> Improve English Skills |

Reason(s) for post-assessment exception (check all that apply):

Student indicated he/she was leaving the program and has accrued the minimum required instructional hours.

Student's initial assessment, educational goals or level of participation suggest he/she may pass the Tests of General Educational Development (GED®) and exit the program prior to the recommended number of hours. Student has accrued the minimum required instructional hours.

Adult educator's name (please print): _____

Signature _____ **Date** _____

Agency _____