VESL 2 Educational Plan Follow-up Checklist

Student Name: ___________________________ ID#: ___________________________

Term: ___________________________ Cohort: ☑ Daytime  □ Evening

A) Initial Meeting (Date:___________)  

I. Courses Registered (check all that apply)
   □ Microcomputer Applications (CSB15)
   □ AMLA ____________
   or
   □ Substitute Course (attach waiver)
   ___________________________
   □ Career Elective Course (optional)
   ___________________________

II. Comments / Concerns:

B) Follow-up Meeting (Date:___________)

I. Course Progress (check all that apply)
   □ Microcomputer Applications (CSB15)
     □ Likely to pass
     □ Not likely to pass
     Reason: ___________________________
   □ AMLA or Substitute Course
     □ Likely to pass
     □ Not likely to pass
     Reason: ___________________________
   □ Career Elective Course (optional)
     □ Not applicable
     □ Likely to pass
     □ Not likely to pass
     Reason: ___________________________

II. VESL Certificate Eligibility (check one)
   □ Eligible
   □ Not Eligible

III. Comments / Concerns:

VESL 1 (Fall 2010)
   ▪ Speaking C: Pass
   ▪ Writing C: Pass
   ▪ Career & Life Planning: Pass
   ▪ Computer Keyboarding: Pass
   ▪ Intermediate Keyboarding (optional): N/A

Notes:

Student Signature: ____________________________________________

Student Signature: ____________________________________________

Counselor Signature: __________________________________________

Counselor Signature: __________________________________________

Initial meeting: Complete by the end of Week 3  
Follow-up meeting: Complete by the end of Week 13