

Assessment Information

- To be completed and returned to the client's MFIP counselor within 2 weeks of entering ABE program.

Client Name: _____ MFIP Counselor: _____

Date Registered with ABE: _____

Date	Instrument CASAS/GED	Subject	Form/Level	Scale Score	Level Assigned

Describe client's computer skills: _____ _____ _____ _____

Family Situational Change (Describe any changes/events that may be affecting the student's learning) _____ _____ _____
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Student's Class Schedule: _____ _____ _____

Hours of Attendance for the week(s) of _____

Monday	Tuesday	Wednesday	Thursday	Friday	Total

Signature _____