

**Next Steps – ESOL to ABE/GED**

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_ Date: \_\_\_\_\_

Student Academic Goal: \_\_\_\_\_ Phone \_\_\_\_\_

★ Instructors: Use Next Steps Guidelines on the back to complete this form ★

**Section A: Current ESOL Scores [to be completed by ESOL instructor]**

	SCALED SCORE	DATE TESTED	TEST FORM
CASAS Reading:	_____	_____	_____
CASAS Listening:	_____	_____	_____
CASAS Math:	_____	_____	_____
Transitions Reading & Writing Assessment: Writing Level _____ Date _____			

Instructor Note (if needed): \_\_\_\_\_

**Section B: Courses Recommended for Next Quarter: [to be completed by ESOL instructor]**

Student has completed an online application to the College prior to ABE registration  
 [For course descriptions, please see **ABE Course Descriptions** document available on the N Drive]

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BASIC Writing 059 (5 cr)     | <input type="checkbox"/> BASIC Writing 060 (5 cr)      | <input type="checkbox"/> Writing Support (3 cr)               |
| <input type="checkbox"/> BASIC Reading 056 (5 cr)     | <input type="checkbox"/> Tech Support (3 cr)           | <input type="checkbox"/> Conversation Support (3 cr)          |
| <input type="checkbox"/> BASIC Math 053 (5 cr)        | <input type="checkbox"/> GED Preparation (# cr varies) | <input type="checkbox"/> Bi-lingual GED Preparation (6 cr)    |
| <input type="checkbox"/> Academic Bridge (10 cr)    ⇒ | <input type="checkbox"/> BASIC Writing 59 <b>OR</b>    | <input type="checkbox"/> BASIC 60 <b>AND</b> BASIC Reading 56 |

**ESOL Level credits** \_\_\_\_\_ + **ESOL Support class credits** \_\_\_\_\_ + **ABE/GED credits** \_\_\_\_\_ = **Total** \_\_\_\_\_

**Dean's Signature** (if total credits equal more than 21) \_\_\_\_\_

**Section C: CASAS Tests Needed:** Place an "X" on the line before the test(s) student needs to take **[to be completed by ESOL instructor]**

_____ CASAS Reading appraisal/pre-test (if score is expired)	RAW SCORE	SCALED	DATE TESTED
_____ CASAS Math appraisal/pre-test (if 1st time or expired)	RAW SCORE	SCALED	DATE TESTED
	_____	_____	_____ [Office staff]
	_____	_____	_____ [Office staff]

ESOL Instructor's Note (if needed): \_\_\_\_\_

**ESOL Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you have questions about how to complete this form? Use *the Next Steps Guidelines* available on the N drive!**