

AGENCY NAME PROGRAM NAME

Post-Secondary Education Assessment

Participant _____

Household member(s) planning to enroll in post-secondary education program(s):

The purpose of this assessment is to determine whether the individual(s) named above are likely to be ready for post-secondary education by the end of X DATE, based on his/her current situation.

AGENCY NAME recognizes that the information provided is not a guarantee, but simply an educated assessment based on information available to the counselor at this time.

___ The individual(s) named above is already enrolled in a post-secondary program.

___ The individual(s) named above should be ready to enroll in a post-secondary program by X DATE, provided the issues listed below are addressed.

___ It appears unlikely that the individual(s) named above will be ready and able to begin a post-secondary program by X DATE.

In order to help the participant set a realistic savings goal, please provide the following:

Estimated amount participant is expected to need for tuition and fees before X DATE.

\$ _____.

Issues to be Addressed:

___ Increase GPA

___ Develop extra-curricular experience

___ Complete high school/GED

___ Improve English ability

___ Develop a viable career plan

___ Other (please list)

Signed _____ Date _____

(Career/College Advisement Counselor)