



Atlantic Technical College & Technical High School

PRE-COLLEGE ACADEMIC STUDIES

CHECKLIST TO SUCCESS



Last Name: _____ First Name: _____

Student ID: _____ Cell Phone #: _____

Email Address: _____ ged.com Password: _____

STEP #1 Pass the TABE tests

9.0 (D) or above

Pass the TABE tests

Current Score

Reading _____

Math _____

Language _____

STEP #2 Pass the GED® Practice Tests

145 or above

Score Likely to Pass

GED® Reasoning through Language Arts _____

GED® Social Studies _____

GED® Science _____

GED® Mathematical Reasoning _____

STEP #3 Pass the Official GED® tests and graduate by: _____

145 or above	Date	Score	Informed Instructor
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
<input type="checkbox"/> GED® Reasoning Through Language Arts	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> GED® Social Studies	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> GED® Science	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> GED® Mathematical Reasoning	_____	_____	<input type="checkbox"/>

STEP #4 Plan Your Next Step *AFTER* Graduation

Complete

Post-Secondary Program of Interest _____

Attend a Program Orientation _____

Complete the Financial Aid Application _____

Meet with your program Counselor/Advisor _____

Complete the program application _____

Complete program entry requirements (if applicable) _____

Obtain program materials (textbooks, uniform, etc.) _____

revised: 5/11/18- JM/daa



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Stay on Track!

I reviewed with (Name of staff): _____

Date: _____

Topics Reviewed **Yes/No**

Attendance (*Am I attending as often as I can?*) _____

Schedule (*Is my schedule correct?*) _____

Skills/Knowledge (*Is there something I didn't get?*) _____

Testing (*Am I up to date on testing?*) _____

I Need Assistance With

Accommodations/Academic Intervention

Financial Aid

CTE Counselor's Name: _____

Concerns

Attendance

Childcare

Family/Personal Issues

Finances

Health/Medical Issues

Housing Issues

Loss of Interest/Motivation

Other _____

My Action Steps:

I reviewed with (Name of staff): _____

Date: _____

Topics Reviewed **Yes/No**

Attendance (*Am I attending as often as I can?*) _____

Schedule (*Is my schedule correct?*) _____

Skills/Knowledge (*Is there something I didn't get?*) _____

Testing (*Am I up to date on testing?*) _____

I Need Assistance With

Academic Intervention (M. Eisenberg)

Financial Aid (ATC Staff)

CTE Counselor's Name: _____

Concerns

Attendance

Childcare

Family/Personal Issues

Finances

Health/Medical Issues

Housing Issues

Loss of Interest/Motivation

Other _____

My Action Steps:
