NON-TRADITIONAL HIGH SCHOOL DIPLOMA OPTIONS
OFFICIAL TRANSCRIPT

Updated 02/13/2018

Student Name: _____   AE Program: _____

Select Option: ⸺ Option 1 or ⸺ Option 2   Date HSO Requirements Completed: _____

High School: _____   School System: _____

Option 1

TABE TEST*		READY – TO-WORK		PRIOR LEARNING EXPERIENCE **			
Post Test	Score	Date Completed		Approved By	Date	Course Equivalent	Credit
Language							
Math		WORKKEYS ***					
Reading		Assessment	Level				
2014 GED® READY TEST		Workplace Docs (2.0)					
Science		Graphic Literacy (2.0)					
Social Studies		Applied Math (2.0/1.0)					
		Reading for Info (1.0)					
		Locating Info (1.0)					

Option 2

_____Credits earned from HS transcript   _____   Credits earned from AE program_____
                                                                (Name of High School)

2014 GED® ASSESSMENT			READY – TO-WORK	WORKKEYS ***		
Post Test	Score	Credit	Date Completed	Assessment	Level	Credit
Math				Workplace Docs (2.0)		
Social Studies				Graphic Literacy (2.0)		
Reasoning Through Language Arts				Applied Math (2.0/1.0)		
Science				Reading for Info (1.0)		
				Locating Info (1.0)		
Total Credits			Total Credits	Total Credits		
CAREER PATHWAY (DUAL ENROLLMENT)			PRIOR LEARNING EXPERIENCE **			
Class Name	Grade	Credit	Approved By	Date	Course Equivalent	Credit
Total Credits			Total Credits			

* TABE assessment attached, **Portfolio available upon request, *** WorkKeys 2.0 or 1.0, complete as applicable - scores and results attached

NON-TRADITIONAL HIGH SCHOOL DIPLOMA OPTIONS
OFFICIAL TRANSCRIPT

Notes:

Completed by: _____
         (**Adult Education Director**)

Signature: _____   Date: _____
        (**Signature** of Adult Education Director)

Date Sent to School Counselor: _____

To be completed by K-12 school officials:

Verified by: _____
        (School Counselor/Registrar - Please **print** name)

Signature: _____   Date: _____
        (**Signature** of Counselor/Registrar)

Verified by: _____
        (School Principal/Administrator- Please **print** name)

Signature: _____   Date: _____
        (**Signature** of School Principal/Administrator)

Verified by: _____
        (Local School Superintendent – Please **print** name)

Signature: _____   Date: _____
        (**Signature** of Local School Superintendent)

Graduation Date: _____   Date AE Program Notified: _____