Student Name: _____ **Student I.D.:** _____
First Middle Last

Targeted Instructional Progress (TIP) Testing Request

TIP Testing should be done infrequently and is only allowable for those adult student learners in classes/courses who would otherwise be unable to progress test before the end of the timeframe provided by the test publisher's instructional guidelines.

TIP Request Date: _____

Check the reason for the TIP Testing Request:

Fill in the documentation on the pages 3 – 4 once a student has currently enrolled, or has received enrollment confirmation with an official program start date, for one of the following qualifying conditions

☐ **1)** Completion of a workplace readiness program
*S*tudent enrolled in a course to gain the core academic, soft, and foundational occupational skills needed to successfully secure, retain, and advance in employment and is nearing completion.

☐ **2)** Completion of a targeted Career Center referral training course
Student is enrolled in a class of the following type and has or is nearing completion of the training course: Career Center WIOA ITA Training.

☐ **3)** Exiting the program because of employment
Student is currently employed or has received a job offer with an official start date.

☐ **4)** Exiting the program because of attainment of a high school equivalency (HSE)
Student earned an HSE or earned a high school diploma by completing the High School Diploma Option (HSDO) Program.

☐ **5)** Exiting the program because of transitioning to postsecondary education or a workforce training program

Check the pre-test subject(s) for which the student will be receiving a progress posttest, and fill out the information for the checked rows:

Battery	Subject	Testing Early	Pre-Test Date	Pre-Test Level	Hours Attended
TABE 13/14	Language	☐			
TABE 13/14	Math	☐			
TABE 13/14	Reading	☐			
ACT WorkKeys	Applied Math	☐			
ACT WorkKeys	Workplace Docs	☐			
CASAS Steps ESL	Reading	☐			
CASAS Steps ESL	Listening	☐			
BEST Plus 3.0	BEST Plus	☐			
BEST Literacy 2.0	BEST Literacy	☐			
TABE CLAS-E	Listening	☐			
TABE CLAS-E	Reading	☐			
TABE CLAS-E	Speaking	☐			
TABE CLAS-E	Writing	☐			

Student Name: _____ **Student I.D.:** _____
First Middle Last

Learners who are provided with a test based on a TIP Request must show educational proficiency in the area being tested using a verified form of informal assessment or teacher observation, which must be documented in the student record, or portfolio, of work.

Enter the details attesting to the student's educational proficiency:
** Provide the name and a description of the informal assessment used and/or the notes regarding the teacher observation*

Teacher: _____ **Date:** _____

Signature: _____

Student Name: _____ **Student I.D.:** _____
First Middle Last

Targeted Instructional Progress (TIP) Testing Approval

Approved: ◯ **Denied:** ◯

Program Director: _____ **Date:** _____

Signature: _____

Comments:

Fill in the documentation for the qualifying condition chosen on page 1:

1) Completion of a workplace readiness program.

Class Name	Class Type	Enrollment Date	Course Completion Date

2) Completion of a targeted Career Center referral training course

Program Name	Program Type	Enrollment Date	Course Completion Date

3) Exiting the program because of employment

How Data was Reported (phone call, text, email, in-person, online form, social media)	
Employment Start Date	
Is New Job (yes/no)	
Pay Period (hourly, daily, weekly, bi-weekly, monthly, quarterly, annually)	
Income per Pay Period (if not reported, enter $1 per year)	
Job Improvements (Additional duties and/or responsibilities, increase in pay, promotion in job title, increased hours, promotional track)	
Reported by (student, employer, other)	
Name of Person who Reported	
Employee Title (job title)	
Business Type	
Employer Name (company)	

Student Name: _____ **Student I.D.:** _____
First Middle Last

Employer Address	
Employer City	
Employer State	
Employer Zip Code	
Employer Contact	
Employer Phone	
Comments	

4) Exiting the program because of attainment HSE or high school diploma through the HSDO program

a) Student has earned an HSE.

HSE Assessment Type	Date Passed	Score

b) Student has completed requirements for Option 1 of the HSDO program.

POI Item Completed	Date Completed

c) Student has completed requirements for Option 2 of the HSDO program.

POI Items Completed	Date Last Credit Completed

5) Exiting the program because of transitioning to postsecondary education or a workforce training program

Date of Enrollment	
Institute (name of college, university, job training provider, etc.)	
Program of Study/Training Name	
Is a Credit or Career Training Program (yes/no)	
How Data was Reported (phone call, text, email, in-person, online form, social media)	
Reported by (student, institute staff, other)	
Name of Person who Reported	
Comments?	