

Connecticut Department of Mental Health and Addiction Services



EDUCATION ASSESSMENT FORM - DDaP

DATE: _____ / _____ / _____

CLIENT ID: _____

CLIENT NAME: _____

EDUCATION PREP ACTIVITIES: <i>(check all that apply)</i>	*START DATE:			END DATE:		
<input type="checkbox"/> EDUCATION SITE SEARCH						
<input type="checkbox"/> FINANCIAL AID ACTIVITIES						
<input type="checkbox"/> REGISTRATION ACTIVITIES						

** If a Prep Activity is selected, Start Date is a required field.*

EDUCATION PROGRAM: (Check one)
<input type="checkbox"/> ADULT BASED EDUCATION
<input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE (ESL)
<input type="checkbox"/> GENERAL EQUIVALENCY DIPLOMA
<input type="checkbox"/> TECHNICAL AND OTHER TECHNICAL TRAINING SCHOOL COURSES
<input type="checkbox"/> WIA OR WELFARE -TO- WORK SPONSORED EDUCATION AND /OR TRAINING
<input type="checkbox"/> WORK- RELATED SECONDARY OR POST-SECONDARY COURSES AT PRIVATE OR PUBLIC UNIVERSITIES

***PROGRAM START DATE:** _____ / _____ / _____

** If a Program is selected, Start Date is a required field.*

PROGRAM END DATE: _____ / _____ / _____

SUCCESSFUL COMPLETION: YES NO