FACE Adult Participation Plan SY 2020

Adult Student Name ___________________________________________ Date ____________________

Each FACE family has an adult participating in the program in one of the following ways: full time, part time, or flex time. Complete this form together with each adult as you discuss the level of participation in center-based components of Adult Education, PACT Time, and Parent Time. Update this form throughout the year as participation levels change. Date the changes.

**Status:**

- **Full-time** – Adults attend adult education classes four (4) days a week and participate in Parent Time and PACT Time daily.

- **Part-time** – Adults attend adult education classes one to three (1 – 3) times a week and participate in PACT Time and Parent Time when present.

- **Flex-time** – Parents participate in weekly PACT Time and Parent Time activities at the school, home, or in the community.

Describe what your participation will look like on a daily basis.

____________________________________________________________________

____________________________________________________________________

**Adult Education Plan**

- **Yes**  □ No  □  I will participate in Adult Education. **Note:** All full-time and part-time students participate in adult education. (If yes, fill in the following section):

My Adult Education focus is (basic skills improvement, GED, high school diploma, HiSet, college preparation, college courses, career exploration, employability skills, etc.):

____________________________________________________________________________

____________________________________________________________________________

I will participate in Adult Education at the school on these days and times:

____________________________________________________________________________

____________________________________________________________________________

I will participate in Adult Education through these activities (center base classes, enrollment in another adult education program, online courses, take home, home visits, etc.):

____________________________________________________________________________

____________________________________________________________________________
PACT Time Plan
I will participate in PACT Time at school on these days and times:
______________________________________________________________________
______________________________________________________________________

I will participate in PACT Time through the following activities (at the center, home, in the community):
______________________________________________________________________
______________________________________________________________________

Name of child(ren) and grade(s) of children I will participate in PACT Time with:
______________________________________________________________________
______________________________________________________________________

Parent Time Plan
I will participate in Parent Time at school on these days and times:
______________________________________________________________________
______________________________________________________________________

I will participate in Parent Time through these activities (center-based classes, take home information, community-based sessions, home visits, etc.):
______________________________________________________________________
______________________________________________________________________

Parenting topics that I am interested in:
______________________________________________________________________
______________________________________________________________________

Preferred method of communication: □ Phone call □ E-mail □ Text message □ Other

The best way to receive information about At Home PACT Time and Parent Time is:
□ Child’s Backpack □ E-mail □ Text message □ Other ______________________________

Adult Student Signature ____________________________ Date ______________________

Adult Education Instructor Signature ____________________________ Date ______________________