

FACE Adult Participation Plan SY 2021

Adult Student Name _____ Date _____

Each FACE family has an adult participating in the program in one of the following ways: full time, part time, flex time, or distance adult education. 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. Participation is for a minimum of two (2) hours per week.
- Distance Adult Education** – Adults participate in adult education (digital and/or non-digital) and participate in weekly PACT Time and Parent Time activities at home or in the community. Participation in PACT Time and Parent Time is for a minimum of two (2) hours per week.

Status	Date

Adult Education Plan

Yes No I will participate in Adult Education. Note: All full-time, part-time, and distance adult education 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 or virtually 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 or virtually 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 or virtually 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 _____