

**Learner File Summary**

Learner Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Income: \_\_\_\_\_  
 Registration Date: \_\_\_\_\_ Service Plan Start Date: \_\_\_\_\_  
 Expected End: \_\_\_\_\_ Exit: \_\_\_\_\_  
 Goal Path: \_\_\_\_\_ Goal: \_\_\_\_\_

**Referral/Assessment**

\_\_\_ Self Service Initiated: Yes \_\_\_ No \_\_\_  
 \_\_\_ Referral from LBS or community agency: \_\_\_\_\_  
 \_\_\_ Release of Information Consent  
 \_\_\_ Initial Assessment: \_\_\_\_\_ Rationale  
 \_\_\_ Eligibility: Yes \_\_\_ No \_\_\_  
 \_\_\_ Referral to LBS or community agency: \_\_\_\_\_

**Intake**

\_\_\_ LBS Participant Registration Form  
 \_\_\_ Estimated time per week learner commits: Total \_\_\_\_\_  
 Classroom/Tutor \_\_\_ Hours per week Homework \_\_\_ Hours per week  
 \_\_\_ Learner Agreement/Agency Confidentiality/Agency Release of Information Consent/Emergency Contact Information  
 \_\_\_ Learner Plan (signed)  
 \_\_\_ Training Supports Allowance Application Approved: Yes \_\_\_ No \_\_\_  
 \_\_\_ Referral to EO service provider/community agency: \_\_\_\_\_  
 \_\_\_ Welcome Package \_\_\_ Preferred Learning Style: \_\_\_\_\_

**Tutor Match/Classroom**

Tutor: \_\_\_\_\_ Classroom: \_\_\_\_\_  
 First Meeting/Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_ Communication Binder (Learner Plan, Goal Path Description, Attendance, Tasks and Activities, Learner Progress Tracking/Reporting Sheets)  
 \_\_\_ E-learning: \_\_\_\_\_

**Progress Tracking**

\_\_\_ Learner Progress Tracking/Reporting Sheets  
 \_\_\_ Ongoing Assessment Tasks and Activities/Self-Assessment by goal path ESKARGO  
 \_\_\_ Milestones

**Exit**

\_\_\_ Exit Assessment: \_\_\_\_\_ Culminating Task: Yes \_\_\_ No \_\_\_ No Response \_\_\_  
 \_\_\_ Referral to LBS or community agency: \_\_\_\_\_  
 \_\_\_ Exit and Follow up \_\_\_ LBS Learner Satisfaction Survey  
 \_\_\_ File Closed: \_\_\_\_\_