

GATEWAY

CENTRE FOR LEARNING

Case Reference: _____

Person Reference: _____

LEARNER FILE SUMMARY

Name: _____

Phone: _____

Other Contact (email, alternate phone, etc): _____

Initial Meeting Date: _____

Assessed By (Staff Name): _____

Referred By: Organization: _____

Contact Person: _____ Phone/Email: _____

Goal Path: _____

One to One Tutor: _____ Contact Info: _____

Group/Workshop: _____ Date/Time of Meetings: _____

Instructor/Tutor: _____ Contact Info: _____

File Includes:

From Entrance

- Learner's File Summary
- MAESD Participant Registration Form*
 - (Notice of Collection and Consent)*
- Welcome to the Adult LBS Program
 - (Notice of Collection and Consent)
- Data Entry Checklist
- Referral for Service Form(s)
- Gateway Additional Intake Information Form
- Photo Release
- Communications
 - Contact Journal
 - First Month Check
- Milestones
- Activities/Tasks**
- Training Support* (if applicable)
- Learner Plan with Acceptance*
- Learning Plan Worksheet
- Initial Assessment/Assessment Summary
- Other _____

At Exit – Place under Learner File Summary

- MAESD Exit Form*
- MAESD & Gateway Follow-Up Surveys*
 - 3 month
 - 6 month
 - 12 month
- Gateway Exit Survey
- Gateway Exit Assessment
- Exit Checklist
- Service Plan Summary Closure

**required as per MAESD guidelines and agreement*

*** used as evidence of learner progress as per MAESD guidelines and agreement*