

Literacy Volunteers of Washington County, Inc.

401-596-9411

LitWashCty@verizon.net

Participant Name:

Initial Assessment: BEST Plus: _____ Literacy Skills _____ CASAS _____

Post Test: BEST Plus: _____ Literacy Skills _____ CASAS _____

Address:

Phone:

Email:

SMART GOALS: Specific, Measurable, Achievable, Relevant, Time tied

Long Term: _____

Short Term #1:

Short Term #2:

Short Term #3:

Results:

Short Term #1:

Short Term #2:

Short Term #3:

Participant Signature _____

Date: _____

Instructional Personnel _____

Date: _____