MT. SAC
Mt. San Antonio College

VESL 2 Educational Plan Follow-up Checklist

Student Name: _____ ID#: _____

Term: _____Spring 2011_____ Cohort: ☑ Daytime ☐ Evening

A) Initial Meeting (Date:_____)	**B) Follow-up Meeting** (Date:_____)

I. Courses Registered (check all that apply)
 	
☐ Microcomputer Applications (CSB15)
 	
☐ AMLA _____
   or
☐ Substitute Course (attach waiver)
 	
_____
 	
☐ Career Elective Course (optional)
 	
_____
 	
II. Comments / Concerns:
	I. Course Progress (check all that apply)
	
	• Microcomputer Applications (CSB15)
	   ☐ Likely to pass
	   ☐ Not likely to pass
	   Reason: _____
	
	• AMLA or Substitute Course
	   ☐ Likely to pass
	   ☐ Not likely to pass
	   Reason: _____
	
	• Career Elective Course (optional)
	   ☐ Not applicable
	   ☐ Likely to pass
	   ☐ Not likely to pass
	   Reason: _____
	
	II. VESL Certificate Eligibility (check one)
	   ☐ Eligible
	   ☐ Not Eligible
	
	III. Comments / Concerns:

VESL 1 (Fall 2010) ▪ Speaking C: Pass ▪ Writing C: Pass ▪ Career & Life Planning: Pass ▪ Computer Keyboarding: Pass ▪ Intermediate Keyboarding (optional): N/A Notes:	
Student Signature:_____	**Student Signature**:_____
Counselor Signature:_____	**Counselor Signature**:_____

*Initial meeting: Complete by **the end of Week 3***   *Follow-up meeting: Complete by **the end of Week 13***