

**WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA)  
YOUTH LITERACY / NUMERACY FORM**



Participant's First Name \_\_\_\_\_

Participant's Last Name \_\_\_\_\_

User ID, State ID or Partial SSN \_\_\_\_\_

Agency:  CCHA     KRA     UCC     HYSC     Other: \_\_\_\_\_

LITERACY / NUMERACY			
READING		MATH	
Test Type:	Pre-test	Test Type:	Pre-test
Assessment Category:	ABE	Assessment Category:	ABE
Type of Assessment:	TABE 9-10	Type of Assessment:	TABE 9-10
Functional Area:	Reading	Functional Area:	Math
Pre-test Date:		Pre-test Date:	
Pre-test Scale Score:		Pre-test Scale Score:	
Educational Functioning Level:		Educational Functioning Level:	
Score reflects BSD: (EFL 6 or below = Yes BSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Score reflects BSD: (EFL 6 or below = Yes BSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Type:	Post-test	Test Type:	Post-test
Post-test Scale Score:		Post-test Scale Score:	
Educational Functioning Level:		Educational Functioning Level:	
Post-test Date:		Post-test Date:	
Youth remains BSD: (EFL 6 or below = Yes BSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth remains BSD: (EFL 6 or below = Yes BSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No