
Adult Education and Literacy Adult Diploma Program Graduation Agreement Template Draft

Purpose – do not include this section on graduation agreement

This is a **template** with text for the Adult Education and Literacy’s (AEL) Adult Diploma Program (ADP) graduation agreement. Each AEL provider will copy and paste the items below onto their organization’s letterhead for students to fill out in hard copy.

The elements of this form must be used in the order presented here for each ADP student. Your organization’s letterhead must include the [American Job Center logo](#). Copy and paste the logo from the following page or use another logo from the American Job Center website linked above.





Adult Education and Literacy Adult Diploma Program Pilot Graduation Agreement

Version (circle one): Original Revision

Date: _____

A. Learner Information

LACES Student ID:

Vermont PermNumber:

Learner Name (First and Last):

Learner Date of Birth:

Expected Graduation Date (MM/DD/YYYY):

B. Adult Education and Literacy (AEL) Provider Information

AEL Provider Graduation Agreement (GA) Manager:

GA Manager Email Address:

GA Manager Phone Number:

C. Participating High School (HS) Information

Participating HS name:

District of participating HS:

Name of HS representative:

HS Representative Email Address:

HS Representative Phone Number:

E. Graduation Plan

Please see the ADP policy manual for more information about ADP Proficiency Based Graduation Requirements (PBGRs).

PBGR	Services/Learning Activities (how it will be achieved and who will provide the services)	Evidence of Achievement (how it will be assessed)	Standards Addressed	Completion Date
Mathematics				
English Language Arts				
Social Studies				
Science				

F. Who commits to this ADP Graduation Agreement?

Please sign and date below.

_____	_____
Student	Date
_____	_____
Parent or guardian for minor	Date
_____	_____
AEL Graduation Agreement Manager	Date

G. Change Log

Date	Description of change	Section	Page

H. High School Review

Please see the ADP policy manual for more information about the high school review process.

Reviewer Name:

Date of Review:

What evidence of completion was provided?

Based on your review, do you agree that the student has completed the activities outlined in the graduation plan, met the ADP statewide PBGRs and is eligible for graduation through the ADP? ___Yes ___No

If "No" was selected, please explain why:

Reviewer signature (only to verify the completion of your review, not approving the student for graduation):

I. Graduation Approval

By signing below, the student (and Parent if under 18), school and AEL provider verify that:

- They have reviewed the student’s completed graduation agreement
- They agree that the student has completed the activities outlined in the graduation agreement and met the ADP statewide PBGRs
- They understand that the student will lose access to enrollment in a secondary school once the student receives a diploma through the ADP
- They approve the student for graduation through the ADP

Student Date

Parent or guardian for minor Date

AEL Graduation Agreement Manager Date

High School Representative Date