

Student Success Story

INFORMATION ABOUT YOU

First Name

Last Name

Email Address

Phone (in case of questions)

Organization Name

Consortium

STUDENT INFORMATION

Student First Name

Student Last Name

- ☐ Permission obtained from the student to post this story.
- ☐ Permission obtained to use student name in the story.

STUDENT SUCCESS STORY INFORMATION

Brief Story Heading

Program Area (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Adult Basic & Secondary Education | <input type="checkbox"/> Pre-Apprenticeship |
| <input type="checkbox"/> Adults with Disabilities | <input type="checkbox"/> Training to support Child Success |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Workforce Re-entry |
| <input type="checkbox"/> Career Technical Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> English as a second Language & Citizenship | |

The Challenge

Briefly describe the challenge(s) the student faced.

The Solution

What was done to help them overcome the challenge(s).

The Outcome

What was the actual result the student obtained as a result of the services received.

Please email the completed Student Success Story form,
along with any corresponding photos or videos, to sherri.watkins@statecenter.com.