



PULASKI COUNTY SPECIAL SCHOOL DISTRICT

925 East Dixon Road/P.O. Box 8601

Little Rock, AR 72216

(501) 490-2000

TABE Conference Decision Form

Student Name: _____ School Name: _____

Counselor Name: _____ Date of Conference: _____

A conference has been held to discuss the academic options available for the above named student. This student achieved the following scores on the TABE Survey:

Reading: _____

Mathematics: _____

Language: _____

It is the opinion of the persons listed below that enrollment into the Adult Education Program is the most appropriate academic option for this student.

Counselor Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____