

# AERIS Manual Outcome Form



Student Name: \_\_\_\_\_

Student Outcome/Goal:  Employment  Retain/Improve Employment

Postsecondary Ed.  Training  HS Diploma

Where (State, name of school/business, etc): \_\_\_\_\_

Date of Separation from Program: \_\_\_\_\_

Date Outcome achieved: \_\_\_\_\_

Student has:  Social Security number  Generated number

Adult Ed/Literacy Program entering outcome: \_\_\_\_\_

Comments: \_\_\_\_\_

State office:

\_\_\_\_ Approved    \_\_\_\_ Declined (state reason for declining Outcome)

Arkansas Department of Career Education  
Arkansas Adult Education Division  
3 Capital Mall  
Little Rock, AR 72201  
501-682-1970