

## Superior Court of the State of Washington for Snohomish County

## SNOHOMISH COUNTY ADULT RECOVERY COURT

JOSEPH P. WILSON JUDGE DEPT. 3F SNOHOMISH COUNTY COURTHOUSE M/S #502 3000 Rockefeller Avenue Everett, WA 98201-4060 DRUG COURT COORDINATOR Jason Korneliussen (425) 388-3546 Skyler Willian (425) 388-3093 Fax (425) 388-3597

## **Education Progress Report**

This client is participating in Snohomish County's Adult Recovery Court (ARC).

As part of this client's participation in ARC, they must obtain either their High School Diploma,

General Education Degree, or Technical Certification.

## To be completed by Educational Institution:

Client Name:					
Educational Institution:  1. Is this Client enrolled in classes? : □ Yes □ No					
			If Yes, please provide start and end da If Yes, type of classes?	te:	
2. Has this Client applied for any class or testing	ng accommodations?	?:□Yes□No			
If Yes, date applied for accommodations:  If Yes, what is the reason for the accommodation?:  If Yes, what accommodations were given (if any):  Will the accommodations delay or prevent the client from obtaining their GED, High School Diploma, or Vocational Certificate? If yes, please explain:					
			3. Explain the client's progress (e.g. what testi they complied with suggestions of staff):	ng nas oven done, na	tve they been attending classes, have
			4. Is the client able to obtain a High School Diby ? ☐ Yes ☐ No  If Yes, what do they have left to comp		
			If No, how long might it may take:		
5. Please attach any documentation that would	support the informa	tion provided above			
6. Any additional comments?					
Signature	Title				
Printed Name	Phone number	Date Signed			

THIS FORM MUST BE TURNED IN TO DRUG COURT COORDINATOR