



Montana  
**Office of Public Instruction**  
Elsie Arntzen, State Superintendent  
opi.mt.gov

## ABLE Postsecondary Enrollment Survey Form

**Student:**

**Program:**

**Exit Date:**

Since you left the ABLE Program, have you enrolled in any other educational or training programs?

☐ Yes

☐ No

If yes, where are you enrolled?

Date of enrollment:

### Contact Notes:

Date and Time:

Name:

Contact (who, nature of conversation, any messages left., etc.)

Status (interview completed, scheduled recall, etc.)

### Documentation:

The results of each surveyed student will be recorded on the state developed enrollment log and the logs will be submitted to the State of Montana ABLE/GED Office.

The State Office will correlate the results.