Indiana Department of Education	Adult Education Final Report Form	Corporation Name:
Adult Education	Semester:	Date:_____From:_____To:

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
				Eligible Adults													
				Non-Graduates			Graduates										
Seq No.	Course Code and Title	Total Instr. Hours	Total In-Serv Hours	Regis-tered	Enroll	Ct hrs (ABE)	Regis-tered	Enroll	Ct hrs (ABE)	K-12 Regis-tered (ASC)	Non-Elig Grads (ASC)	Elg Ads Earning Credits (ASC)	Instructor Social Security Number or Last Name	Full/ Part Time	Credits NonSch Exper (ASC)	Credits Earned by Exam	Acutal Cost (including Elig Fring In-serv)