

Last Name		First Name		Middle/Maiden Name		SSN	
Mailing Address				County of Residence			
City				State		Zip	
Home Phone			Cell Phone			Work Phone	
Email				Date of Birth (mm/dd/yyyy)		Age	Gender (M or F)

Ethnicity: Check the "YES" or "NO" box on the line below to indicate ethnicity.
 (NOTE: HISPANIC/LATINO: PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN OR OTHER SPANISH CULTURE/ORIGIN, REGARDLESS OF RACE.)

<input type="checkbox"/>	Yes, I am Hispanic/Latino	<input type="checkbox"/>	No, I am not Hispanic/Latino
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Race: Check one or more boxes below to indicate your race.
 USE THE RACE DESCRIPTION HANDOUT AS NEEDED

<input type="checkbox"/>	American Indian or Alaskan native	<input type="checkbox"/>	Native Hawaiian or Other Pacific islander		
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White

Employment Status (Check only one box below to indicate employment status)

<input type="checkbox"/>	Retired	<input type="checkbox"/>	Employed full-time	<input type="checkbox"/>	Employed part-time
<input type="checkbox"/>	Unavailable for work (in a correctional facility)	<input type="checkbox"/>	Unemployed but not looking for work	<input type="checkbox"/>	Unemployed and looking for work

Other Information: Check Yes or No for each question below.

Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	On Public Assistance (TANF, SNAP, Medicaid, Disability)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single Parent?	Homeless?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immigrant?	Have you been expelled from school?
<input type="checkbox"/>	<input type="checkbox"/>	Have you attended adult education before? If Yes, where?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you Disabled? Nature of Disability:			

Level of Education – Complete line 1 OR lines 2 & 3

1. **Highest Education Level Completed:** College/Professional Degree; Some College (no degree); High School diploma; GED

2. **Highest K-12 Grade Completed:** _____ **U.S. Schools?** Yes No

3. **Last K-12 School Attended:** _____ **Date Last Attended:** _____

Why are you enrolling in Adult Education? (Check all that apply)

<input checked="" type="checkbox"/>	To improve my education	<input type="checkbox"/>	To improve skills so I can find a job
<input type="checkbox"/>	To improve skills so that I can keep my job or find a better job	<input type="checkbox"/>	To improve skills so that I can attend technical or other college
<input type="checkbox"/>	To improve skills so that I can attend a training program	<input type="checkbox"/>	Other:

Authorization to Release Information Signed? Yes No

Student Signature: _____ Date: _____

Student Name _____

Intake Staff Initials _____

For Office Use Only:

Grant Code:	Keyword:
AEFL1213 (Family Literacy) <input type="checkbox"/>	Keyword2: <input type="checkbox"/> (H)SAP; <input type="checkbox"/> (F)astTrack; <input type="checkbox"/> (W)orkKeys
ELC1213 (EL Civics) <input type="checkbox"/>	

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic Disadvantage		Displaced Homemaker?	
<input type="checkbox"/>		<input type="checkbox"/>	
Dislocated Worker?		# HS Credits Earned:	
<input type="checkbox"/>			

Family Literacy Goals	Set Goal	Other Goals	Set Goal
Increased Involvement in Children's Education	<input type="checkbox"/>	Obtain Parapro	<input type="checkbox"/>
Helped more frequently with school	<input type="checkbox"/>	Obtain CRC (check one)	
Increased contact with children's teachers	<input type="checkbox"/>	Obtain Bronze	<input type="checkbox"/>
More involved in children's school activities	<input type="checkbox"/>	Obtain Silver	<input type="checkbox"/>
Increased Involvement in Children's Literacy Activities	<input type="checkbox"/>	Obtain Gold	<input type="checkbox"/>
Reading to Children	<input type="checkbox"/>	Obtain Platinum	<input type="checkbox"/>
Visiting Library	<input type="checkbox"/>		
Purchasing books or magazines	<input type="checkbox"/>		

TESTING INFORMATION

Date of Test	Testing Area	Form/Level	Lowest Scale Score	Grade Equiv	NRS Level
	Reading				
	Math Comp				
	Appl. Math				
	Best +				

Session #1 Fee Paid _____ Receipt # _____ Date Received _____
 Session #2 Fee Paid _____ Receipt # _____ Date Received _____
 Session #3 Fee Paid _____ Receipt # _____ Date Received _____
 Session #4 Fee Paid _____ Receipt # _____ Date Received _____