Arkansas Adult Education

|  |  |
| --- | --- |
| **\*Start Time:** |  |
| **\*End Time:** |  |
| **\*Intake Hours:** |  |

**Intake Form**

(\*Denotes a required field)

# Initial INformation:

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Staff:** |  | **\*Date:** |  |
| **\*LEA:** |  | **\*Site/Location:** |  |

# participant Information:

*Note: Social security card or acceptable alternative documentation must be presented and viewed by intake staff. If documentation has not been presented, the SSN cannot be recorded in LACES.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Last Name:** |  | **\*First Name:** |  | **Middle:** |  | **Suffix:** |  |
| **\*Date of Birth:** |  | **\*Gender:** |[ ]  **Male** |[ ]  **Female** |
| **\*SSN:** |  | **\*Residence Area:** |[ ]  **Rural** |[ ]  **Urban** |

# \*Program InformatioN:

**Program:**

|  |
| --- |
|[ ]  Adult Education – ABE/ASE |
|[ ]  Adult Education - ESL |
|[ ]  Adult Literacy |
|[ ]  Citizenship |
|[ ]  Corrections |
|[ ]  Family Literacy |
|[ ]  IEL/CE |
|[ ]  IET |
|[ ]  Transition (ESL 🡪 ABE/ASE 🡪 Post Secondary) |
|[ ]  Workplace Classes |
|[ ]  Other |  |

***\*Complete only if student is 16/17 years old***

|  |
| --- |
| **Reason Minor Attending Adult Education:** [ ]  Court Order [ ]  Home School [ ]  Waived out of High School |
| **Last School Attended:** |  | (Answer “Don’t Know” if school is unknown or out-of-state.) |

**Secondary Program:**

|  |
| --- |
|[ ]  Distance Learning |
|[ ]  Homeless Literacy |
|[ ]  IEL/CE (only mark if receiving IEL/CE grant funds |

**ESL Student (Y/N):**

[ ]  Yes

[ ]  No

**\*Waiver for 16/17-year-old** (place copy in student’s folder)**:**

[ ]  Court Order

[ ]  Home School

[ ]  Waived out of High School

**Score of 535 on TABE level A or D?**

[ ]  Yes [ ]  No

**Citizenship Test Completed?**

[ ]  Yes [ ]  No

# \*student keyword:

**Student Keyword:**

|  |
| --- |
|[ ]  ABE |
|[ ]  ASE |
|[ ]  Alternative Sentencing |
|[ ]  AR Works |

|  |
| --- |
|[ ]  ARS (AR Rehabilitation Services) |
|[ ]  Distance Learning |
|[ ]  DSB (Division of Services for the Blind) |
|[ ]  ESL |

|  |
| --- |
|[ ]  Reentry |
|[ ]  SNAP/E&T |
|[ ]  TANF |
|[ ]  Other |  |

# \*student Information:

**\*Ethnicity:** Hispanic/Latino [ ]  Yes [ ]  No

**\*Race:**

|  |  |
| --- | --- |
|[ ]  American Indian/Alaskan Native |[ ]  Native Hawaiian/Pacific Islander) |
|[ ]  Asian |  |  |[ ]  White |
|[ ]  Black or African American |[ ]  Two or More Races |

**\*Highest Educational Level Completed at Program Entry:**

|  |  |
| --- | --- |
|[ ]  No Schooling |[x]  Secondary School Alternative (i.e., GED®) |
|[ ]  Grade |  |  |[ ]  Some postsecondary, No degree/ diploma |
|[ ]  Grade |  | (No Diploma (secondary school) |[ ]  Postsecondary or professional degree |
|[ ]  Secondary School Diploma or Credential |[ ]  Unknown |

**\*Location:**

|  |
| --- |
|[ ]  U.S. Based Schooling |
|[ ]  Non-U.S. Based Schooling |

**\*Last Month/Year Attended:**

|  |  |  |
| --- | --- | --- |
|  | **/** |  |

**\*Employment Status at Program Entry:**

|  |  |
| --- | --- |
|[ ]  Employed Full-Time |[ ]  Unavailable for Work |
|[ ]  Employed Part-Time |[ ]  Retired |
|[ ]  Unemployed |[ ]  Employed with Separation Notice |
|[ ]  Not Looking for Work |

**\*Barriers to Employment:** [ ]  Yes [ ]  No

**If “Yes”, mark all that apply:**

|  |  |
| --- | --- |
|[ ]  Cultural Barriers |[ ]  Foster Care Youth |
|[ ]  Disabled |[ ]  Homeless |
|[ ]  Displaced Homemaker |[ ]  Long Term Unemployment |
|[ ]  Low Income |[ ]  Low Literacy Levels |
|[ ]  English Language Learner |[ ]  Migrant Farmworker |
|[ ]  Ex-Offender |[ ]  Seasonal Farmworker |
|[ ]  Exhausting TANF in 2 Years |[ ]  Single Parent/Guardian |

This 18-25-year-old male has been made aware of his obligation to register with the U.S. Selective Service System and has been made aware of how to register. <https://www.sss.gov/RegVer/wfRegistration.aspx>

**Military Service Experience:**  [ ]  Yes [ ]  No

**\*Notified of Selective Service Obligation:** [ ]  Yes [ ]  No [ ]  Not Applicable

## **Contact Information:**

**Which of the following do you have at home so we can contact you and/or connect you to services?**

**Mark all that apply:**

|  |  |
| --- | --- |
|[ ]  Computer with Camera |[ ]  Home Phone |
|[ ]  Computer without Camera |[ ]  Internet Access |
|[ ]  Webcam |[ ]  Printer |
|[ ]  Headset with Microphone |[ ]  Scanner |
|[ ]  Mobile Phone |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Address:** |  | **\*Zip:** |  |
| **\*City:** |  | **\*County:** |  | **\*State:** |  |
| **Phone:** |  | **(Cell)** |  | **(Home)** |
| **Email Address:** |  | **@** |  | **.com** |
| **Social Media (Facebook/Twitter/Instagram, etc.):** |  |
|  |
| Education Tab/LanguageDemographic Tab |
| **\*Country of Birth:** |  |
| **\*First/Native Language:** |  |
| **\*Data Sharing Agreed?** |  [ ]  Yes [ ]  No |

## **Emergency Contact Information:**

|  |  |
| --- | --- |
| **Contact Preference:** |  |
| **Emergency Contact:** |  | **(Name)** |  | **(Relationship)** |  | **(Phone)** |

## **\*Correctional InformatioN:**

**\*Correctional Status:**

|  |
| --- |
|[ ]  No |
|[ ]  Yes |

|  |
| --- |
|[ ]  Yes (Community) |
|[ ]  Yes (County) |

|  |  |
| --- | --- |
| [ ]  | Yes (State) |
|[ ]  Yes (Federal) |

|  |  |
| --- | --- |
| **Inmate Number:** |  |
| **Institutional:** | [ ]  Yes [ ]  No [ ]  Not Applicable |

## **Diability Status:**

**Apparent or Disclosed Disability:** [ ]  Yes [ ]  No

**Specific Learning Disability:** [ ]  Yes; Disclosed/Observed [ ]  Yes, Documented [ ]  Not Applicable

|  |  |
| --- | --- |
| **Notes:** |  |

*Note: If a disability is disclosed, please have the student sign the Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers form and keep in a separate locked file. (Appendix A)*

# student referral data:

**\*How did the participant learn about this program?**

|  |  |
| --- | --- |
|[ ]  Friend or Family Member |[ ]  Television |
|[ ]  Newspaper or Magazine |[ ]  Website |
|[ ]  Pamphlet or Brochure |[ ]  Social Media |
|[ ]  Employer |[ ]  Other: |  |
|[ ]  Radio |

**Referring Agency**:

|  |  |
| --- | --- |
|[ ]  American Job Center (AJC) |[ ]  Division of Workforce Services (DWS) |
|[ ]  Arkansas Rehabilitation Services (ARS) |[ ]  Transitional Employment Assistance (TEA) |
|[ ]  Career Pathways Initiative (CPI) |[ ]  Supplemental Nutrition Assistance Program (SNAP) |
|[ ]  Community Based Literacy Organization |[ ]  Faith Based Organization |
|[ ]  Department of Corrections (DOC) |[ ]  None |
|[ ]  Department of Health (DOH) |[ ]  Other |  |
|[ ]  Department of Human Services (DHS) |
|[ ]  Division of Services for the Blind (DSB) |

# Optional Additional information:

|  |  |  |
| --- | --- | --- |
|[ ]  **Driver’s License** |[ ]  **Reliable Transportation** |[ ]  **Registered to Vote** |

**Additional Notes/Comments (i.e., support services needed or requested, attendance at other adult education program, program interests, etc.)**

Arkansas Adult Education provides equal educational opportunities to all students without regard to race, color, sex, gender identity, sexual orientation, age, religion, national origin, ancestry, or handicap.

No otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination in programs or activities sponsored by a public entity.

# **Data Sharing Agreement** (must be signed and marked in laces in-order-to be data matched):

*I give permission for the information collected in the Arkansas Adult Education Data Management System to be used in data sharing within the Arkansas Adult Education Division, and with the Arkansas Department of Workforce Services and the Arkansas Department of Higher Education.*

|  |  |
| --- | --- |
| **Print Student Name:** |  |
|  |  |
| **Student Signature:** |  | **Date:** |  |

# Appendix A:

**Appendix A**

Arkansas Adult Education/Literacy

Learning Disabilities Planning & Policy

AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION TO LOCAL STAFF OR VOLUNTEERS

I give my permission to release information contained in the document(s) indicated below:

Please date, initial and check [🗸] the appropriate items below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Initials** | **Check** | **Item** |  |
|  |  |  | [ ] | Learning Needs Screening |
|  |  |  | [ ] | Current Intake Form |
|  |  |  | [ ] | School Records from: |  |
|  |  |  | [ ] | Other Records from: |  |

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [🗸] the appropriate individuals. If different information is going to various individuals, use separate forms.

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | INITIALS | [🗸] | STAFF NAME |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Signature:** |  | **Date:** |  |

**Signature of staff person releasing the information:**

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Signature:** |  | **Date:** |  |

# Release of confidential and/or academic information:

|  |  |  |
| --- | --- | --- |
| I, |  | (Student Name), authorize |
|  | (Program Name) to use my name and/or photo in the following manner: |

(Initial Below if you agree)

|  |  |
| --- | --- |
|  | Graduation Packet, mailings, program, news release, and/or booklet |
|  | Newsletter |
|  | Television |
|  | Videotaping |
|  | Photographing |
|  | Radio |
|  | Social Media |
|  | Other: |  |
|  | All Listed Above |

|  |
| --- |
|  |

This release is valid from the date of signature until (Ending Date)

or until cancelled by the undersigned in writing. I understand that my participation in GED® Testing will be kept confidential and will not be used in any media manner other than stated above without my consent.

This release form has been read and reviewed with me, and I understand its contents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Student Signature** |  | **Guardian’s Signature** |  | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **(Street Address/P.O. Box)** |  | **(City)** |  | **State** |  | **(Zip)** |