

**Adult Education Program  
FY2018 Intake Assessment Form**

Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (\*).  
Please print legibly. All signatures should be in ink.

<b>*Entry Educational Functioning Level:</b>	<b>*Pre-test date, form/level, score:</b>
<b>Site/Class:</b>	
<b>Other Information:</b>	

Hard copies of all assessment records must be maintained in the student permanent record.

**STUDENT DATA**

**Today's Date:** \_\_\_\_\_ **Orientation Date:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_  
Month / Day / Year

**\*Name:** \_\_\_\_\_  
Last First Middle/Former Name Suffix

**\*Hispanic/Latino:**  **No**, not Hispanic/Latino  **Yes**, Hispanic/Latino  
**\*Gender:**  Male  Female

**\*Race:** (Select one or more)  American Indian or Alaska Native  
 Asian  Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

<b>FOR PROGRAM USE ONLY:</b> Institution 1: _____ Institution 2: _____
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**\*Highest School Grade Completed:** (select one)  
 No School Grade Completed  1<sup>st</sup> grade  2<sup>nd</sup> grade  3<sup>rd</sup> grade  4<sup>th</sup> grade  5<sup>th</sup> grade  6<sup>th</sup> grade  7<sup>th</sup> grade  8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  11<sup>th</sup> grade  12<sup>th</sup> grade

**\*Highest Educational Certificate/Diploma/Degree Completed:** (select one)  
 None  High School Diploma  High School Equivalency (GED)  Certificate of Attendance/Completion  One or more years of Postsecondary Education  Postsecondary Technical or Vocational Certificate  Associate's degree  Bachelor's degree  Master's degree  Specialist's degree  Doctorate or Professional degree

**\*Where was your highest level of education completed?**  U.S.-Based Schooling  Non-U.S.-Based Schooling

**How did you hear about the program?**  Print Media  Friend  TV  Radio  Referral  Internet  Family  
 Previous Enrollment  Previous Enrollment in another program: If so, which one? \_\_\_\_\_

**If you were referred, select the referring agency:**  
 Georgia Department of Corrections  Georgia Department of Labor  Georgia Department of Transportation  Division of Family and Children's Services/TANF/SNAP  Georgia Vocational Rehabilitation Agency  Local Workforce Development Board/Area  Other \_\_\_\_\_

**\*Special Enrollment (if applicable):**  Ability to Benefit  Dual Enrollment  ACCUPLACER Test Review  Banner ID \_\_\_\_\_  Other \_\_\_\_\_  
**\*Correctional/Institutionalized Programs (if applicable):**  Currently Incarcerated in a Correctional Institution  Currently Participating in a Community Corrections program  Currently on Probation Supervision  Currently on Parole Supervision  Currently attending a recovery/rehabilitation program

**STUDENT CONTACT INFORMATION**

Address: \_\_\_\_\_  
*Street Address/ Apartment Number / PO Box*                      *\*City*                      *\*State*                      *\*Zip*

\*County of residence: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ Phone 3: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
*Last*                      *First*                      *Middle/Former Name*

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**STUDENT STATUS and SPECIAL POPULATIONS**

\*Labor Force Status: *(select one)*

- Employed**
- Employed**, but I have received a notice of termination, facility closure, or I am a transitioning service member.
- Unemployed and looking for work**  
If unemployed, have you been unemployed for 27 weeks or longer?  Yes  No
- Not working and not looking for work** (e.g. homemaker, retired, incarcerated, etc.)

\*Do you receive TANF?  Yes  No

If yes, are you within 2 years of exhausting lifetime eligibility?  Yes  No

\*Do you or someone in your household receive SNAP benefits (Food Stamps)?  Yes  No

\*Special Status Populations:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income	Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Did you provide unpaid services in the home and were dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Do you lack a fixed, regular, and adequate nighttime residence? Have you moved in the last 36 months due to a parent's employment in seasonal farm work? Are you under 18 and leave home without parent permission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care	Are you currently in the foster care system or have you aged out of the foster care system?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) <input type="checkbox"/> Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) <input type="checkbox"/> Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cultural Barriers	Do you have attitudes, beliefs, customs or practices that influence a way of thinking, acting, or working that are a hindrance to employment?

Language spoken at home: \_\_\_\_\_ Home Country: \_\_\_\_\_

**Special Accommodations Notice (Optional disclosure)**

If you have a disability and/or a condition and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of your disability. A disability is a physical or mental impairment that substantially limits one or more of a person's major life activities. If you do not wish to disclose your disability, leave the question below blank.

\*Are you an Individual with a Disability?:  Yes  No If yes, what type?  Learning  Physical  Both

**Confidentiality Notice**

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box:

\*Student's Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

*Sign in ink*

\*Name: \_\_\_\_\_  
Last
First
Middle/Former Name
Suffix

**STUDENT GOALS**

**\*What do you want to achieve by attending the adult education program?** (Completed prior to assessment)

**Improve Skills in:**

- Reading
- Math
- Writing
- Science
- Social Studies

**Education Goals:**

- Earn a GED diploma
- Enroll in a technical college
- Enroll in a private training program
- Enroll in a 4-year college

**Career Goals:**

- Find a job
- Keep my job
- Find a better job
- Complete a career assessment
- Pursue an apprenticeship

**Improve English Language Skills in:**

- Speaking
- Listening
- Reading
- Writing

**\*Integrated English Literacy/Civics Education (IEL/CE):**

- Achieve citizenship skills
- Achieve U.S. citizenship (Georgia goal)
- Increase involvement in community activities
- Vote or register to vote

<b>FOR PROGRAM USE ONLY:</b> The <u>interviewer</u> should complete this section during an initial conference with the student after his/her pre-assessment.	
*1. What is the student's primary reason for enrolling?	
*2. What services will the program provide the student?	
*3. What are the student's college, career, or other goals?	
*4. Did the student share any personal barriers that could affect program participation? If yes, please explain.	
Additional Notes:	
<b>*Student's Signature:</b> <small>Sign in ink</small>	<b>*Date:</b>
<b>*Interviewer's Signature:</b> <small>Sign in ink</small>	<b>*Date:</b>
<b>Please note:</b> Teachers should conference with the student at least once per quarter. Conference notes must be maintained either in hard copy format in the student permanent record or in GALIS. More information is available in the <i>Intake Assessment Form Directions and Definitions</i> document.	