Lanier Technical College
FY2016 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.

***Entry Educational Functioning Level:**
Class site:
Other:
Pretest ____TABE ____CLAS E ____ BEST Literacy

Date	Subject	Form	Level	SS	GE	EFL

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

STUDENT DATA

Today's 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

FOR PROGRAM USE ONLY:
Institution 1:_____
Institution 2:_____

***Highest Degree or Level of School Completed:**

☐ No Schooling
☐ 1st grade
☐ 2nd grade
☐ 3rd grade
☐ 4th grade
☐ 5th grade
☐ 6th grade
☐ 7th grade
☐ 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade (no diploma)
☐ High School Diploma
☐ GED
☐ Some College, no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Specialist's degree
☐ Doctorate or Professional degree
☐ Unknown

***Where was this Degree or Level of School 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? _____

Special Enrollment (if applicable):

☐ Technical College Cert./Dip./Deg. program ☐Compass/Asset Review ☐ WIA/Economic Development/WorkKeys
☐ Georgia High School Graduation Test ☐Other _____
☐ I-BEST Accel. Op. (IBESTA) ☐I-BEST ACE (IBESTM) ☐ I-BEST TAACCT (IBESTT) Banner ID _____

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
- ☐ Unemployed and looking for work
- ☐ Not working and not looking for work (e.g. homemaker, retiree, student, etc.)

***Receiving Public Assistance** *(TANF, Food Stamps)*: ☐ Yes ☐ No

***Special Populations:** *(check all that apply)*
☐ Low Income ☐ Displaced Homemaker ☐ Single Parent ☐ Dislocated Worker
☐ Learning Disabled Adult ☐ Physically Disabled Adult ☐ None of the above

Language spoken at home: _____ Home Country: _____

STUDENT GOALS

What do you want to achieve by attending the adult education program?

Improve Basic Literacy Skills:
- ☐ Reading
- ☐ Math
- ☐ Writing
- ☐ Science
- ☐ Social Studies

Improve English Language Skills:
- ☐ Speaking
- ☐ Listening
- ☐ Reading
- ☐ Writing

- ☐ Get a job
- ☐ Keep my job
- ☐ Get a better job
- ☐ Earn a GED diploma
- ☐ Enroll in college
- ☐ Enroll in a training program

Please select any other goals you have.
- ☐ Achieve work-based project learning goal
- ☐ Leave public assistance program
- ☐ Increase involvement in children's education
- ☐ Increase involvement in children's literacy activities
- ☐ Increase involvement in community activities
- ☐ Vote or register to vote
- ☐ Achieve ACT WorkKeys Certificate (Georgia goal)
- ☐ Other _____

English Literacy/Civics Goals
- ☐ Achieve citizenship skills
- ☐ Achieve U.S. citizenship (Georgia goal)

Special Accommodations Notice
If you have a disability 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.

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 (ink)**: _____ ***Date (ink):** _____

FOR PROGRAM USE ONLY: This section is completed by the interviewer during an initial conference with the student after pre-testing is completed.	
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?	
***Student's Signature (ink)**:	***Date (ink):**
***Interviewer's Signature (ink)**:	***Date (ink):**
Please note: 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 *Intake Assessment Form Directions and Definitions* document.	