Arkansas Adult Education

**\*Start Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Intake Hours: \_\_\_\_\_\_\_\_\_\_**

2020-21 Intake Form

(\*Denotes a required field)

**\*Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Site/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant Information

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

**SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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.*

\***Program**:

\_\_\_ Adult Education- ABE/ASE

\_\_\_ Adult Education- ESL

\_\_\_ Adult Literacy

\_\_\_ Citizenship

\_\_\_ Corrections

\_\_\_ Family Literacy

\_\_\_ IEL/CE

\_\_\_ IET

\_\_\_ Other

\_\_\_ Transition *(ESL🡪 ABE / ASE🡪 Post-Secondary)*

\_\_\_ Unassigned

\_\_\_ Workplace Classes

**Secondary Program**:

\_\_\_ Distance Learning

\_\_\_Homeless Literacy

\_\_\_IEL/CE (only mark if receiving IEL/CE grant funds)

**Accelerated Opportunities**: \_\_Yes \_\_ No

**WAGE Program**: \_\_Yes \_\_ No

**ESL Student**: \_\_\_\_

\***Residence Area**: \_\_\_\_ Rural \_\_\_\_ Urban

**\*Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Gender**: \_\_\_\_ Female \_\_\_\_ Male

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

\_\_\_ Court Order \_\_\_ Home School \_\_\_ Public School

Score of 535 on TABE level A or D? \_\_\_ Yes \_\_\_ No Citizenship Test Completed: \_\_\_ Yes \_\_\_ No

**\*Student Keyword**

\_\_\_ ABE

\_\_\_ ASE

\_\_\_ Alternative Sentencing

\_\_\_ AR Works

\_\_\_ ARS (AR Rehabilitative Services)

\_\_\_ Distance Learning

\_\_\_ DSB (Division of Services for the Blind)

\_\_\_ ESL

\_\_\_ Reentry

\_\_\_ SNAP/E&T

\_\_\_ TANF

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Ethnicity**: Hispanic/Latino \_\_\_ Yes \_\_\_ No

**\*Race**:

\_\_\_ American Indian/Alaskan Native

\_\_\_ Asian

\_\_\_ Black or African-American

\_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ White

\_\_\_ Two or More Race

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

\_\_\_ No Schooling

\_\_\_ Grade \_\_\_\_\_\_

\_\_\_ Grade \_\_\_\_\_\_ No Diploma (secondary school)

\_\_\_ Secondary School Diploma or Credential

\_\_\_ Secondary School Alternative (i.e. GED®)

\_\_\_ Some postsecondary, no degree/diploma

\_\_\_ Postsecondary or professional degree

\_\_\_ Unknown

**\*Location**: \_\_\_ US Based Schooling \_\_\_ Non-US Based Schooling

Last Month/Year Attended: \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Employed Full-Time

\_\_\_ Employed Part-Time

\_\_\_ Unemployed

\_\_\_ Not Looking for Work

\_\_\_ Unavailable for Work

\_\_\_ Retired

\_\_\_ Employed with Separation Notice

**\*Barriers to Employment**: \_\_\_ Yes \_\_\_No

If yes, check all that apply:

\_\_\_ Cultural Barriers

\_\_\_ Disabled

\_\_\_ Displaced Homemaker

\_\_\_ Low Income

\_\_\_ English Language Learner

\_\_\_ Ex-Offender

\_\_\_ Exhausting TANF in 2 Years

\_\_\_ Foster Care Youth

\_\_\_ Homeless

\_\_\_ Long Term Unemployment

\_\_\_ Low Literacy Levels

\_\_\_ Migrant Farmworker

\_\_\_ Seasonal Farmworker

\_\_\_ 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

**\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*State: \_\_\_\_\_\_\_\_\_\_\_**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com**

**Social Media (Facebook/Instagram, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Correctional:**

\_\_\_ No

\_\_\_ Yes

\_\_\_ Yes, Community

\_\_\_ Yes, County

\_\_\_ Yes, State

\_\_\_ Yes, Federal

Inmate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Institutional:** \_\_\_ No \_\_\_ Yes

Apparent or Disclosed Disability: \_\_\_ Yes \_\_\_ No

Specific Learning Disability: \_\_\_ Yes, Disclosed/Observed \_\_\_ Yes, Documented

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)*

**\*Data Sharing Agreed?** \_\_\_ Yes \_\_\_ No ***(If Yes, Student Signature Required on Page 4)***

Demographic Tab

**\*Country of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Tab/Language

**\*First/Native Language**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Data Tab/Custom Fields/Custom String 1

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

\_\_\_ Friend or family member

\_\_\_ Newspaper or magazine

\_\_\_ Pamphlet or brochure

\_\_\_ Employer

\_\_\_ Radio

\_\_\_ Television

\_\_\_ Website

\_\_\_ None

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Data Tab/Custom Fields/Custom String 2

**\*Referring Agency**:

\_\_\_ American Job Center (AJC)

\_\_\_ Arkansas Rehabilitation Services (ARS)

\_\_\_ Career Pathways Initiative (CPI)

\_\_\_ Community-based literacy organization

\_\_\_ Department of Corrections (DOC)

\_\_\_ Department of Health (DOH)

\_\_\_ Department of Human Services (DHS)

\_\_\_ Division of Services for the Blind (DSB)

\_\_\_ Division of Workforce Services

 (DWS)

\_\_\_ Transitional Employment Assistance

 (TEA)

\_\_\_ Supplemental Nutrition Assistance Program

 (SNAP)

\_\_\_ Faith based organization

\_\_\_ None

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

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.

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print)

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)