

Enrollment Date _____	2017-2018 ADULT EDUCATION AND LITERACY STUDENT ENROLLMENT FORM (LONG)				HAVE YOU ATTENDED ANOTHER ADULT EDUCATION CLASS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____		
STUDENT INFORMATION							
STUDENT NAME			DOCUMENT TYPE (ONE ONLY)	DOCUMENT NUMBER	DATE OF BIRTH	GENDER	
LAST NAME (Family Name):	FIRST NAME:	MI	<input type="checkbox"/> Social Security # (preferred) <input type="checkbox"/> Driver's License <input type="checkbox"/> Other _____ <input type="checkbox"/> Locally Assigned Number		(MM/DD/YYYY) Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
ETHNICITY		RACE (check all that apply)					
Are you Hispanic/Latino? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific	<input type="checkbox"/> White	
CONTACT INFORMATION							
STREET ADDRESS	CITY	STATE	ZIP CODE	CELL TEL. #	May we text you? Yes ___ No ___	Do you have internet at home? Yes ___ No ___	
E-MAIL ADDRESS				HOME TEL. #	Emergency Contact Name and Phone #:		
PARTICIPANT ACKNOWLEDGEMENT AND RELEASE OF INFORMATION							
<p>The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules, and regulations. I further understand that submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, and transition to post-secondary education/training or employment under the application laws, Texas Workforce Commission and Texas Education Agency regulations, and Adult Education Program internal policies as aggregate statistical data for the purpose of evaluating the program, and shall constitute a precondition for enrollment in this adult education program.</p> <p>My signature below acknowledges that the Adult Education Program, Texas Workforce Commission, and the Texas Education Agency will release personal identifiable information, which includes name, address, telephone number, date of birth, dates of attendance, degrees obtained, field of study, and employment to other local, state, and federal agencies for verification, follow-up and tracking, and to generate reports to monitor the program.</p> <p>My signature below shall constitute consent to release personal identifiable information regarding my enrollment in post-secondary institutions as matched to the Texas Higher Education Coordinating Board master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between Texas Workforce Commission, Texas Education Agency, and the Texas Higher Education Coordinating Board.</p> <p>My signature below shall constitute consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the Texas Higher Education Coordinating Board and/or the Texas Education Agency, for the sole purpose of statistical analysis, administration, or evaluation for the improvement of state adult education programs.</p> <p style="text-align:center;">Participants who are 16 through 18 years of age must have written parent/guardian permission to participate in the program. Parents/Guardians, by signing below, you are giving your child permission to be part of our Adult Education program and acknowledge release of information.</p>							
_____		_____		_____		_____	
STUDENT SIGNATURE		DATE		PARENT/GUARDIAN SIGNATURE		DATE	
DOCUMENTATION REQUIREMENTS							
16 Year Old Students		17 and 18 Year Old Students			TANF Students		
<input type="checkbox"/> Court order, letter from judge, or letter from authorizing agency <input type="checkbox"/> School/district withdrawal documentation OR parent letter stating student was home-schooled.		<input type="checkbox"/> School/district withdrawal documentation OR parent letter stating student was home schooled <input type="checkbox"/> Parent Permission OR documentation of separate residence OR documentation of homelessness			<input type="checkbox"/> TANF Documentation on File		

PARTICIPANT STATUS UPON ENTRY INTO PROGRAM

1. Disability Status: Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

- Yes No Do not wish to disclose

Category of Disability (if applicable, check any that apply):

- Impairment is primarily physical, due to a chronic health condition
- Impairment is primarily physical, including mobility
- Because of a mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions
- Participant is blind or has serious difficulty seeing
- Participant is deaf or has serious difficulty hearing
- Participant has a learning disability
- Participant has a cognitive or intellectual disability
- Participant does not wish to disclose his/her category of disability

2. Learning Disability Status: Do you have a learning disability? Defined as a Learner with an IQ in the low-average and above level (70+ to any level) who has deficits (related to neurological impairments) in capacity in defined limited learning areas; this can include dyslexia (reading disability), dysgraphia (writing disability), and dyscalculia (math disability). The learner also has a history of previous educational efforts.

- Yes No Do not wish to disclose

3. Veteran Status: Have you served in the United States Armed Forces and been discharged or released from such service under conditions other than dishonorable? Yes No

4. Eligible Veteran Status:

- A. **<=180 Days:** Have you served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and discharged or released from such service under conditions other than dishonorable? Yes No
- B. **Eligible Veteran:** Have you served on active duty for a period of more than 180 days and discharged or released with other than a dishonorable discharge; or were you discharged or released because of a service connected disability; or were you a member of a reserve component under an order to active duty, or have you served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge? Yes No

C. **Other Eligible Person:** Do you meet any of the following criteria?

- Yes No

1. spouse of any person who died on active duty or of a service connected disability
2. spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power
3. Spouse of any person who has a total disability permanent in nature resulting from a service connected disability, or the spouse of a veteran who died while a disability so evaluated was in existence.

5. Disabled Veteran Status:

- A. Are you a veteran who served on active duty in the U.S. armed forces and are entitled to compensation regardless of rating (including those rated at 0%); or, except for the receipt of military retirement pay, you would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or you were discharged or released from activity duty because of a service-connected disability? **Disabled** Yes No
- B. Are you a veteran who served on active duty in the U.S. armed forces and are entitled to compensation (except for the receipt of military retirement pay) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap? **Special Disabled** Yes No

6. Date of Military Separation _____

7. Employment Status (Check all that apply):

- Employed** # Hours Week
 - Have received notice of termination of employment
- Employed** but will separate (within 12 months) or retire (within 24 months) from the U.S. Armed Forces
- Not Employed**
 - Not Employed for more than 27 consecutive weeks?**
 - Yes, unemployed >= 27 consecutive weeks
 - No
 - Not in labor force: Not employed/not looking for work** Reason for not looking for work (Select one): **REQUIRED**
 - Full time caregiver/parent Disabled Incarcerated
 - Ineligible to work Dependent
 - Institutionalized Other

8. Do you live in a rural or urban location?

- Rural Area (Place of less than 2,500 inhabitants and located outside urbanized areas)
- Urban Area

9. School Status at Program Entry (select one):

- Enrolled in college
- Dropped out of high school
- Received high school diploma or high school equivalency
- Under 19 years old and not attending school

10. Highest School Grade Completed (1-12): _____

11. Highest Education Level Completed:

- Attained secondary school (high school) diploma
- Attained secondary school (high school) equivalency: GED TASC HISET
- Participant with a disability who received a certificate of attendance/completion as a result of successfully completing an IEP
- Completed one or more years of post-secondary education
- Attained a post-secondary technical or vocational certificate (non-degree)
- Attained an Associate's degree
- Attained a Bachelor's degree
- Attained a degree beyond Bachelor's degree
- No educational level completed

12. Where did you complete your education?

- Completed **IN** the U.S.
 - Completed **OUTSIDE** U.S.
- From which country? _____
 What is your degree in? _____
 What is your native language? _____

13. Migrant and Seasonal Farmworker Status:

1. **Seasonal Farmworker:**
Are you a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency? Yes No

2. **Migrant and Seasonal Farmworker:**
Are you a seasonal farmworker whose agricultural labor requires travel to a job site such that makes you unable to return to your permanent place of residence within the same day? Yes No

3. **Are you the dependent of a migrant or seasonal farmworker?**
 Yes No

14. Public Assistance: Within the last 12 months have you, or a family member living in your home, received any of the following benefits? Yes No Do not wish to disclose

Select all that apply. *Items in bold meet Expanded Eligibility for TANF, if documentation is provided.*

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance for Needy Families (TANF)
 Exhaust within 2 years? Yes No

Subsidized childcare (CCDF) through Workforce Solutions Office

Medicaid

Children's Health Insurance Program (CHIP)

Women, Infants, and Children Services

Public housing assistance

Free or reduced-priced school lunch based on indiv. eligibility

Refugee cash assistance

Old-age assistance

Aid to the blind or totally disabled

None of these apply to me

15. Foster Care Youth:
Are you currently, or have you ever been, in foster care?
 Yes No

16. Check all that apply:

Homeless

Low-Income

English Language Learner

Unable to gain employment due to cultural barriers

Are you an immigrant?
 Yes No Do not wish to disclose

Displaced Homemaker

Single Parent

Dislocated Worker (layoff from job)

Parent of Child(ren) ages:
 0-5 6-10 11-13 14-18
 I don't have children of this age
 Do not wish to disclose

None of these apply to me

17. Ex-offender status at Program Entry:

Subject to any stage of the criminal justice process for committing a status offense or delinquent act, or

Record of arrest, or

Conviction for committing delinquent acts

None of these apply to me

Do not wish to disclose

18. Have you received services under Title 1, Chapter 4, Subtitle C of WIOA (Job Corps)?
 Yes No Unknown

19. Do you currently reside in one of the following types of facilities? Yes No

Correctional Facility

Community Corrections

Other Institutionalized Setting

None of these apply to me

20. Are you currently on parole or probation?

On Parole

On Probation(Community Supervision)

None of these apply to me

21. Are you a participant in one of the following programs?

Family Lit. Program

Workplace Literacy Program

Participant in Job & Training Program

None of these apply to me

22. Were you referred from any of the following? Referral Type:

One Stop Center Referral

TANF Referral

College

Yes No

Do not wish to disclose

PARTICIPANTS GOALS UPON ENTRY INTO PROGRAM (select all that apply)

<p>Primary:</p> <input type="checkbox"/> Obtain High School Diploma	<p>Secondary:</p> <input type="checkbox"/> Leave Public Assistance	<input type="checkbox"/> Register to Vote or Vote for First Time	<input type="checkbox"/> Obtain/Improve: Health Care
<input type="checkbox"/> Obtain High School Equivalency	<input type="checkbox"/> Achieve Citizenship Skills	<input type="checkbox"/> Improve Basic Skills	<input type="checkbox"/> Obtain/Improve: Occupational Skills
<input type="checkbox"/> Obtain a Job	<input type="checkbox"/> Greater Involvement in Children's Education	<input type="checkbox"/> Make Progress in English (LEP)	<input type="checkbox"/> Obtain/Improve: Government and Law
<input type="checkbox"/> Retain Job or Advance in Job	<input type="checkbox"/> Greater Involvement Children's Literacy Activities	<input type="checkbox"/> Obtain U.S. Citizenship	<input type="checkbox"/> Obtain/Improve: Community Resource
<input type="checkbox"/> Enrollment in College or Other Training	<input type="checkbox"/> Greater Involvement in Community Activities	<input type="checkbox"/> General Involvement (Volunteering)	<input type="checkbox"/> Obtain/Improve: Consumer Economics
		<input type="checkbox"/> Obtain/Improve: Parenting	<input type="checkbox"/> Other <input style="width: 100px; height: 15px;" type="text"/>

PARTICIPANT ACHIEVEMENTS AT END OF PROGRAM YEAR (select all that apply) **EXCLUSIONARY REASONS (select one)**

<p>Primary:</p> <input type="checkbox"/> Obtained High School Diploma	<p>Secondary:</p> <input type="checkbox"/> Left Public Assistance	<input type="checkbox"/> Made Progress in English (LEP)	<input type="checkbox"/> Institutionalized
<input type="checkbox"/> Obtained High School Equivalency	<input type="checkbox"/> Achieved Citizenship Skills	<input type="checkbox"/> Obtained U.S. Citizenship	<input type="checkbox"/> Health/Medical
<input type="checkbox"/> Obtained a Job	<input type="checkbox"/> Greater Involvement in Children's Education	<input type="checkbox"/> General Involvement (Volunteering)	<input type="checkbox"/> Deceased
<input type="checkbox"/> Retained Job or Advanced in Job	<input type="checkbox"/> Greater Involvement Children's Literacy	<input type="checkbox"/> Obtained/Improved: Parenting	<input type="checkbox"/> Family Care
<input type="checkbox"/> Enrolled in College or Other Training	<input type="checkbox"/> Greater Involvement in Community	<input type="checkbox"/> Obtained/Improved: Health Care	<input type="checkbox"/> Reserve Forces Called to Active Duty
	<input type="checkbox"/> Registered to Vote or Vote for First Time	<input type="checkbox"/> Obtained/Improved: Occup. Skills	<input type="checkbox"/> Foster Care
	<input type="checkbox"/> Improved Basic Skills	<input type="checkbox"/> Obtained/Improved: Gov. and Law	<input type="checkbox"/> Ineligible
		<input type="checkbox"/> Obtained/Improved: Comm. Resource	<input type="checkbox"/> Retirement
		<input type="checkbox"/> Obtained/Improved: Consumer Econ.	<input type="checkbox"/> Not a Valid SSN

TEXAS ADULT EDUCATION STUDENT BASELINE ASSESSMENT AND PLACEMENT DATA FORM (Staff use only)

BEST ASSESSMENT

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	BEST SCORE	NRS FUNCTIONING LEVEL
PLUS 2.0 ORAL				
LITERACY		B C D		

TABE ASSESSMENT

TABE CLAS-E

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED L,E,M,D,A	NUMBER CORRECT		SCALE SCORE	NRS FUNCTIONING LEVEL	DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED 1,2,3,4	SCALE SCORE	COMPOSITE SCORE	NRS FUNCTIONING LEVEL
				COMPUTATION	APPLIED									
READING		9 10						READING		A B				
TOTAL MATH		9 10						WRITING		A B				
LANGUAGE		9 10						LISTENING		A B				
								SPEAKING		A B				

PROGRESS TESTING UNDER MINIMUM HOURS STATE ASSESSMENT POLICY JUSTIFICATION

Please describe why student was progress tested before the required minimum hours.

Supervisor Approval: _____

DATE APPROVED: _____

CLASS INFORMATION

Class Name/Number	SITE NAME	DATE ENTERED INTO TEAMS	ENTERED INTO TEAMS BY (Staff Name)
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