

Enrollment Date _____		2016-2017 ADULT EDUCATION AND LITERACY STUDENT ENROLLMENT FORM				HAVE YOU ATTENDED ANOTHER ADULT EDUCATION CLASS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____	
STUDENT NAME				DOCUMENT TYPE (ONE ONLY)	DOCUMENT NUMBER	DATE OF BIRTH	GENDER
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	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)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to self-identify
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. #		WORK TEL #	
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	
<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 the 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 under the application laws, TEA regulations and Adult Education Program internal policies as aggregate statistical data in evaluation of the program, and shall constitute a precondition for enrollment in this adult education and literacy program. I acknowledge that the Adult Education Program and the Texas Education Agency (TEA) will release information to other state and federal agencies for verification, follow-up, and tracking and to generate reports to monitor the program. Participants who are 16 through 18 years of age must have written permission to participate in the program.</p> <p>I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained, and field of study.</p> <input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT							
<p>I hereby give my 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 the Texas Education Agency and the Texas Higher Education Coordinating Board. Participants who are 16 through 18 years of age must have written permission to participate in the program.</p> <input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT							
<p>I hereby give my 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. Participants who are 16 through 18 years of age must have written permission to participate in the program.</p> <input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT							
<p>Parents/Guardians, by signing the Acknowledgment and Release of Information section, you are giving your child permission to be part of our Adult Education program.</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 <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	

Student Name:

PARTICIPANT STATUS UPON ENTRY INTO PROGRAM

***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

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

***Veteran Status:**

A. Have you served in the United States Armed Forces and discharged or released from such service under conditions other than dishonorable?

- Yes
- No

B. Are you the spouse of someone who has served in the United States Armed Forces?

- Yes
- No

Employment Status (Check all that apply):

- Employed** # Hours Week
- Employed** but recently received a notice of termination
- 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?
- Not in labor force: Not employed/not looking for work**
Reason for not looking for work (required)
(Choose one):
 - Full time caregiver/parent
 - Disabled Incarcerated
 - Ineligible to work Dependent
 - Institutionalized
 - Other

***In the last 24 months, were you, or your parent/guardian, ever employed in agriculture or fish farming labor?**

- Yes
- No

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

Previous Schooling:

1. Highest Grade Completed

- Completed **IN** the U.S.
- Completed **OUTSIDE** U.S.
- No grades completed
- Unknown

2. High school graduate? YES NO

- Completed **IN** the U.S.
- Completed **OUTSIDE** U.S.

3. High school equivalency?

- YES NO

Which equivalency test did you take?

- GED
- HiSET
- TASC

4. College or Technical Training?

- 1 yr. of college/full-time technical/vocational
- 2 yrs. of college/full-time technical/vocational
- 3 yrs. of college/full-time technical/vocational
- Associates diploma or degree
- Bachelor's degree or equivalent
- Certificate of Attendance/Completion
- Other post-secondary degree or certification
- Education beyond Bachelor's degree

From which country? _____

What is your degree in? _____

What is your native language? _____

***If a student answers "Yes" to any question marked with an *, additional information is needed. Use the Follow-up Questionnaire.**

PUBLIC ASSISTANCE: Within the last 12 months have you, or a family member living in your home, received any of the following benefits? **Items in bold meet Expanded Eligibility for TANF, if documentation is provided.**

- Supplemental Nutrition Assistance Program (SNAP)**
- Temporary Assistance for Needy Families (TANF)**
- 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 individualized eligibility**
- Refugee cash assistance
- Old-age assistance
- Aid to the blind or totally disabled
- None of these apply to me
- Do not wish to disclose

Foster Care Youth:

Are you currently, or have you ever been, in foster care?

- Yes
- No

Other Status (check all that apply):

- Homeless
- Low-Income
- English Language Learner
- Unable to gain employment due to cultural barriers
- Displaced Homemaker
- Single Parent
- Dislocated Worker (layoff from job)
- None of these apply to me

Are you an immigrant?

- Yes No
- Do not wish to disclose

Check all that apply:

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

Do you currently reside in one of the following types of facilities?

- Correctional Facility
- Community Corrections
- Other Institutionalized Setting
- None of these apply to me

Are you currently on parole or probation?

- On Parole
- On Probation(Community Supervision)
- Neither of these apply to me

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

Referral Type:

- TANF Referral from Workforce Solutions
- One Stop Center Referral from Workforce Solutions
- Referral from College
- None of these apply to me

Student Name: _____

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

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

<p>Primary:</p> <input type="checkbox"/> Obtained High School Diploma <input type="checkbox"/> Obtained GED <input type="checkbox"/> Obtained a Job <input type="checkbox"/> Retained Job or Advanced in Job <input type="checkbox"/> Enrolled in College or Other Training	<p>Secondary:</p> <input type="checkbox"/> Left Public Assistance <input type="checkbox"/> Achieved Citizenship Skills <input type="checkbox"/> Greater Involvement in Children’s Education <input type="checkbox"/> Greater Involvement Children’s Literacy Activities <input type="checkbox"/> Greater Involvement in Community Activities <input type="checkbox"/> Registered to Vote or Vote for First Time <input type="checkbox"/> Improved Basic Skills <input type="checkbox"/> Made Progress in English (LEP)	<input type="checkbox"/> Obtained U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtained/Improved: Parenting <input type="checkbox"/> Obtained/Improved: Health Care <input type="checkbox"/> Obtained/Improved: Occupational Skills <input type="checkbox"/> Obtained/Improved: Government and Law <input type="checkbox"/> Obtained/Improved: Community Resource <input type="checkbox"/> Obtained/Improved: Consumer Economics	<p>EXCLUSIONARY REASONS (select one)</p> <input type="checkbox"/> Institutionalized <input type="checkbox"/> Health/Medical <input type="checkbox"/> Deceased <input type="checkbox"/> Family Care <input type="checkbox"/> Reserve Forces Called to Active Duty <input type="checkbox"/> Foster Care <input type="checkbox"/> Ineligible <input type="checkbox"/> Retirement <input type="checkbox"/> Not a Valid SSN
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TEXAS ADULT EDUCATION STUDENT ASSESSMENT AND PLACEMENT DATA FORM (Staff use only)

BASELINE ASSESSMENT

BEST ASSESSMENT

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

TABE ASSESSMENT

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

COURSE ENROLLMENT

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