

**Adult Education and Family Literacy Student Intake Form**

*(Information provided will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380))*

**FY:** \_\_\_\_\_

**Check Program Type:**  **Illinois Community College Board**     **Other Program:** \_\_\_\_\_

Social Security # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female

Marital Status (Check One):  Single     Married     Divorced     Widow     Unknown

Are you Hispanic or Latino? (Or Are you of Spanish origin?)  Yes     No

Are you from **one or more** of the following racial groups? (**Select All That Apply** – required if student is not Hispanic nor Latino).

- American Indian or Alaska Native     Asian
- Black/ African American     Native Hawaiian or Pacific Islander
- White

Please identify your primary racial/ethnic group (**Select One**).

- American Indian or Alaska Native     Asian
- Black or African American     Hispanic or Latino
- Native Hawaiian or Other Pacific Islander     White

English is Second Language?  Yes     No    If yes, please record Native Language \_\_\_\_\_

**Contact Information**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

**Education/Employment**

**School Type?**  **US Based Schooling**     **Non-US Based Schooling**    **Month/Year when last enrolled?** \_\_\_\_\_

**Number of School Years Completed** (Please check one of the following):

<input type="checkbox"/>	<b>No Schooling</b>	<input type="checkbox"/>	<b>Grade 4</b>	<input type="checkbox"/>	<b>Grade 8</b>	<input type="checkbox"/>	<b>Grade 12</b>	<input type="checkbox"/>	<b>College or Professional Degree</b>
<input type="checkbox"/>	<b>Grade 1</b>	<input type="checkbox"/>	<b>Grade 5</b>	<input type="checkbox"/>	<b>Grade 9</b>	<input type="checkbox"/>	<b>HS Diploma or Alternative Credential</b>	<input type="checkbox"/>	<b>Unknown</b>
<input type="checkbox"/>	<b>Grade 2</b>	<input type="checkbox"/>	<b>Grade 6</b>	<input type="checkbox"/>	<b>Grade 10</b>	<input type="checkbox"/>	<b>GED</b>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>Grade 3</b>	<input type="checkbox"/>	<b>Grade 7</b>	<input type="checkbox"/>	<b>Grade 11</b>	<input type="checkbox"/>	<b>Some college, no degree</b>	<input type="checkbox"/>	

US GED upon entry?  Yes     No    US Diploma upon entry?  Yes     No

If employed, what is your occupation? \_\_\_\_\_

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## STUDENT STATUS

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Please check one (OPTIONAL INFORMATION):

- Not Disabled
- Physical Impairment
- Mental Impairment
- Learning Impairment
- Multiple Disabilities

Do you live in: (Please check one)

- Rural area
- Urban area with High Unemployment
- Neither

How did you hear about the program:

- Adult Education Instructor
- Other Instructor
- Employer
- Community organization
- Career Center/WIA Office
- TV, Radio, Newspaper or Internet
- Flyer or Poster
- Friend or Relative
- Other
- No Response

Number of Dependents - minor children (optional): \_\_\_\_\_

Number of Dependents – Other (optional): \_\_\_\_\_

Yearly household income (optional): \_\_\_\_\_

Please check one of the following:  
(required)

- Not in the Labor Force
- Unemployed

- Employed Part-Time
- Employed Full-Time

If employed, hours per week \_\_\_\_\_

Do you receive Public Assistance? (required)

- Yes
- No

If yes, Public Assistance Number (required): \_\_\_\_\_

Additional Student Information  
(Please check all that apply):

- Low Income
- Displaced Homemaker
- Single Parent
- Dislocated Worker
- Veteran

Please check all that apply:

- Participant in a WORK-BASED LEARNER Project (enrolled in a 12-30 hr. course designed to teach work-based literacy skills)
- Participant in a FAMILY LITERACY Program (ICCB AEFL funded)
- Participant in a WORKPLACE LITERACY Program (ICCB AEFL funded)
- Participant in a VOLUNTEER LITERACY Program (ICCB AEFL funded)
- In a PROGRAM FOR THE HOMELESS
- In a CORRECTIONAL FACILITY
- In a COMMUNITY CORRECTIONAL PROGRAM
- In OTHER INSTITUTIONAL SETTING

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Intake Signature

Date

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Student's Signature

Date

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## GOALS RECORD

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\*Please write #1 on the line next to your primary goal (**required**) and a #2 next to your secondary goal (**optional**).

Primary or Secondary*	Goal	Date Set	Date Achieved
	Obtain A Job		
	Retain Current Job		
	Improve a Current Job		
	Earn GED/Secondary Education		
	Enter postsecondary education or job training		
	Improve Basic Literacy Skills		
	Improve English Language Skills		
	Obtain Citizenship Skills		
	Achieve a Work-Based Goal		
	Other Personal Goal		

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Intake Signature

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Date

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Student's Signature

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Date

## TEST INFORMATION

Date	Test	Form	Level	Raw Score	Scale Score	GLE or SPL
Pre / Post Date: FY:	<input type="checkbox"/> TABE	9 10	L E M D A			
	<input type="checkbox"/> CASAS					
	<input type="checkbox"/> BEST-Literacy		N/A	Reading = Writing =		
	<input type="checkbox"/> BEST-Plus	N/A	N/A			
Pre / Post Date: FY:	<input type="checkbox"/> TABE	9 10	L E M D A			
	<input type="checkbox"/> CASAS					
	<input type="checkbox"/> BEST-Literacy		N/A	Reading = Writing =		
	<input type="checkbox"/> BEST-Plus	N/A	N/A			
Pre / Post Date: FY:	<input type="checkbox"/> TABE	9 10	L E M D A			
	<input type="checkbox"/> CASAS					
	<input type="checkbox"/> BEST-Literacy		N/A	Reading = Writing =		
	<input type="checkbox"/> BEST-Plus	N/A	N/A			
Pre / Post Date: FY:	<input type="checkbox"/> TABE	9 10	L E M D A			
	<input type="checkbox"/> CASAS					
	<input type="checkbox"/> BEST-Literacy		N/A	Reading = Writing =		
	<input type="checkbox"/> BEST-Plus	N/A	N/A			