

ILLINOIS COMMUNITY COLLEGE BOARD (ICCB) — ADULT EDUCATION & LITERACY

STUDENT INTAKE FORM (FY27) | CONFIDENTIAL

Referral from WIOA Core Partner / One-Stop? ☐ Yes ☐ No

If Yes, Name of Referring Partner/One-Stop: _____



SECTION 1: STUDENT IDENTIFICATION & DEMOGRAPHICS

Last Name:	First Name:	Middle Name:
Social Security # / Student ID:	Date of Birth (MM/DD/YYYY):	Sex: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer to self-describe
Marital Status (Select One): ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Unknown	Hispanic or Latino? (Spanish origin): ☐ Yes ☐ No	Is English a Second Language? ☐ Yes ☐ No If yes, Native Language: _____

Select all racial groups that apply: ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Mena

Primary racial/ethnic group (Select one): ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Mena

SECTION 2: CONTACT INFORMATION & PREFERENCES

Address:	City:	Zip Code:
Phone:	Email Address:	County / Preferred Contact Method: County: _____ Pref: ☐ Phone ☐ Text ☐ Email

SECTION 3: EDUCATION, EMPLOYMENT & STATUS

EDUCATION BACKGROUND Schooling Type: ☐ U.S.-Based Schooling ☐ Non-U.S.-Based Schooling Month/Year Last Enrolled: _____ U.S. Diploma on entry? ☐ Yes ☐ No HSE on entry? ☐ Yes ☐ No Highest Level Completed (Select One): ☐ No Schooling ☐ Grades 1-8 (Grade: _____) ☐ Grades 9-11 (Grade: _____) ☐ Grade 12 ☐ HS Diploma/Alt Credential ☐ GED or Other HSE Certificate ☐ Some College, No Degree ☐ College or Professional Degree ☐ Unknown	EMPLOYMENT & PUBLIC ASSISTANCE Employment Status (Required; select one): ☐ Employed Full-Time ☐ Employed Part-Time (Hours per week: _____) ☐ Unemployed ☐ Not in Labor Force ☐ Received Notice of Termination or Military Separation Occupation: _____ Employer (Optional): _____ Do you receive Public Assistance? (Required): ☐ Yes ☐ No If Yes, Case Number: _____
DISABILITY & RESIDENCE STATUS Disability Status (Select One): ☐ Not Disabled ☐ Documented Disability (ADA) ☐ Choose Not to Disclose Residence Area (Select One): ☐ Rural Area ☐ Urban Area with High Unemployment ☐ Neither	PROGRAM DISCOVERY How did you hear about the program? (Select One): ☐ One-Stop ☐ Employer ☐ Internet/social media ☐ Friend/Family ☐ Other: _____

SECTION 4: BARRIERS, INSTITUTIONAL SETTING & GOALS

Barriers to Employment (Check all that apply):

- ☐ Displaced Homemaker ☐ Low Income ☐ Individual with a Disability ☐ Ex-Offender ☐ Homeless / Runaway Youth
☐ Single Parent ☐ Youth in Foster Care or Aged Out ☐ Long-Term Unemployed ☐ Migrant & Seasonal Farmworker
☐ Exhausting TANF Within 2 Years ☐ English Language Learner ☐ Low Literacy Levels ☐ Cultural Barriers

Institutional Setting (Check all that apply): ☐ Correctional Facility ☐ Community Correctional Program ☐ Other Institutional Setting ☐ Not Applicable

EDUCATIONAL & CAREER GOALS (Select all that apply)

- ☐ Improve English language skills
☐ Earn a High School Equivalency (GED/HSE)
☐ Improve reading, writing, or math skills
☐ Prepare for college or postsecondary education
☐ Prepare for occupational training
☐ Obtain employment
☐ Improve my current employment
☐ Earn an industry-recognized credential
☐ Prepare for U.S. citizenship
☐ Improve digital literacy/computer skills

Other Goal: _____
Career Interest/Occupation: _____

CAREER CLUSTER PATHWAY SELECTION (Select one primary)

- | | |
|--|---|
| ☐ Agriculture, Food & Natural Resources | ☐ Hospitality & Tourism |
| ☐ Architecture & Construction | ☐ Human Services |
| ☐ Arts, A/V Technology & Comm. | ☐ Information Technology |
| ☐ Business Management & Administration | ☐ Law, Public Safety, Corr. & Security |
| ☐ Education & Training | ☐ Manufacturing |
| ☐ Finance | ☐ Marketing |
| ☐ Government & Public Admin. | ☐ Science, Tech, Engineering & Math |
| ☐ Health Science | ☐ Transportation, Distribution & Log. |

SECTION 5: CONSENT, SIGNATURES & OFFICE USE ONLY

ASSESSMENT HUB TEXT MESSAGE CONSENT

If I choose to take pre- and/or post-tests remotely through Assessment Hub, I agree to receive text messages from Assessment Hub at the phone number provided below. Messages will relate solely to scheduling, instructions, reminders, and completion of my remote testing. Message frequency varies (approximately 2–6 messages per assessment). Message and data rates may apply. Reply STOP at any time to unsubscribe, or reply HELP for help. Consent to receive text messages is not a condition of participating in testing. Mobile information will not be shared with third parties or affiliates for marketing or promotional purposes. See our Privacy Policy at <https://i-pathwayslearninglab.org/illinois-assessment-hub-privacy-policy/>.

☐ I Agree Phone number for text messages (if different from above): _____

REQUIRED SIGNATURES

Student Signature: _____
Date: _____

Intake Staff Signature: _____
Date: _____

PROGRAM USE ONLY

Student ID: _____ Program Name: _____
Site: _____ Class/Course: _____
Instructor: _____ Start Date: _____
Assessment Hub Used? ☐ Yes ☐ No Remote Pre-Test? ☐ Yes ☐ No
Remote Post-Test? ☐ Yes ☐ No