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:** _____

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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
☐ Architecture & Construction
☐ Arts, A/V Technology & Comm.
☐ Business Management & Administration
☐ Education & Training
☐ Finance
☐ Government & Public Admin.
☐ Health Science
☐ Hospitality & Tourism
☐ Human Services
☐ Information Technology
☐ Law, Public Safety, Corr. & Security
☐ Manufacturing
☐ Marketing
☐ Science, Tech, Engineering & Math
☐ 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 understand and give permission to receive text messages from Assessment Hub related solely to scheduling, instructions, reminders, and completion of my remote testing.

☐ **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