

Brazos Valley Council of Governments Adult Education and Training Student Enrollment/ Eligibility Form

ENROLLMENT DATE:
Month: _____ **Day:** _____ **Year:** _____

PARTICIPANT NAME			DOCUMENT TYPE (SELECT ONE)	DOCUMENT NUMBER	DATE OF BIRTH			GENDER
LAST NAME (FAMILY NAME)	FIRST NAME	MI	<input type="checkbox"/> Social Security # (Preferred) <input type="checkbox"/> Locally Assigned Number <input type="checkbox"/> DL # <input type="checkbox"/> OTHER _____		MM	DD	YYYY	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer to not disclose

ETHNICITY	RACE				
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	American Indian or Alaska <input type="checkbox"/> Yes <input type="checkbox"/> No	Asian <input type="checkbox"/> Yes <input type="checkbox"/> No	Black/African American <input type="checkbox"/> Yes <input type="checkbox"/> No	Native Hawaiian/Pac Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	White <input type="checkbox"/> Yes <input type="checkbox"/> No

STREET ADDRESS	CITY	STATE	ZIP CODE	MOBILE TEL. #	HOME TEL. #
				WORK TEL. #	ext.#
E-MAIL ADDRESS					

REPORTABLE CHARACTERISTICS

<p>Disability Characteristics Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose Category of disability <input type="checkbox"/> Primarily Physical/Chronic Health Condition <input type="checkbox"/> Primarily Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric Disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual Disability <input type="checkbox"/> Participant did not disclose type of disability</p> <p><input type="checkbox"/> Learning-Disabled Adult</p> <p>Veteran Characteristics Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Veteran Status <input type="checkbox"/> Yes, less than 180 days <input type="checkbox"/> Yes, eligible Veteran <input type="checkbox"/> Yes, other eligible person <input type="checkbox"/> No Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disable <input type="checkbox"/> No Date of Actual Military Separation _____</p>	<p>Employment & Education Information Employment Status (Check one only): <input type="checkbox"/> Employed # Hours per Week ____ <input type="checkbox"/> Long Term Unemployment (over 27 consecutive weeks) <input type="checkbox"/> Employed, but received notice of termination <input type="checkbox"/> Not in labor force <input type="checkbox"/> Not employed</p> <p>Reason for not looking for work (Choose one): <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Institutionalized <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____</p> <p>Type of Community <input type="checkbox"/> Living in Urban Area <input type="checkbox"/> Living in Rural Area (places of less than 2,500 inhabitants)</p> <p>Highest grade completed: (check box on page 2)</p>	<p>Migrant & Seasonal Farmworker Characteristics Migrant & Seasonal Farmworker Status: <input type="checkbox"/> No <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant and Seasonal Farmworker <input type="checkbox"/> A dependent of a seasonal, or migrant and seasonal farmworker</p> <p>On Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose</p> <p>Expanded Eligibility for TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose</p> <p>Foster Care Youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Additional Reportable Characteristics Homeless Individual, Homeless Children & Youths, or Runaway Youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Low-income <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>English language learner <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cultural Barriers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose</p> <p><input type="checkbox"/> Displaced Homemaker</p> <p>Single Parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Parent of children 0-5 <input type="checkbox"/> Yes <input type="checkbox"/> No Parent of children 6-10 <input type="checkbox"/> Yes <input type="checkbox"/> No Parent of children 11-13 <input type="checkbox"/> Yes <input type="checkbox"/> No Parent of children 14-18 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Corrections & Institutional funded Programs In Correctional Facility <input type="checkbox"/> Yes <input type="checkbox"/> No In Community Corrections <input type="checkbox"/> Yes <input type="checkbox"/> No Other Institutionalized Setting <input type="checkbox"/> Yes <input type="checkbox"/> No On Parole <input type="checkbox"/> Yes <input type="checkbox"/> No On Probation (Community Supervision) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special Programs Type Family Literacy participant <input type="checkbox"/> Yes <input type="checkbox"/> No In Workplace Literacy Program(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Participant in Job & Training Program <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral Type One-Stop Center Referral WF <input type="checkbox"/> Yes <input type="checkbox"/> No TANF Referral <input type="checkbox"/> Yes <input type="checkbox"/> No Referral from college <input type="checkbox"/> Yes <input type="checkbox"/> No Referral from housing <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Information not indicated: _____</p>
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CLASS INFORMATION (OFFICE USE ONLY)

Site	Orientation Hrs.	Class #	Instructor
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Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
 Relay Texas (800) 735-2989, TDD (800) 735-2988 Voice, TTY (979) 595-2819

EDUCATION YOU COMPLETED

- | | | |
|--|------------------------------|--|
| No school grades completed | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| First Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Second Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Third Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Fourth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Fifth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Sixth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Seventh Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Eight Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Ninth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Tenth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Eleventh Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Twelfth Grade | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| One college, or full-time TECH/ VOC years | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Two college, or full-time TECH/ VOC years | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Three college, or full-time TECH/ VOC years | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Bachelor's degree or equivalent | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Education beyond the Bachelor's Degree | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Attained High School Diploma | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Attained GED or Equivalent | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Attained Certificate of Attendance/Completion | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Attained Other Postsecondary Degree or Certification | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |
| Attained Associate's Diploma or Degree | <input type="checkbox"/> USA | <input type="checkbox"/> OTHER COUNTRY |

PARTICIPANT GOALS (Optional) (Select all that apply)

- | | | |
|--|--|---|
| Primary | Secondary | Secondary (cont.) |
| <input type="checkbox"/> Obtain High School Diploma | <input type="checkbox"/> Leave Public Assistance | <input type="checkbox"/> Obtain/ improve: Parenting |
| <input type="checkbox"/> Obtain GED | <input type="checkbox"/> Achieve Citizenship Skills | <input type="checkbox"/> Obtain/ improve: Health Care |
| <input type="checkbox"/> Obtain a job | <input type="checkbox"/> Greater Involvement in Children's Education | <input type="checkbox"/> Obtain/ improve: Occupational Skills |
| <input type="checkbox"/> Retain Job or Advanced in Job | <input type="checkbox"/> Greater Involvement in Children's Literacy Activities | <input type="checkbox"/> Obtain/ improve: Government and Law |
| <input type="checkbox"/> Enroll in College or Other Training | <input type="checkbox"/> Greater Involvement in Community Activities | <input type="checkbox"/> Obtain/ improve: Community Resource |
| | <input type="checkbox"/> Register to Vote or Vote for first time | <input type="checkbox"/> Obtain/ improve: Consumer Economics |
| | <input type="checkbox"/> Improve Basic Skills | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Make Progress in English (LEP) | |
| | <input type="checkbox"/> Obtain U.S. Citizenship | |
| | <input type="checkbox"/> General Involvement (Volunteering) | |

PARTICIPANT ACHIEVEMENTS (Select all that apply)

- | | | |
|--|--|--|
| Primary | Secondary | Secondary (cont.) |
| <input type="checkbox"/> Obtained High School Diploma | <input type="checkbox"/> Left Public Assistance | <input type="checkbox"/> Obtained/ improved Parenting |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Achieved Citizenship Skills | <input type="checkbox"/> Obtained/ improved: Health Care |
| <input type="checkbox"/> Obtained employment | <input type="checkbox"/> Greater Involvement in Children's Education | <input type="checkbox"/> Obtained/ improved Occupational Knowledge |
| <input type="checkbox"/> Retained job or advanced in job | <input type="checkbox"/> Greater Involvement in Children's Literacy Activities | <input type="checkbox"/> Obtained/ improved Government and Law |
| <input type="checkbox"/> Enrolled in College or Other Training | <input type="checkbox"/> Greater Involvement in Community Activities | <input type="checkbox"/> Obtained/ improved Community Resource |
| | <input type="checkbox"/> Registered to Vote or Vote for first time | <input type="checkbox"/> Obtained/ improved Consumer Economics |
| | <input type="checkbox"/> Improved basic skills | <input type="checkbox"/> Achieved reason for enrollment |
| | <input type="checkbox"/> Made progress in English (LEP) | |
| | <input type="checkbox"/> Obtained U.S. Citizenship | |
| | <input type="checkbox"/> General Involvement (Volunteering) | |

I certify that the information provided is true and correct and I also understand it will be kept confidential. Additionally, I agree to allow access to my application and test scores to assist the program in reviewing my eligibility.

Participants who are age 19 and under must have written permission to participate in the program.

Applicant's Signature

Social Security #

Date

Parent/ Guardian Signature

Date

Phone Number

In case of an emergency, please call _____ (relationship) _____ Phone Number _____

FOR OFFICE USE ONLY

FUNDING SOURCE

Reg. Adult Ed.

El Civics

TANF

Corrections/ Institutionalized

Local

Other

BASELINE ASSESSMENTS

<i>STUDENT NAME</i>		<i>CLASS NUMBER</i>		<i>SITE</i>	<i>INSTRUCTOR</i>
LAST NAME (FAMILY NAME)	FIRST NAME	MI			

BEST ASSESSMENTS

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

TABE ASSESSMENTS

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED (L, E, M, D, A)	NUMBER CORRECT		SCALE SCORE	NRS FUNCTIONING LEVEL
				COMPUTATION	APPLIED		
READING		9 10					
TOTAL MATH		9 10					
LANGUAGE		9 10					



PROGRESS ASSESSMENTS

<i>STUDENT NAME</i>		<i>CLASS NUMBER</i>		<i>SITE</i>	<i>INSTRUCTOR</i>
LAST NAME (FAMILY NAME)	FIRST NAME	MI			

BEST ASSESSMENTS

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

TABE ASSESSMENTS

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED (L, E, M, D, A)	NUMBER CORRECT		SCALE SCORE	NRS FUNCTIONING LEVEL
				COMPUTATION	APPLIED		
READING		9 10					
TOTAL MATH		9 10					
LANGUAGE		9 10					

TESTING SCORE KEY

<p><u>Beginning Literacy ABE</u> Reading 367 and below Total Math 313 and below Language 389 and below</p> <p><u>Beginning ABE</u> Reading 368-460 Total Math 314 - 441 Language 390 - 490</p>	<p><u>Low Intermediate ABE</u> Reading 461-517 Total Math 442 - 505 Language 491-523</p> <p><u>High Intermediate ABE</u> Reading 518-566 Total Math 506-565 Language 524-559</p>	<p><u>Low ASE (GED)</u> Reading 567-595 Total Math 566-594 Language 560-585</p> <p><u>High ASE (GED)</u> Reading 596 and above Total Math 595 and above Language 586 and above</p>	<p><u>Beginning ESL Literacy (SPL 0-1)</u> BEST +: 88-361 Literacy BEST: 0-20</p> <p><u>Low Beginning ESL (SPL 2)</u> BEST +: 362-427 Literacy BEST: 21-52</p> <p><u>High Beginning ESL (SPL 3)</u> BEST +: 428-452 Literacy BEST: 53-63</p>	<p><u>Low Intermediate ESL (SPL 4)</u> BEST +: 453-484 Literacy BEST: 64-67</p> <p><u>High Intermediate ESL (SPL 5 (Lit. SPL 5-6))</u> BEST +: 485-524 Literacy BEST: 68-75</p> <p><u>Advanced ESL (SPL 6 (Lit. SPL 7))</u> BEST +: 525-564 Lit. BEST: 76-78 (SPL 7)</p>
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