

2017 – 2018 Brazos Valley Council of Governments Adult Education and Training Student Enrollment/Eligibility Form

ENROLLMENT DATE: Month _____ Day _____ Year _____

(Please complete form in ink.)

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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer to not disclose

ETHNICITY	RACE (Check all that apply)				
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pac Islander	<input type="checkbox"/> White

STREET ADDRESS	CITY	STATE	ZIP CODE	MOBILE TEL. #:	HOME TEL. #:
	TX				
				WORK TEL. #:	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>Learning-Disabled Adult <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose</p> <p>Veteran Characteristics Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disable <input type="checkbox"/> No</p> <p>Date of Actual Military Separation</p>	<p>Employment & Education Information</p> <p>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 employed (looking for work) <input type="checkbox"/> Not in labor force (not looking for work)</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>Migrant & Seasonal Farmworker Characteristics</p> <p>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>Exhausting TANF within two years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Foster Care Youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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>Additional Reportable Characteristics</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>Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No</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>Ex-Offender Status at Program Entry <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose</p> <p>Participant received services under Title 1, Chapter 4, Subtitle C of WIOA (Job Corps): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Corrections & Institutional funded Programs</p> <p>In Correctional Facility <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In Community Corrections <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Institutionalized Setting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On Parole <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>On Probation (Community Supervision) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special Programs Type</p> <p>Family Literacy participant <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In Workplace Literacy Program(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Participant in Job & Training Program <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral Type</p> <p>One-Stop Center Referral WF <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>TANF Referral <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referral from college <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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. 3	Class # 505	Instructor
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School Status at Program Entry:

- In-school, postsecondary school
- Not attending school or secondary school dropout
- Not attending school; secondary school graduate or has a recognized equivalent
- Not attending school, within age of compulsory school attendance

Highest School Grade Completed:

- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade
- Ninth Grade
- Tenth Grade
- Eleventh Grade
- Twelfth Grade
- No school grades completed

Highest Education Level Completed:

- Attained secondary school diploma USA Other Country
- Attained secondary school equivalency USA Other Country
- Disable participant received a certificate of attendance/ completion as a result of successfully completing an Individualized Education Program (IEP) USA Other Country
- Completed one or more years of postsecondary education USA Other Country
- Attained a postsecondary or vocational (non-degreed) USA Other Country
- Attained an Associate's Degree USA Other Country
- Attained a Bachelor's Degree USA Other Country
- Attained a degree beyond a Bachelor's Degree USA Other Country
- No Educational Level Completed USA Other Country

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 18 and under must have written permission to participate in the program.

Applicant's Signature

Date

Parent/ Guardian's 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 Work Based Site Based TANF Corrections/ Institutionalized In Correctional Facility
- Transition Class Transitions (Corrections) El Civics El Civics IET-CHW IET-ENT Work Based-TANF Work Based-AEFLA

ENTRY LEVEL GOALS & ASSESSMENTS

I wish to enroll in the _____ class because _____.

While attending the _____ class, my goal is to _____.

In six months, I want to _____.

In five years, I want to _____.

What are your employment goals? _____.

OPTIONAL GOALS (Check all that apply.)

Primary

- Obtain High School Diploma
- Obtain GED
- Obtain a job
- Retain Job or Advanced in Job
- Enroll in College or Other Training

Secondary

- Leave Public Assistance
- Greater Involvement in Community
- Greater Involvement in Children's Literacy Activities
- Improve Basic Skills
- Obtain U.S. Citizenship
- Obtain/improve: Parenting
- Obtain/improve: Occupational Skills
- Obtain/improve: Computer Skills
- Other _____

Secondary (cont.)

- Achieve Citizenship Skills
- Greater Involvement in Children's Literacy Activities
- Register to Vote or Vote for first time
- Make Progress in English (LEP)
- General Involvement (Volunteering)
- Obtain/improve: Health Care
- Obtain/improve: Government and Law
- Obtain/improve: Consumer Economics

BASELINE ASSESSMENTS

STUDENT NAME		CLASS NUMBER		SITE	INSTRUCTOR
LAST NAME	FIRST NAME	MI	505		

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
READING		9 10				
TOTAL MATH		9 10		COMPUTATION APPLIED	TOTAL MATH	
LANGUAGE		9 10				

EXIT LEVEL ACHIEVEMENTS & ASSESSMENTS

PARTICIPANT ACHIEVEMENTS (Optional) (Check all that apply.)

Primary

- Obtained High School Diploma
- Obtained a Job
- Enrolled in College or Other Training
- Obtained GED
- Retained job or advanced in job

Secondary

- Left Public Assistance
- Greater Involvement in Children’s Education
- Greater Involvement in Community Activities
- Improved basic skills
- Received U.S. Citizenship Skills
- Obtained/improved: Parenting
- Obtained/improved: Occupational Knowledge
- Obtained/improved: Community Resource

Secondary (cont.)

- Achieved citizenship Skills
- Greater Involvement in Children’s Literacy Activities
- Registered to Vote or Vote for first time
- Made Progress in English (LEP)
- General Involvement (Volunteering)
- Obtained/improved: Health Care
- Obtained/improved: Government and Law
- Obtained/improved: Consumer Economics

PROGRESS ASSESSMENTS

STUDENT NAME		CLASS NUMBER		SITE	INSTRUCTOR
LAST NAME	FIRST NAME	MI			
			505		

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
READING		9 10				
TOTAL MATH		9 10		COMPUTATION APPLIED	TOTAL MATH	
LANGUAGE		9 10				

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
 Deaf, hard-of-hearing or speech-impaired customers may contact:
 Relay Texas: (800) 735-2989 (TTY) and 711 (Voice).