2018 – 2019 Brazos Valley Adult Education and Training Student Enrollment/Eligibility Form

Please print and complete form in ink.

ENROLLMENT DATE: __________/________/________

Have you attended another Adult Education Class? ☐ Yes ☐ No
If Yes, Where: ___________________________________________________________________

REPORTABLE CHARACTERISTICS

Disability Characteristics
☐ Individual with Disability ☐ Yes ☐ No ☐ Prefer to not disclose

Category of disability
☐ Primarily Physical/Chronic Health Condition
☐ Primarily Physical/Mobility Impairment
☐ Mental or Psychiatric Disability
☐ Vision-related disability
☐ Hearing-related disability
☐ Learning Disability
☐ Cognitive/Intellectual Disability

Veteran Characteristics
☑ Veteran ☐ Yes ☐ No

Eligible Veteran Status
☐ Yes, less than 180 days
☐ Yes, eligible Veteran
☐ Yes, other eligible person
☐ No

Disabled Veteran
☐ Yes ☐ Yes, special disabled ☐ No

Date of Actual Military Separation __________/________/________

Employment & Education Information

Employment Status (Check one only):
☐ Employed # Hours per Week ___
☐ Long Term Unemployment (over 27 consecutive weeks)
☐ Employed, but received notice of termination
☐ Not employed (looking for work)
☐ Not in labor force Reason for not looking for work (Choose one):
☐ Full time caregiver/parent
☐ Incarcerated
☐ Ineligible to work
☐ Institutionalized
☐ Dependent
☐ Other __________

Type of Community
☐ Living in Urban Area (more than 2,500 people)
☐ Living in Rural Area (places of less than 2,500 people)

School Status at Program Entry
☐ In school, postsecondary school
☐ Not attending school or Dropout
☐ Not attending school/Graduate or recognized equivalent
☐ Not attending school within age of compulsory school attendance

Highest School Grade Completed K-12
☐ Completed __________ grade
☐ No school grades completed

Highest Education Level Completed
☐ Attained a High School Diploma
☐ Attained a high school equivalency
☐ Attained a middle school degree
☐ Attained a postsecondary technical or vocational certificate (non-degree)
☐ Attained an Associate’s Degree
☐ Attained a Bachelor’s Degree
☐ Attained a degree beyond a Bachelor’s Degree
☐ No Educational Level Completed
☐ Completed IN the U.S.
☐ Completed OUTSIDE the U.S.

Migrant & Seasonal Farmworker Characteristics

Migrant & Seasonal Farmworker Status:
☐ No
☐ Seasonal Farmworker
☐ Migrant and Seasonal Farmworker
☐ A dependent of a seasonal, or migrant and seasonal farmworker

Public Assistance Information

On Public Assistance
☐ Yes ☐ No ☐ Prefer to not disclose

Expanded Eligibility for TANF
☐ Yes ☐ No ☐ Prefer to not disclose

Exhausting TANF within two years
☐ Yes ☐ No ☐ Not Applicable

Additional Youth Characteristics

Foster Care Youth ☐ Yes ☐ No

Additional Reportable Characteristics

Homeless Individual, Homeless Children & Youth, or Runaway Youth
☒ Yes ☐ No

Low-Income ☐ Yes ☐ No

English Language Learner ☐ Yes ☐ No

Cultural Barriers ☐ Yes ☐ No

Immigrant
☐ Yes ☐ No ☐ Prefer to not disclose

Displaced Homemaker ☐ Yes ☐ No

Referred by: __________/________/________

Referral Type
☐ One-Stop Center Referral ☐ Yes ☐ No
☐ TANF Referral ☐ Yes ☐ No
☐ Referral from college ☐ Yes ☐ No
☐ Referral from housing ☐ Yes ☐ No

Additional Information not indicated: ___________________________________________________________________

CLASS INFORMATION (OFFICE USE ONLY)

Site
Orientation Hrs.
Class # 505
Instructor

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) 735-2898 (TTY) and 711 (Voice).

1 of 3 Pages

Revised 06/20/18
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.**

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
<th>Date</th>
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<tbody>
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<thead>
<tr>
<th>Parent/ Guardian’s Signature</th>
<th>Date</th>
<th>Phone Number</th>
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**In case of an emergency, please call ______________________ Relationship ____________________ Phone Number________________**

**Additional contact: Name ______________________________ Relationship ____________________ Phone Number ___________**

**ENTRY LEVEL AND CAREER GOALS**

My career goal is to become a(n): ____________________________

Occupation

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 _____________________________________________________________________

I want to be employed at ________________________

Do you have access to a computer? □ Yes □ No Do you have access to the internet? □ Yes □ No

**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 Children’s Education
- Greater Involvement in Community Activities
- Improve Basic Skills
- Obtain U.S. Citizenship
- Obtain/improve: Parenting
- Obtain/improve: Occupational Skills
- Obtain/improve: Community Resource
- 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

_________________________________________ ________________________________
Applicant’s Signature Date

_________________________________________ ________________________________
Parent/ Guardian’s Signature Date Phone Number

Participants who are age 18 and under must have written permission to participate in the program.
### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>STUDENT NAME (Please Print)</th>
<th>DOCUMENT TYPE (SELECT ONE)</th>
<th>DOCUMENT NUMBER</th>
<th>DATE OF BIRTH</th>
<th>GENDER</th>
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<tbody>
<tr>
<td></td>
<td>Social Security # (Preferred)</td>
<td>Locally Assigned Number</td>
<td>OTHER</td>
<td>MM</td>
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### BASELINE ASSESSMENT

#### BEST ASSESSMENTS

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>ASSESSMENT DATE</th>
<th>FORM USED</th>
<th>BEST SCORE</th>
<th>NRS FUNCTIONING LEVEL</th>
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<tbody>
<tr>
<td>PLUS ORAL 2.0</td>
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### POST ASSESSMENT

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### PARTICIPANT ACHIEVEMENTS (Mark all that student achieved)

#### Self-Reported Achievements:

- Left Public Assistance
- Achieved Citizenship Skills
- Gtr. Involvement in Children’s Education
- Gtr. Involvement in Children’s Literacy Activities
- Gtr. Involvement in Community Activities
- Registered to Vote or Voted for First Time

#### Self-Reported Achievements (Cont’d.):

- Improved Basic Skills
- Made Progress in English (LEP)
- Received U.S. Citizenship
- General Involvement (Volunteering)
- Obtained/Improved: Parenting
- Obtained/Improved: Health Care

#### Self-Reported Achievements (Cont’d.):

- Obtained/Improved: Occupational Knowledge
- Obtained/Improved: Government and Law
- Obtained/Improved: Community Resource
- Obtained/Improved: Consumer Economics

#### Separation Reasons:

- Achieved Reason for Enrollment
- Change of Address
- Family Problems
- Health Problems
- Instruction not Helpful
- Lack of Transportation
- Location of Class
- Obtained Employment
- Obtained Class
- Time Class was Scheduled
- Post-Secondary
- Stopped Out
- Other

### CLASS INFORMATION

<table>
<thead>
<tr>
<th>COURSE ENROLLMENT</th>
<th>SITE NAME</th>
<th>CLASS #</th>
<th>CLASS NAME</th>
<th>FUNDING SOURCE</th>
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- Regular Adult Ed
- TANF
- Corrections/Institutionalized
- Local
- IET (AEFLA)
- Work Based (AEFLA)
- Transitions Class (AEFLA)
- IET (TANF)
- Transitions Class (TANF)
- Work Based (TANF)
- IET (El Civics)
- El Civics (AEFLA)
- El Civics El Civics
- Transitions (Corrections)

### TEST ADMINISTERED BY (Staff Name) | REGISTRATION COMPLETED BY (Staff Name) | SUPERVISOR (Staff Name) | DATE ENTERED INTO TEAMS | ENTERED INTO TEAMS BY (Staff Name)