

# 2019 – 2020 Workforce Solutions Brazos Valley Adult Education & Literacy Student Enrollment/Eligibility Form

<b>ENROLLMENT DATE:</b> ____/____/____ <small>Month Day Year</small>	<b>Please print and complete form in ink.</b>	<b>Have you attended another Adult Education Class?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____
---	---	--

PARTICIPANT NAME			Social Security information		ID information			DATE OF BIRTH			GENDER
LAST NAME (FAMILY NAME)	FIRST NAME	MI	<input type="checkbox"/> Social Security # _____ <input type="checkbox"/> Choose not to disclose <input type="checkbox"/> Doesn't remember SSN <input type="checkbox"/> None issued, but eligible for SSN Initials of Staff _____ Date _____	<input type="checkbox"/> DL # or ID # _____ <input type="checkbox"/> Choose not to disclose <input type="checkbox"/> No Texas DL or Texas ID Initials of Staff _____ Date _____ <input type="checkbox"/> OTHER ID _____	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 Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Island	<input type="checkbox"/> White

<b>VALID MAILING ADDRESS</b> _____ CITY STATE ZIP CODE TX	CELL TEL. #: _____ WORK TEL. #: _____ HOME TEL. #: _____ E-MAIL ADDRESS: _____
--	---

## REPORTABLE CHARACTERISTICS

<b>Disability Characteristics</b> <b>Individual with Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose <b>Category of disability</b> <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 <b>Learning-Disabled Adult</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose  <b>Veteran Characteristics</b> <b>Veteran Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Eligible Veteran Status</b> <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 <b>Disabled Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disabled <input type="checkbox"/> No  <b>Date of Actual Military Separation</b> _____	<b>Employment &amp; Education Information</b> <b>Employment Status (Check one only):</b> <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 <b>Reason for not looking for work</b> (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 _____  <b>Type of Community</b> <input type="checkbox"/> Living in Urban Area (more than 2,500 people) <input type="checkbox"/> Living in Rural Area (places of less than 2,500 people)  <b>School Status at Program Entry</b> <input type="checkbox"/> In school, postsecondary school <input type="checkbox"/> Not attending school or Dropout <input type="checkbox"/> Not attending school/Graduate or recognized equivalent <input type="checkbox"/> Not attending school within age of compulsory school attendance	<b>Highest School Grade Completed K-12</b> <input type="checkbox"/> Completed _____ grade <input type="checkbox"/> No school grades completed <b>Highest Education Level Completed</b> <input type="checkbox"/> Attained a High School Diploma <input type="checkbox"/> Attained a high school equivalency <input type="checkbox"/> Disable participant received a certificate of attendance/completion as a result of completing an IEP <input type="checkbox"/> Completed one or more years of post-secondary education <input type="checkbox"/> Attained a postsecondary technical or vocational certificate (non- degreed) <input type="checkbox"/> Attained an Associate's Degree <input type="checkbox"/> Attained a Bachelor's Degree <input type="checkbox"/> Attained a degree beyond a Bachelor's Degree <input type="checkbox"/> No Educational Level Completed <input type="checkbox"/> <b>Completed IN the U.S.</b> <input type="checkbox"/> <b>Completed OUTSIDE the U.S.</b>  <b>Migrant &amp; Seasonal Farmworker Characteristics</b> <b>Migrant &amp; Seasonal Farmworker Status:</b> <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	<b>Public Assistance Information</b> <b>On Public Assistance</b> <b>TANF, SNAP, WIC, HUD, Housing, Medicaid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose <b>Additional Youth Characteristics</b> <b>Foster Care Youth</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Additional Reportable Characteristics</b> <b>Homeless Individual, Homeless Children &amp; Youths, or Runaway Youth</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Low-Income</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>English Language Learner</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cultural Barriers</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Immigrant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose <b>Displaced Homemaker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Single Parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Dislocated Worker</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Parent of child(ren)</b> Ages 0-5 <input type="checkbox"/> Yes <input type="checkbox"/> No Ages 6 -10 <input type="checkbox"/> Yes <input type="checkbox"/> No Ages 11-13 <input type="checkbox"/> Yes <input type="checkbox"/> No Ages 14 -18 <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ex-Offender Status at Program Entry</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer to not disclose  <b>Participant received services under Title 1, Chapter 4, Subtitle C of WIOA (Job Corps):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  <b>Corrections &amp; Institutional funded Programs</b> 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  <b>Special Programs Type</b> 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  <b>Referral Type</b> 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  <b>Additional Information not indicated:</b> _____
--	--	--	---	--

## CLASS INFORMATION (OFFICE USE ONLY)

<b>Site</b>	<b>Orientation Hrs.</b>	<b>Class #</b> <span style="font-size: 1.2em; font-weight: bold;">505</span>	<b>Instructor</b>
-------------	-------------------------	--	-------------------

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** \_\_\_\_\_

**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

**TEXAS ADULT EDUCATION STUDENT ASSESSMENT AND PLACEMENT DATA FORM (Office Use Only)**

**PERSONAL INFORMATION**

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

**BASELINE ASSESSMENT**

**CASAS ASSESSMENTS**

DOMAIN	ASSESSMENT DATE	FORM USED	BEST SCORE	NRS FUNCTIONING LEVEL
CASAS ORAL				
LITERACY				

**TABE ASSESSMENTS**

**ABE/GED ASSESSMENT NOTES:** The level indicated by the TABE Locator (L,E,M,D or A) must be the level assessment used for the TABE TEAMS will use the lowest score to determine functioning level and DOS Number Correct for Mathematics Computation an Applied Mathematics are used to find the Survey Total Math Scale Score TEAMS will determine the baseline score for returning students

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED E,M,D,A	NUMBER CORRECT		SCALE SCORE	NRS FUNCTIONING LEVEL
				COMPUTATION	APPLIED		
READING		11 12					
TOTAL MATH		11 12					
LANGUAGE		11 12					

**POST ASSESSMENT**

**CASAS ASSESSMENTS**

DOMAIN	ASSESSMENT DATE	FORM USED	BEST SCORE	NRS FUNCTIONING LEVEL
CASAS ORAL				
LITERACY				

**TABE ASSESSMENTS**

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED E,M,D,A	NUMBER CORRECT		SCALE SCORE	NRS FUNCTIONING LEVEL
				COMPUTATION	APPLIED		
READING		11 12					
TOTAL MATH		11 12					
LANGUAGE		11 12					

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

<b>Federal Secondary Achievements:</b> <input type="checkbox"/> Obtained High School Diploma <input type="checkbox"/> Obtained GED <input type="checkbox"/> Obtained Employment <input type="checkbox"/> Retained Job or Advanced in Job <input type="checkbox"/> Enrolled in College or Other Training	<b>Self-Reported Achievements:</b> <input type="checkbox"/> Left Public Assistance <input type="checkbox"/> Achieved Citizenship Skills <input type="checkbox"/> Gtr. Involvement in Children's Education <input type="checkbox"/> Gtr. Involvement in Children's Literacy Activities <input type="checkbox"/> Gtr. Involvement in Community Activities <input type="checkbox"/> Registered to Vote or Voted for First Time	<b>Self-Reported Achievements (Cont'd.):</b> <input type="checkbox"/> Improved Basic Skills <input type="checkbox"/> Made Progress in English (LEP) <input type="checkbox"/> Received U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtained/Improved: Parenting <input type="checkbox"/> Obtained/Improved: Health Care	<b>Self-Reported Achievements (Cont'd.):</b> <input type="checkbox"/> Obtained/Improved: Occupational Knowledge <input type="checkbox"/> Obtained/Improved: Government and Law <input type="checkbox"/> Obtained/Improved: Community Resource <input type="checkbox"/> Obtained/Improved: Consumer Economics
--	---	--	--

**SEPARATION REASONS**

<input type="checkbox"/> Achieved Reason for Enrollment <input type="checkbox"/> Change of Address <input type="checkbox"/> Family Problems <input type="checkbox"/> Health Problems <input type="checkbox"/> Instruction not Helpful <input type="checkbox"/> Lack Dependent Child Care Resources	<input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Location of Class <input type="checkbox"/> Obtained Employment <input type="checkbox"/> Time Class was Scheduled <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Stopped Out _____ Date <input type="checkbox"/> Other _____
---	--

**CLASS INFORMATION**

COURSE ENROLLMENT	CLASS #	CLASS NAME	FUNDING SOURCE
INSTRUCTOR'S NAME (Please Print)	SITE NAME	505-	<input type="checkbox"/> Regular Adult Ed <input type="checkbox"/> TANF <input type="checkbox"/> Corrections/Institutionalized <input type="checkbox"/> Local <input type="checkbox"/> IET (AEFLA) <input type="checkbox"/> Work Based (AEFLA) <input type="checkbox"/> Transitions Class (AEFLA) <input type="checkbox"/> IET (TANF) <input type="checkbox"/> Transitions Class (TANF) <input type="checkbox"/> Work Based (TANF) <input type="checkbox"/> IET (EI Civics) <input type="checkbox"/> EI Civics (AEFLA) <input type="checkbox"/> EI Civics EI Civics <input type="checkbox"/> 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)