



Updated on: _____

Maine Adult Education Learner Intake Form

Academic Year: _____ Local Program: _____ Intake Date: _____

Student: _____ NEW _____ RETURNING Intake Done By: _____

ALL REGISTRATIONS

Student Bio Information

* = required field

* Full Name: _____ (Previous Name) : _____

* Date of Birth: _____ * Gender Male Female

* Address: _____

* City/State/Zip: _____ * County: _____

* Phone Number(s): *Primary: _____ Emergency: _____

Work: _____ Cell: _____

Email Address: _____

* Do you give permission to run a data match on your file (requires an SSN release) YES NO

(Please note: A data match helps us obtain required Postsecondary and Employment outcomes only and prohibits the use of SSNs any other purpose. Programs must keep signed releases on file for all data matches.)

*How did you learn about this program? (circle one)

Relative Friend Previously Attended Advertisement Educational Institution Career Center
Workplace Military Recruiter Court Website None (N/A) Other Agency Referral Course Catalog
Local School Other

HiSET ID #: _____ CORRECTIONS FOR ONLY: MDOC # _____

CREDIT RECOVERY ONLY: High School Currently Enrolled In: _____

ALL REGISTRATIONS

Student Enrollment

FOR OFFICE USE ONLY:

* Enrollment Date: _____

* Program Type: (check all that apply)

NRS Registration Date: _____

Contact Type: ABE/ASE ESL

Adult High School Stud. Date: _____

Adult Transitions Date: _____

Certificate Program Date: _____

College Transitions Date: _____

Credit Recovery Date: _____

EL Civics Date: _____

WORK FORCE TRAINING:

(Must be one of the following to be a Workforce Training Registration)

- Preparatory Learner
- Supplemental Learner
- Certificate Learner

Keep documentation for this status in program files.

Enrichment Date: _____

Family Literacy Date: _____

HSD/HSE Credentials Date: _____

IET Registration Date: _____

Work Force Training Date: _____

Work Ready Date: _____

Student WIOA Demographics

Please enter the demographics data for the new WIOA requirements. (* = required field)

* Social Security Number/EIN Number: _____
 If computer generated SSN, check here

Individual with a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* Ethnicity Hispanic/Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* Asian	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* Black/African American	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)
* White	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not Self-Identify (N/A)

<p>* Employment Status at Program Entry:</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Employed (Notice of Termination or Military Separation) <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unemployed <input type="checkbox"/> Did not Self-Identify (N/A)</p>	<p>* Highest School Grade Completed:</p> <p><input type="checkbox"/> No School Completed <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Achieved HS Diploma <input type="checkbox"/> Achieved HS Equivalency <input type="checkbox"/> Disability and Achieved Individual Education Plan (IEP) <input type="checkbox"/> Completed Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Beyond Bachelor's Degree</p>	<p>* Last calendar year attended High School:</p> <p>_____</p> <p>If High School Credential, Date High School Credential received:</p> <p>_____</p>
<p>Long-Term Unemployed</p> <p><input type="checkbox"/> Yes, Unemployed greater than 27 consecutive weeks <input type="checkbox"/> No</p>	<p>School Status at Participation:</p> <p><input type="checkbox"/> No <input type="checkbox"/> In-school (H.S. or less) <input type="checkbox"/> In-school, Alternative School <input type="checkbox"/> In-school, Post-H.S. <input type="checkbox"/> Not attending school or H.S. Dropout <input type="checkbox"/> Not attending school – H.S. Graduate <input type="checkbox"/> Not attending school – within age of compulsory school attendance</p>	
<p>Complete if participant is receiving Temporary Assistance to Needy Families (TANF) Assistance at program entry</p> <p>Is participant exhausting TANF within 2 Years? (Part A, Title IV of the Social Security Act)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>At program entry, does participant have Foster Care Youth Status?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Student WIOA Demographics Continued...

At Program Entry, is participant:

- | | | | |
|--|------------------------------|-----------------------------|--|
| * A Homeless Individual, Homeless Child or Youth, or a Runaway Youth | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| Ex-Offender Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| * Low Income Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| An English Language Learner | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| Basic Skills Deficient/Low Levels of Literacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| Cultural Barriers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| * Single Parent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |
| * Displaced Homemaker | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Did not Self-Identify (N/A) |

Migrant and Seasonal Farmworker Status at National Farmworker Jobs Program Entry (WIOA sec. 167)
 Seasonal Farm Worker Migrant and Season Farm Worker No

If Participant is receiving services from the Career Center, please respond to the following:

Is participant receiving adult services (financial assistance) through the Career Center?

- No
- Yes, Local Formula
- Yes, Statewide
- Yes, Both Local and Statewide

Is participant receiving youth services (financial assistance) through the Career Center?

- No
- Yes, Local Formula
- Yes, Statewide
- Yes, Both Local and Statewide

Is participant receiving employment services (Wagner-Peyser) from the Career Center?

- Yes
- No
- Did not Self-Identify (N/A)

Is participant being referred to Adult Education from the Career Center?

- Yes
- No
- Did not Self-Identify (N/A)

Is the participant:

* Receiving financial Assistance due to Dislocated Worker Status?

- No
- Yes, Local Formula
- Yes, Statewide
- Yes, Both Local and Statewide

In the Job Corps Program?

- Yes
- No
- Did not Self-Identify (N/A)

Receiving Vocational Rehabilitation Services?

- Yes, VR
- Yes, VR & Employment
- Both VR and VR&E
- Neither
- Unknown

* Adult Education History:

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled | <input type="checkbox"/> Earned credits at current program |
| <input type="checkbox"/> Earned GED | <input type="checkbox"/> Earned credits at other adult ed program |
| <input type="checkbox"/> Earned Diploma | <input type="checkbox"/> Earned credits at 2 or more adult ed programs |
| <input type="checkbox"/> Previously Enrolled | <input type="checkbox"/> Earned a Certificate |
| <input type="checkbox"/> None (N/A) | |

Last School Attended in US School: _____

Student WIOA Demographics Continued...

ENGLISH LANGUAGE LEARNERS

*** Citizenship:**

- US Citizen
- Lawfully admitted alien
- No response

If not from the United States:

Country of origin: _____

Date of Arrival in US: _____

Are you a Refugee? Yes No

*** Native Language:**

- English
- Chinese
- German
- Somalia
- Cambodian
- French
- Spanish
- Korean
- Other

<p>Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Living in Rural Area? <input type="checkbox"/> Urban <input type="checkbox"/> Rural</p>	<p style="text-align: center;">Corrections:</p> <p>* In correctional facility <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* In other Institutional setting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* In a Community Correctional Program <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p>* On Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Choose all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None (N/A)</td> <td><input type="checkbox"/> TANF</td> </tr> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Food Stamps</td> </tr> <tr> <td><input type="checkbox"/> Maine Care</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Unemployment</td> <td><input type="checkbox"/> Migrant Worker</td> </tr> <tr> <td><input type="checkbox"/> WIC</td> <td></td> </tr> </table>	<input type="checkbox"/> None (N/A)	<input type="checkbox"/> TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Maine Care	<input type="checkbox"/> Other	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> WIC		
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<input type="checkbox"/> WIC											

<p>Miscellaneous Information:</p> <p>* Have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No * Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>* Permission to release academic records <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* Permission to release information (FERPA) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have children in the local school system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>FOR OFFICE USE ONLY:</p> <p>*Intake Counselor: _____ *Intake Hours: _____</p> <p>*Referring Agency: _____</p>	
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College Transitions Demographics

*** Learned of CT Program?**

- Post-Secondary Institution
- Adult Education
- Social Services
- Career Center
- Other

*** Post-Secondary Experience?**

- None (N/A)
- Currently Enrolled
- Previously Enrolled

*** Did Either of your Parents Earn a 4-year Degree?**

- Mother
- Father
- Both
- None (N/A)

*** Have You Taken the ACCUPLACER Tests?**

- Have Not Taken Accuplacer Tests
- Taken at an Adult Ed.
- Taken while in High School
- Taken at a Community College
- Taken at a University

Family Literacy Demographics

Number of Total Adults in Family _____

Number and Names of Adults Participating in Family Literacy Program:

Number of Total Children in Family _____

Number, Names, and Ages of Children Participating in Family Literacy Program:

FOR OFFICE USE ONLY

ASSESSMENT HISTORY:

CASAS:

LEARNER EFL LEVEL _____

Pretest:

Reading (L&W): _____ Math (LS): _____
DATE LEVEL FORM SCORE DATE LEVEL FORM SCORE

Posttest:

Reading (L&W): _____ Math (LS): _____
DATE LEVEL FORM SCORE DATE LEVEL FORM SCORE

ADDITIONAL ASSESSMENTS:

NAME OF ASSESSMENT _____

Pretest:

SUBJECT DATE LEVEL FORM SCORE SUBJECT DATE LEVEL FORM SCORE

Posttest:

SUBJECT DATE LEVEL FORM SCORE SUBJECT DATE LEVEL FORM SCORE

Pretest:

SUBJECT DATE LEVEL FORM SCORE SUBJECT DATE LEVEL FORM SCORE

Posttest:

SUBJECT DATE LEVEL FORM SCORE SUBJECT DATE LEVEL FORM SCORE

COURSES:

COURSE NAME: _____

COURSE NAME: _____

COURSE NAME: _____

COURSE NAME: _____

NOTES: