



FY2019 Intake Assessment Form

Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (*). Please print legibly. All signatures should be in ink.

*Entry Educational Functioning Level:	Pre-test date, form/level, score:		
Site/Class:	Pre-test date _____ Form _____		
Other Information:	Subject	Level	Scale Score
	Reading		
	Math		
	Language		
<small>Hard copies of all assessment records must be maintained in the student permanent record.</small>			

STUDENT CONTACT INFORMATION

Today's Date: _____ **Orientation Date:** _____

Social Security Number: _____ - _____ - _____ ***Date of Birth:** ____/____/____ **Age:** _____
Month / Day / Year

***Name:** _____
Last First Middle/Former Name Suffix

Address: _____
Street Address/ Apartment Number / PO Box *City *State *Zip

***County of residence:** _____ **Email Address:** _____

Phone 1: (____) _____ **Phone 2:** (____) _____ **Phone 3:** (____) _____

EMERGENCY CONTACT INFORMATION

Name: _____
Last First Middle/Former Name

Phone 1: (____) _____ **Phone 2:** (____) _____ **Relationship:** _____

STUDENT DATA

***Hispanic/Latino:** **No**, not Hispanic/Latino **Yes**, Hispanic/Latino

***Gender:** Male Female

***Race:** (Select one or more) American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

FOR PROGRAM USE ONLY:

Institution 1: _____

Institution 2: _____

***Highest School Grade Completed: (select one)**

<input type="checkbox"/> No School Grade Completed	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 10 th grade
	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> 11 th grade
	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> 12 th grade

***Highest Educational Certificate/Diploma/Degree Completed: (select one)**

<input type="checkbox"/> None	<input type="checkbox"/> Certificate of Attendance/Completion	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> One or more years of Postsecondary Education	<input type="checkbox"/> Master's degree
<input type="checkbox"/> High School Equivalency (GED)	<input type="checkbox"/> Postsecondary Technical or Vocational Certificate	<input type="checkbox"/> Specialist's degree
	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Doctorate or Professional degree

***Where was your highest level of education completed?** U.S.-Based Schooling Non-U.S.-Based Schooling

How did you hear about the program? Print Media Friend TV Radio Referral Internet Family Previous Enrollment Previous Enrollment in another program: If so, which one? _____

***Name:** _____
Last
First
Middle/Former Name
Suffix

If you were referred, select the referring agency:

- Georgia Department of Corrections
- Georgia Department of Labor
- Georgia Department of Transportation
- Division of Family and Children's Services/TANF/SNAP
- Georgia Vocational Rehabilitation Agency
- Local Workforce Development Board/Area
- Other _____

***Correctional/Institutionalized Programs (if applicable):**

- Currently Incarcerated in a Correctional Institution
- Currently Participating in Community Corrections
- Currently on Probation Supervision
- Currently on Parole Supervision
- Currently attending a recovery/rehabilitation program

STUDENT STATUS and SPECIAL POPULATIONS

***Labor Force Status:** (select one)

- Employed**
- Employed**, but I have received a notice of termination, facility closure, or I am a transitioning service member.
- Unemployed and looking for work**
 If unemployed, have you been unemployed for 27 weeks or longer? Yes No
- Not working and not looking for work** (e.g. homemaker, retired, incarcerated, etc.)

***Do you receive TANF?** Yes No

If yes, are you within 2 years of exhausting lifetime eligibility? Yes No

***Do you or someone in your household receive SNAP benefits (Food Stamps)?** Yes No

***Special Status Populations:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income	Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Did you provide unpaid services in the home and were dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Do you lack a fixed, regular, and adequate nighttime residence? Have you moved in the last 36 months due to a parent's employment in seasonal farm work? Are you under 18 and leave home without parent permission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction? (Do not select this category if you are currently incarcerated.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care	Are you currently in the foster care system or have you aged out of the foster care system?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) <input type="checkbox"/> Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) <input type="checkbox"/> Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)

Language spoken at home: _____ **Country of Birth:** _____

Individual with a Disability Notice (Optional disclosure)

In the Americans with Disabilities Act of 1990, a disability is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities. ***Are you an Individual with a Disability?:** Yes No Do not wish to disclose

Special Accommodations Notice (Optional disclosure)

If you have a disability and/or a condition and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of your disability.

Do you wish to request any special accommodation(s)? Yes No

Confidentiality Notice

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box:

***Student's Signature:** _____ ***Date:** _____

Sign in ink

***Name:** _____
Last
First
Middle/Former Name
Suffix

STUDENT GOALS

***What do you want to achieve by attending the adult education program? (Completed prior to assessment)**

Skills Improvement

- Reading
- Math
- Writing
- Science
- Social Studies

Education Goals

- Earn a GED diploma
- Enroll in a technical college
- Enroll in a training program
- Enroll in a 4-year college

Career Goals

- Find a job
- Keep my job
- Find a better job
- Complete a career assessment
- Pursue an apprenticeship

English Skills

- Speaking
- Listening
- Reading
- Writing

***Secondary Goals (see note at right)**

- Leave public assistance
- Achieve U.S. citizenship (Georgia goal)
- Achieve citizenship skills
- Increase involvement in community activities
- Vote or register to vote
- Increase involvement in children's education
 - help more frequently with school
 - increase contact with children's teachers
 - be more involved in children's school activities
- Increase involvement in children's literacy activities
 - reading to children
 - visiting a library
 - purchasing books or magazines

Participants enrolled in Integrated English Literacy and Civics Education (IELCE) must select at least one of the following goals:

- Achieve citizenship skills
- Vote or register to vote
- Increase involvement in community activities

Participants enrolled in a Family Literacy program must select at least one of the sub-goals for:

- Increase involvement in children's education or
- Increase involvement in children's literacy activities

FOR PROGRAM USE ONLY: The interviewer should complete this section during an initial conference with the student after his/her pre-assessment.	
*1. What is the student's primary reason for enrolling?	
*2. What services will the program provide the student (including IET)?	
*3. What are the student's postsecondary education or work-related goals?	
*4. Did the student share any personal barriers that could affect program participation? If yes, please explain.	
Additional Notes:	
*Student's Signature: <small>Sign in ink</small>	*Date:
*Interviewer's Signature: <small>Sign in ink</small>	*Date:
Please note: Teachers should conference with the student at least once per quarter. Conference notes must be maintained either in hard copy format in the student permanent record or in GALIS. More information is available in the <i>Intake Assessment Form Directions and Definitions</i> document.	

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