

Student Intake Form

Enter student's name **EXACTLY** as it appears on his or her ID.

First Name _____ Middle Name _____

Last Name _____ Previous Name _____ Suffix _____

Enter student's mailing address.

Address _____

City _____

Zip _____

Primary Telephone (_____) _____ - _____

Alternative Telephone (_____) _____ - _____

Email _____

Emergency Contact _____

SSN _____ - _____ - _____

Gender (check one) Male Female

Date of Birth _____
(MM/DD/YYYY)

Country of Birth _____ Immigrant (check one) Yes No

Native Language _____

Primary Language Spoken at Home _____

Ethnicity: Are you Hispanic or Latino? (check one) Yes No

Race: What is your race? (check all that apply)

Regardless of student's response to the ethnicity question above, please have him or her select one or more categories from the list below:

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

Highest Degree or Level of Schooling Completed (check one)

- | | |
|---|--|
| <input type="checkbox"/> No Schooling | <input type="checkbox"/> Secondary School Equivalent (e.g. HiSET [®] , GED [®]) |
| <input type="checkbox"/> Grades 1-5 | <input type="checkbox"/> Some Postsecondary Education, No Degree |
| <input type="checkbox"/> Grades 6-8 | <input type="checkbox"/> Postsecondary or Professional Degree |
| <input type="checkbox"/> Grades 9-12 | |
| <input type="checkbox"/> Secondary School Diploma or Alternate Credential | |

Student Intake Form

Where did you receive your highest level of education? (check one)

- United States Outside the United States

Were you referred or are you currently receiving services from any of our core partners?

(check all that apply)

- Adults (Department of Career Services)
 Dislocated Workers (Department of Career Services)
 Youth (Department of Career Services)
 Wagner-Peyser/Labor Exchange (Department of Career Services)
 Adult Education (Department of Elementary and Secondary Education)
 Name and Location of program? _____
 Rehabilitative Services (Massachusetts Rehabilitation Commission)
 Rehabilitative Services (Massachusetts Commission for the Blind)

Release of Information Form Signed (check one) Yes No

Public Assistance (check all that apply)

- MassHealth
 Supplemental Nutrition Assistance Program (SNAP)
 Food Stamps
 Temporary Assistance for Needy Families (TANF)
 Transitional Aid to Families with Dependent Children (TAFDC)
 Emergency Aid to the Elderly, Disabled, and Children (EAEDC)
 Supplemental Security Income (SSI)

Employment Status at Program Entry (check one)

- Employed**—(a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.
 Full Time (30 or more hrs/wk) How many jobs do you work? _____
 Part Time (less than 30 hrs/wk) What is your occupation? _____
- Unemployed**—not employed but seeking employment, making a specific effort to find a job, and is available for work.
- Not in the labor force**—not employed and is not actively looking for work (homemaker, retired, etc.)
- Employed, but received notice of termination of employment or military separation is pending.**

Barriers to Employment (check all that apply)

- Basic Skills Deficient/Low Levels of Literacy**—unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.
- Cultural barriers**—a person who perceives him/her self as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.
- Displaced homemaker**—a person who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income or is the dependent spouse of a member of the Armed Forces on active duty and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

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- English Language Learner**—a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.
- Ex-offender**—a person who either has been subject to any stage of the criminal justice process or requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
- Exhausting TANF**—a person within two years of exhausting lifetime eligibility.
- Foster care youth**—a person who is currently in foster care or has aged out of the foster care system.
- Homeless individual**—a person without a fixed, regular and adequate nighttime residence or a run-away youth.
- Individual with disability**—a person with a physical or mental impairment that substantially limits one or more of the person's major life activities.
 - Requires reasonable accommodations
 - Documentation of disability is up to date.
- Long-term unemployed**—a person who has been unemployed for 27 or more consecutive weeks.
- Low-income individual**—a person who within six months has received income-based assistance, such as housing supplement or food stamps, or whose total family income is below 70 percent of the lower living standard income level.
- Migrant and Seasonal Farmworker**—a person who is (if applicable, check box 1, 2, or 3):
 - 1. A low-income individual who for the 12 consecutive months out of the 24 months prior to program entry has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment **and** faces multiple barriers to economic self-sufficiency.
 - 2. A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.
 - 3. A dependent of the individual described as a seasonal or migrant seasonal farmworker above.
- Single parent**—a person who is single, separated, divorced or a widowed and has primary responsibility for one or more dependent children under age 18 or is currently pregnant.

Type of Service Requested (check one)

- ABE
- ESOL
- Both



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Adult and Community Learning Services

Release of Information Form

I, (print name) _____, am enrolled in an adult basic education (ABE) program. The state of Massachusetts pays for this program. This ABE program works with other programs to help students improve their skills and get better jobs. The programs work together to make it easier for students to use their services. The state wants to know if the programs are helping students achieve their goals. Other programs and agencies that the state Department of Elementary and Secondary Education works with are listed below:

- Other adult basic education programs paid for by the Massachusetts Department of Elementary and Secondary Education.
- One Stop Career Centers and job training programs
- Public and private colleges
- State executive offices, departments, and agencies including the Executive Office of Labor and Workforce Development, Department of Revenue, and Commonwealth Corporation.
- The National Student Clearinghouse.

By signing this form, I understand and agree to the following:

- My records may be matched against the wage records and college enrollment records that assist the state to improve and evaluate its programs and to report results to the federal and state governments.
- I give permission to share my personal information with the agencies listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential, and will be used for program administration, research, and evaluation purposes.

Signature of Student / Parent or Guardian*

Date

Signature of Staff / Witness to the Student's Signature

Date

****Students under the age of 18 must have this consent form signed by the student's parent or guardian.***

Revised 5/11/10



Departamento de Ensino Fundamental e Secundário do Estado de Massachusetts

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telefone: (781) 338-3000

TTY: N.E.T. Retransmissão 1-800-439-2370

Serviços de aprendizado da comunidade e para adultos

Formulário de liberação de informações

Eu, (escreva o nome) _____, estou inscrito em um programa de educação básica (ABE) para adultos. O estado de Massachusetts paga por este programa. Este programa ABE trabalha com outros programas para ajudar os alunos a aprimorarem suas capacidades e obterem melhores empregos. Os programas funcionam juntos para facilitar o uso dos serviços por parte dos alunos. O estado deseja saber se os programas estão ajudando os alunos a atingirem seus objetivos. Outros programas e agências que trabalham juntos com o Departamento de Educação Fundamental e Secundária do estado estão relacionados abaixo:

- Outros programas de educação básica para adultos pagos pelo Departamento de Educação Fundamental e Secundária de Massachusetts.
- Centros de carreira de uma etapa e programas de treinamentos para empregos
- Faculdades públicas e privadas
- Agências, departamentos e escritórios executivos do estado, incluindo o Escritório Executivo de Trabalho e Desenvolvimento de Força de Trabalho, Departamento de Receita e Commonwealth Corporation.
- O National Student Clearinghouse.

Ao assinar este formulário, compreendo e concordo com o seguinte:

- Meus registros podem ser comparados com os meus registros de salário e inscrição de faculdade que ajudam o estado a aprimorar e avaliar seus programas e relatar resultados aos governos federais e estaduais.
- Eu dou permissão para compartilhar minhas informações pessoais com as agências relacionadas acima. Essas informações podem incluir meu nome, informações de inscrição, objetivos de carreira/educação, classificação em testes e histórico de emprego. As informações serão mantidas estritamente confidenciais e poderão ser usadas para objetivos de avaliação, pesquisa e administração de programas.

Assinatura do aluno / pais ou tutor*

Data

Assinatura do funcionário / testemunha da assinatura do aluno

Data

****Os alunos com menos de 18 anos devem ter esse formulário de consentimento assinado pelo tutor ou pelos pais do aluno.***

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