



Adult Education Student Intake Form

This Student Intake form is to be completed by staff through an interview with the prospective student.

Academic Year: _____ Local Program: _____ Intake Date: / / Intake Done by: _____

Student Bio Info

Full Name:	(Prev. Name):
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	
Town/State/Zip:	
Phone(s): (Home) _____ (Work) _____ (Emergency) _____ (Cell) _____	
Email:	
Data Matching: Do you give us permission to release your SSN? <input type="checkbox"/> Y <input type="checkbox"/> N	

Student Program Enrollment

<p>Have you completed any previous Adult Education classes ?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, Which program(s)? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Adult Ed History:</p> <p><input type="checkbox"/> Currently enrolled</p> <p><input type="checkbox"/> Earned GED</p> <p><input type="checkbox"/> Earned diploma</p> <p><input type="checkbox"/> Earned credits at current program</p> <p><input type="checkbox"/> Earned credits at other Adult Ed program</p> <p><input type="checkbox"/> Earned credits at 2 or more Adult Ed programs</p> <p><input type="checkbox"/> None (N/A)</p>	<p>Choose Your Program:</p> <p><input type="checkbox"/> AEFLA:</p> <p><input type="checkbox"/> ABE/ASE</p> <p><input type="checkbox"/> ELL</p> <p><u>EFL Level at Entry:</u></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> Certificate Program</p> <p><input type="checkbox"/> College Transitions</p> <p><input type="checkbox"/> Credit Recovery</p> <p><input type="checkbox"/> EL Civics</p> <p><input type="checkbox"/> Enrichment</p> <p><input type="checkbox"/> Family Literacy</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> HSD</p> <p><input type="checkbox"/> WorkReady</p> <p><input type="checkbox"/> Workforce Training</p> <p><input type="checkbox"/> Other</p> <p>Intake Hours: <input type="text"/></p>
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Student Name: _____

Demographics

Social Security Number: _____

Ethnicity:

Are you Hispanic / Latino?

Y N

If No, choose one or more of the following:

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Pac. Islander
- White
- Other

Employment Status:

(Must choose ONE)

- Employed ____ Part-time ____ Full-time
- Unemployed (looking for work)
- Not in Labor Force (not looking for work)

Education History:

Last Grade Attended in US School:

- No Schooling
- Unknown
- Grades 1-5
- Grades 6-8
- Grades 9-12 (No Diploma)
- GED
- High School Diploma
- Some College / No Degree
- College or Professional Degree

Last Grade Attended in Non-US School:

- No Schooling
- Unknown
- Grades 1-5
- Grades 6-8
- Grades 9-12 (No Diploma)
- GED
- High School Diploma
- Some College / No Degree
- College or Professional Degree

Last US School

Attended: _____

Date High School

Credential Achieved

(If Applicable): ____/____/____

Last Year Attended? _____

Nationality: (working title)

Native Language:

- English
- Cambodian
- Chinese
- French
- German
- Spanish
- Somali
- Thai
- Other non-English

Citizenship:

- US Citizen
- Lawfully Admitted Alien
- No Response

Country of Origin: _____

If *not* United States,

Date of Arrival: ____/____/____

Are you a refugee? Y N

Student Name: _____

Demographics

Financial Health Indicators: (Choose any that apply)

- Living in Rural Area*
- Single Parent
- Low Income
- Displaced Homemaker
- Dislocated Worker
- In a Program for the Homeless

**Rural Residency Definition:* Learner resides in rural area; that is, a place with population of less than 2,500 that is not near any metropolitan area with a population greater than 50,000, or in a city with adjacent areas of high density.

Are you currently on Public Assistance?

Y N

If you answered yes, choose all programs that apply:

- Social Security
- Unemployment
- TANF
- MaineCare
- Food Stamps
- Migrant Worker
- Other

Disability? (Optional)

- No
- Learning Disability
- Physical Disability

Corrections:

- In a Correctional Facility
- In Other Institutional Settings
- In a Community Correctional Program

Miscellaneous Information

- Have a Driver's License?
- Reliable Transportation?
- Registered to vote?
- Have children in local school system? (optional)

How did you learn about this program?

- Relative, friend, acquaintance
- Previously attended
- Advertisement
- Educational or other institution
- Career or employment center
- Work place
- Military recruiter
- Court of welfare mandate
- Career Center
- Other

Permission to Release Academic Records? Y N

Permission to Release Information (FERPA)? Y N

Post Secondary Experience

- None
- Currently Enrolled
- Previously Enrolled

Did either of your parents earn a 4 year degree?

- Mother
- Father
- Both
- None

What are your long-term goals for this program?
