

Enrollment Date

PERSONAL INFORMATION

STUDENT NAME				DOCUMENT TYPE	DOCUMENT NUMBER	DATE OF BIRTH			GENDER
TITLE	LAST NAME (FAMILY NAME)	FIRST NAME	MI	Social Security # (Preferred) <input type="checkbox"/>		MM	DD	YYYY	<input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				Driver's License <input type="checkbox"/>					
				Locally Assigned Number/Other <input type="checkbox"/>					

ETHNICITY	RACE (CHECK ALL THAT APPLY)				
Are you Hispanic or Non-Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>Hispanic/Latino Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>	<p style="text-align: right;">* DNSI (Did not self-identify) * DND (Did not disclose)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>American Indian or Alaska Native A member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village corporation.</i>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>Asian Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent incl. for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>Black/African American Person having origins in any of the black racial groups of Africa</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>Native Hawaiian/Pacific Islander Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNSI <i>White Person having origins in any of the peoples of Europe, the Middle East, or North Africa</i>	

STREET ADDRESS	CITY	STATE	ZIP CODE	Cell #	Home #
				Work#	E-MAIL ADDRESS

PARTICIPANT STATUS UPON ENTRY INTO THE PROGRAM

Section I Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND Category of disability: <input type="checkbox"/> Physical/Chronic Health condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Vision Related <input type="checkbox"/> Hearing Related <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> DND Learning-Disabled Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND	Section III Employment Status (Check one only): <input type="checkbox"/> Employed # Hours Week <input type="text"/> <input type="checkbox"/> Employed, but Received Notice of Termination or military separation <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force – Reason for not looking for work (Choose one): <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other <input type="text"/>	Section V continued Highest School Grade Completed K-12 <input type="text"/> <input type="checkbox"/> No school grades completed Highest Education level completed <input type="checkbox"/> Attained a High School Diploma <input type="checkbox"/> Attained a GED or Equivalent <input type="checkbox"/> Participant with a disability attained a certificate of attendance/completion as a result of completing an IEP <input type="checkbox"/> Completed one or more years of postsecondary education <input type="checkbox"/> Attained a post-secondary technical or vocational certificate (non-degree) <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 <input type="checkbox"/> No educational level completed <input type="checkbox"/> Completed IN the U.S. <input type="checkbox"/> Completed OUTSIDE the U.S.	Section VIII Other Status: Foster Care Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless Individual <input type="checkbox"/> Yes <input type="checkbox"/> No Low-Income <input type="checkbox"/> Yes <input type="checkbox"/> No English Language Learner <input type="checkbox"/> Yes <input type="checkbox"/> No Cultural Barriers <input type="checkbox"/> Yes <input type="checkbox"/> No Immigrant <input type="checkbox"/> Yes <input type="checkbox"/> No Place of Birth: State, Country <input type="text"/> Displaced Homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Single Parent <input type="checkbox"/> Yes <input type="checkbox"/> No Dislocated Worker <input type="checkbox"/> Yes <input type="checkbox"/> No Parent of Child(ren) 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	Section X Corrections & Institutional Funded Program Participants Only 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 Ex-Offender <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND
Section II Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND Eligible Veteran Status: <input type="checkbox"/> Yes, more than 180 days <input type="checkbox"/> Yes, less than 180 days <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> Special disabled <input type="checkbox"/> No Date of Actual Military Separation: <input type="text"/>	Long- Term Unemployed <input type="checkbox"/> Yes, more than 27 consecutive weeks <input type="checkbox"/> No Section IV <input type="checkbox"/> Living in Urban Area <input type="checkbox"/> Living in Rural Area Section V School Status at Program Entry <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	Section VI Migrant and Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant & Seasonal Farmworker <input type="checkbox"/> Dependant of either of the above <input type="checkbox"/> No Section VII Job Corps Participant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Section IX Special Program Type 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 Referral Type One-Stop Ctr. Referral <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	Section XI On Public Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND Expanded Eligibility for TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DND Exhausting TANF within 2 years <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable WIC <input type="checkbox"/> Yes <input type="checkbox"/> No Chips <input type="checkbox"/> Yes <input type="checkbox"/> No Housing <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No CCMS <input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No Workforce Referral <input type="checkbox"/> Yes <input type="checkbox"/> No

CORE FEDERAL GOAL(S)	SECONDARY GOAL(S)		
<input type="checkbox"/> Obtain High School Diploma <input type="checkbox"/> Obtain GED <input type="checkbox"/> Obtain a Job <input type="checkbox"/> Retain Job or Advance in Job <input type="checkbox"/> Enrollment in College or Other Training	<input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Achieve Citizenship Skills <input type="checkbox"/> Greater Involvement in Children's Education <input type="checkbox"/> Greater Involvement Children's Literacy Activities <input type="checkbox"/> Greater Involvement in Community Activities <input type="checkbox"/> Register to Vote or Vote for First Time	<input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Make Progress in English (LEP) <input type="checkbox"/> Obtain U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtain/Improve: Parenting <input type="checkbox"/> Obtain/Improve: Health Care	<input type="checkbox"/> Obtain/Improve: Occupational Skills <input type="checkbox"/> Obtain/Improve: Government and Law <input type="checkbox"/> Obtain/Improve: Community Resource <input type="checkbox"/> Obtain/Improve: Consumer Economics <input type="checkbox"/> Other <input style="width: 50px; height: 15px;" type="text"/>

PARTICIPANT RELEASES

PARTICIPANT ACKNOWLEDGEMENT AND RELEASE OF INFORMATION

The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, and transition under the application laws, TEA regulations and Adult Education Program internal policies as aggregate statistical data in evaluation of the program, and shall constitute a precondition for enrollment in this adult education and literacy program. I acknowledge that the Adult Education Program and the Texas Education Agency (TEA) will release information to other state and federal agencies for verification, follow-up, and tracking and to generate reports to monitor the program. Participants who are 16, 17, and 18 years of age must have written permission to participate in the program.

I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained, and field of study.

- | | |
|---|---|
| <input type="checkbox"/> Check this box to AUTHORIZE CONSENT | <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT |
| <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT | <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT |

STUDENT SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
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POST SECONDARY ENROLLMENT PARTICIPANT RELEASE OF INFORMATION

I hereby give my consent to release personal identifiable information regarding my enrollment in post-secondary institutions as matched to the Texas Higher Education Coordinating Board master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between the Texas Education Agency and the Texas Higher Education Coordinating Board. Participants who are 16, 17, and 18 years of age must have written permission to participate in the program.

- | | |
|---|---|
| <input type="checkbox"/> Check this box to AUTHORIZE CONSENT | <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT |
| <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT | <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT |

STUDENT SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
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EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION

I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the Texas Higher Education Coordinating Board and/or the Texas Education Agency, for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs. Participants who are 16, 17, and 18 years of age must have written permission to participate in the program.

- | | |
|---|---|
| <input type="checkbox"/> Check this box to AUTHORIZE CONSENT | <input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT |
| <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT | <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT |

STUDENT SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
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TEXAS ADULT EDUCATION STUDENT ASSESSMENT AND PLACEMENT DATA FORM (Office Use Only)

(TESTS/TEST FORMS MAY NEED CUSTOMIZED BY LOCAL PROGRAM)

PERSONAL INFORMATION

STUDENT NAME				DOCUMENT TYPE (SELECT ONE)	DOCUMENT NUMBER	DATE OF BIRTH			GENDER
TITLE	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

BASELINE ASSESSMENT

BEST ASSESSMENTS

ESL ASSESSMENT NOTES: A Literacy Screening Tool may be used to determine if the student should take the BEST Literacy Test If an examinee pretests into the NRS Advanced ESL Level with a score of 541 or above, use a different assessment that measures higher reading and writing skills (TABE) TEAMS will use the lowest score to determine functioning level and domain of significance (DOS)

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	BEST SCORE	NRS FUNCTIONING LEVEL
PLUS ORAL				
LITERACY		B C D		

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 L,E,M,D,A	NUMBER CORRECT	SCALE SCORE	NRS FUNCTIONING LEVEL
READING		9 10				
TOTAL MATH		9 10		COMPUTATION	APPLIED	
LANGUAGE		9 10				

TABE CLAS-E

TABE CLAS-E ASSESSMENT NOTES: If an examinee pretests into the NRS Advances ESL Level (600 or above), use a different assessment that measures higher reading and writing skills (TABE) Must have both a Reading and Writing of the same level Must have both a Listening and Speaking of the same level TEAMS will figure the composite score to determine the DOS

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED 1,2,3,4	SCALE SCORE	COMPOSITE SCORE	NRS FUNCTIONING LEVEL
READING		A B				
WRITING		A B				
LISTENING		A B				
SPEAKING		A B				

POST ASSESSMENT

BEST ASSESSMENTS

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	BEST SCORE	NRS FUNCTIONING LEVEL
PLUS ORAL				
LITERACY		B C D		

TABE ASSESSMENTS

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED L,E,M,D,A	NUMBER CORRECT	SCALE SCORE	NRS FUNCTIONING LEVEL
READING		9 10				
TOTAL MATH		9 10		COMPUTATION	APPLIED	
LANGUAGE		9 10				

TABE CLAS-E

DOMAIN	ASSESSMENT DATE	FORM USED (CIRCLE ONE)	LEVEL USED 1,2,3,4	SCALE SCORE	COMPOSITE SCORE	NRS FUNCTIONING LEVEL
READING		A B				
WRITING		A B				
LISTENING		A B				
SPEAKING		A B				

PARTICIPANT ACHIEVEMENTS (Mark all that student achieved)					SEPARATION REASONS	
Federal Secondary Achievements: <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	Self-Reported Achievements: <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	Self-Reported Achievements (Cont'd.): <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	Self-Reported Achievements (Cont'd.): <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	<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"/> Other	

CLASS INFORMATION

COURSE ENROLLMENT	STUDENT HISTORY	CLASS #	CLASS NAME	FUNDING SOURCE
INSTRUCTOR'S NAME (Please Print)	SITE NAME	HAVE YOU ATTENDED ANOTHER EDUCATION SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: _____		<input type="checkbox"/> Reg Adult Ed <input type="checkbox"/> EL Civics <input type="checkbox"/> TANF <input type="checkbox"/> Corrections/Institutionalized <input type="checkbox"/> Local <input type="checkbox"/> Other

TEST ADMINISTERED BY (Staff Name)	REGISTRATION COMPLETED BY (Staff Name)	SUPERVISOR (Staff Name)	DATE ENTERED INTO TEAMS	ENTERED INTO TEAMS BY (Staff Name)