

Check only if returning student

INDIVIDUAL STUDENT RECORD FORM

Agency Code

1. Contact Information

First Name: _____ Last Name: _____

DOB: _____ Original Program Start Date: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____ Phone: _____ Social Security #: _____

2. Sex () M () F

3. Race/Ethnicity Identity

- () A1 Native American
- () A2 Alaskan Native
- () B1 Asian
- () B2 Pacific Islander
- () C1 African American
- () C2 Afro-Caribbean
- () C3 African
- () D Latino/a
- () E1 White (not Latino/a)

8. School-Aged Children

Is the student the parent or guardian of children under the age of 21?

Parent/Guardian Yes ___ No ___

Single Parent Yes ___ No ___

If yes to above, enter number of children at each level

PreS ___ Elem ___ JHS ___ HS ___

9. Educational Background

Highest Grade Completed in U.S. _____

Highest Credential from Other Countries:

- () High School or Sec School Diploma
- () Undergrad/Bachelor's/Baccalaurate
- () Master's/Graduate Degree
- () PhD/Doctorate
- Years of Schooling in Other Countries _____

4. Employment Status (check one)

- () A Employed full-time
- () B Employed part-time
- () C Unemployed 1 year or more and available to work
- () D Unemployed less than 1 year and available to work
- () E Not available for employment

5. Funding Source: _____

10. Population Categories

- () A Homeless
- () B In Correctional Facility
- () C Other Institutionalized
- () D High School Graduate or Equivalent
- () E Displaced Homemaker
- () F Head of Household
- () G Disabled
- () H Enrolled in Other Education/Training
- () I Veteran
- () J Dislocated Worker
- () K Employed at 200% Poverty Level
- () L Rural Area Resident
- () M Low Income
- () Q Learning Disabled
- () U In Community Correctional Facility
- () V Other
- () W Non Native English Speaker

6. Public Assistance

- () Not Receiving Public Assistance
- () A TANF
- () B Food Stamps
- () C Refugee Cash Assistance
- () D Old-age Assistance
- () E Safety Net
- () F Aid to the Blind or Totally Disabled
- () O Other, specify _____
Case Number _____

11. Referral Source

- () A Another Student
- () B TV
- () C Newspaper
- () D Friend or Relative
- () E Social Service Agency
- () F Education Program
- () G Training Program
- () H Recruitment Poster/Flyer
- () I GED Program
- () J One-Stop
- () K Radio
- () L Library
- () M Phonebook
- () N Web Site
- () O Other Literacy Organization
- () P Returning Student
- () Q Literacy Hotline
- () R Workers Union
- () S Employer
- () W Walk In
- () X Other, specify _____
- () Y Church

7. Nationality

Country of Birth: _____

Date of U.S. Settlement: ___/___/___

Immigrant? Yes ___ No ___

Refugee? Yes ___ No ___

12. Short-term Student Goals

- () 1 Improve Basic Literacy Skills
 - (2) Improve English Literacy Skills
 - () 3 Obtain a Job
 - () 4 Retain Current Job
 - () 5 Improve Current Job
 - () 6 Earn GED Certificate
 - () 7 Earn a Secondary School Diploma
 - () 8 Enter Post-Secondary Education
 - () 9 Enter Training
- Other Student Goals**
- () 10 Obtain Citizenship Skills
 - () 11 Reduce Public Assistance
 - () 12 Get Involved in Community Activities
 - () 13 Get Involved in Children's Education
 - () 14 Get Involved in Children's Literacy Activities

Other: _____

13. Pretest Information

Test Name	Test Type		Test Date	Subscores					GE	Total
	Level	Form								

14. Initial Classes

Class Code	Date of Enrollment
	___/___/___
	___/___/___
	___/___/___
	___/___/___

Form Completed By _____ Date: ___/___/___