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 legible. All signatures should be in ink.

STUDENT CONTACT INFORMATION												
*Intake Date:			*Site/Teacher:									
*Sc	ocial Security Number:			*D								
*N	ame:											
* A	Last					/Aiddle/	Former Name			Suffix		
* A	ddress: Street Address/Apartment Number/F	О Вох	*City		*S	State				*Zip		
	ounty of Residence:				mail Address:							
*Phone 1: ()			*Phone 2: ()				Phone 3: ()					
*Pı	rogram:	econdary Progra	dary Program: *ESL Student:				*Registered for MS Works:					
	Adult Education Distance Learning Corrections Workplace Literacy		eDULT IELCE MIBEST		□ Yes			□ Yes Dat	e Verified:_			
	EMERGENCY CONTACT INFORMATION											
*N	ame:											
*Pl	hone 1: ()		First	Ph			Former Name	Relatio		Suffix		
	STUDENT DATA											
*Hispanic/Latino: *Gender:		ender:	*Race: (Select one or more)									
	No, not Hispanic/Latino Yes, Hispanic/Latino		Male Female	 □ American Indian or Alaska Native □ Asian □ Black or African-American 				Native Hawa Other Pacific White				
*Hi	ighest School Grade Complete	e d: (Select one)									
	No School Grade Completed		1st Grade 2nd Grade 3rd Grade		4th Grade 5th Grade 6th Grade		7th Grade 8th Grade 9th Grade		10th Grade 11th Grade 12th Grade			
*Hi	ighest Educational Certificatio	n/D	iploma/Degree	Com	pleted: (Select one))						
	None		High School Diploma □ Associate's Deg High School Equivalency □ Bachelor's Degg Certificate of Attendance/Completion □ Master's Degree One or More Years of Postsecondary Education □ Specialist's Deg Postsecondary Technical or Vocational Certificate □ Doctorate or Professional Degree						egree Iree Oegree			
*W	/here was your highest level	of e	ducation comple	tedî	?					•		
	U.SBased Schooling		Non-U.SBased S	choc	oling							
Но	w did you hear about the pr	ogra	m?				P					
	Print Media Friend TV		Internet Family Previous Enrollme	nt			Po Po	ast Iult	ago learr	uld 1ina		

☐ Previous Enrollment in Another Program:

If so, which one? _____

□ Radio

□ Referral

adult learning center

STUDENT STATUS & BARRIERS TO EMPLOYMENT

*Lc	*Labor Force Status: (Select one)												
	 □ 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 												
*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)?												
*Barriers to Employment:													
	ELL Low Literacy Levels Cultural Barriers								ess-				
L	ow Income	Do you, or your child(ren) meet any or all of the following low income guidelines: Your total family in falls below the poverty line, (This is approximately \$12,000 for one person and \$25,000 for a family You or your child(ren) receives SNAP, TANF, SSI, Medicaid Insurance, WIC, food assistance, public I rental assistance, or any public assistance.								four).			
	Displaced Displaced Did you provide unpaid services in the home and are dependent on the income of another, by longer supported by that income, and are you experiencing difficulty in obtaining or upgrad						er, but radinç	you o	are no loyme	ent?			
	ingle Parent (or single							for o	ne or				
	Dislocated Worker Yes						or been notified of						
-	Homeless or Runaway Youth	1	Yes No	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?									
E	Ex-Offender Yes No Have you been subject to any stage of the criminal justice process for committing an offense or d Do you require assistance in overcoming barriers to employment resulting from an arrest or conviselect this category if you are currently incarcerated.)							delin	delinquent act? viction? (Do not				
F	oster Care	ster Care Yes											
	rmworker (If yes, ect a subcategory) Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)									;)			
La	nguage spoken at h	ome	e:	Country	of Birth	1:							
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 Signature:*Date:													
*Agency referral to/from Date: Mississippi Department of Human Services Mississippi Department of Employment Security Mississippi Department of Rehabilitation Services Mississippi Department of Education (16/17-year-olds) School District: Other					(if □	☐ Currently Participating in Community Corrections							