

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:** _____

***Social Security Number:** _____ - _____ - _____ ***Date of Birth:** ____/____/____ **Age:** _____

***Name:** _____
Last First Middle/Former Name Suffix

***Address:** _____
Street Address/Apartment Number/PO Box *City *State *Zip

***County of Residence:** _____ ***Email Address:** _____

***Phone 1:** (____) _____ ***Phone 2:** (____) _____ **Phone 3:** (____) _____

***Program:** Adult Education Distance Learning Corrections Workplace Literacy

***Secondary Program:** eDULT IELCE MIBEST

***ESL Student:** Yes

***Registered for MS Works:** **Yes**
Date Verified: _____

EMERGENCY CONTACT INFORMATION

***Name:** _____
Last First Middle/Former Name Suffix

***Phone 1:** (____) _____ **Phone 2:** (____) _____ **Relationship:** _____

STUDENT DATA

***Hispanic/Latino:** **No**, not Hispanic/Latino **Yes**, Hispanic/Latino

***Gender:** Male Female

***Race:** (Select one or more)
 American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

***Highest School Grade Completed:** (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

***Highest Educational Certification/Diploma/Degree Completed:** (Select one)
 None High School Diploma High School Equivalency Certificate of Attendance/Completion One or More Years of Postsecondary Education Postsecondary Technical or Vocational Certificate Associate's Degree Bachelor's Degree Master's Degree Specialist's Degree Doctorate or Professional Degree

***Where was your highest level of education completed?**
 U.S.-Based Schooling Non-U.S.-Based Schooling

How did you hear about the program?

Print Media Internet Friend Family TV Previous Enrollment Radio Previous Enrollment in Another Program: Referral If so, which one? _____



