

2017-2018 ADULT STUDENT PROFILE DOCUMENT

DEMOGRAPHIC INFORMATION (PLEASE PRINT CLEARLY. ALL ITEMS WITH AN ASTERISK (*) ARE REQUIRED.)

REGISTRATION DATE* _____ SOCIAL SECURITY NUMBER _____

LAST NAME* _____

FIRST NAME* _____

MIDDLE NAME/INITIAL _____

MAILING ADDRESS* _____

CITY* _____ STATE* _____ ZIP* _____

BEST PHONE NUMBER TO REACH YOU? _____

Is this a cell phone number? Yes No If yes, may we text you? Yes No

E-MAIL ADDRESS _____

COUNTRY OF ORIGIN: U.S. Other _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:
NAME _____ TELEPHONE _____

EDUCATION* (Check One) U.S.-based schooling Non U.S.-based schooling

HIGHEST LEVEL OF SCHOOL COMPLETED OR DEGREE ATTAINED* (Check one)

No schooling High school equivalency:
 Grades 1-5 (Last grade completed _____) GED* HiSET* TASC*
 Grades 6-8 (Last grade completed _____) Some college (no degree)
 Grades 9-12 (Last grade completed _____) College or professional degree
(no diploma) Unknown
 H.S. diploma or alternate credential

HOW DID YOU HEAR ABOUT THIS ADULT EDUCATION PROGRAM? (Check all that apply)

Billboard I am a returning student Radio ad
 Child's school Internet search Social media
 Church Newspaper or magazine ad Television ad
 Community college One-stop center Text message or e-mail
 Family member or friend Printed card or flyer Workforce agency
 Other _____

ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING? (Check all that apply)

Community College Training Program Vocational Rehabilitation Program

RELEASE OF STUDENT INFORMATION

I agree to allow _____ (name of adult education provider) to release my directory information to the local community college and/or to workforce agencies at my local One-Stop to determine if I qualify for additional workforce-related assistance, including occupation-specific education and training benefits. The signed release expires at the end of my enrollment.

Signature _____ Date _____

DATE OF BIRTH* _____

IF YOU ARE UNDER 18 YEARS OLD, HAVE YOU BEEN RELEASED FROM COMPULSORY ATTENDANCE?*

Yes No

(Anyone under 18 years of age must have been released from compulsory attendance and must provide documents verifying the release.)

GENDER* (Check one) Female Male

ETHNICITY & RACE* (Complete both parts)

Are you Hispanic? Yes No

(Check all that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

EMPLOYMENT STATUS* (Check one)

Employed
 Employed (but received notice that employment is ending or separation from the military is pending)
 Unemployed (looking for a job) – If checked, have you been unemployed for 27 or more weeks? Yes No
 Unemployed (not looking for a job)

CURRENT STATUS (Check all that apply)

I have a disability I have a learning disability
 I am an ex-offender I am homeless
 I am a single parent I am or I used to be in the foster care system
 I have a low income
 I receive public assistance
 I am a displaced homemaker
 I am TANF-eligible, but I am within two years of using up my lifetime eligibility
 I am a migrant or seasonal farmworker
 I am an English language learner or face cultural challenges

VIRGINIA HIGH SCHOOL EQUIVALENCY TESTING* (Answer both questions)

Have you taken the GED® Test? Yes No
Do you plan to take the GED® Test in the next twelve months? Yes No

DOE AND LOCAL USE ONLY

STUDENT PROGRAM TYPE: Adult Basic Education (ABE) Adult Secondary Education (ASE) English Language Acquisition (ELA) IELCE (Select one)

PROGRAM PARTICIPATION: Correctional Facility Community Correctional Program Other Institutional Setting IET (Check all that apply) Family Literacy Workplace Adult Education & Literacy PluggedIn Virginia (PIVA)

STUDENT FUNDING TYPE: AEFLA (Title II, Sec. 231) C&I (Title II, Sec. 225) IELCE (Title II, Sec. 243) GAE (Select one) Other Workforce-Related Funding (Non-Lottery) _____

STUDENT ACADEMIC ASSESSMENT INFORMATION

NRS ACCOMMODATIONS: IDENTIFY ALL ACCOMMODATIONS GRANTED AND TEST-TAKING AIDS USED DURING TESTING.

APPROVED ACCOMMODATIONS

- | | |
|--|--|
| <input type="checkbox"/> Extended Time ____ 1½x ____ 2x | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Private Room | <input type="checkbox"/> Audio Version |
| <input type="checkbox"/> Use of Calculator (Standard or Talking) | <input type="checkbox"/> Braille Version |
| <input type="checkbox"/> One Test per Day | <input type="checkbox"/> Large Print Version |

TEST-TAKING AIDS

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Adhesive notes/flags | <input type="checkbox"/> Highlighters |
| <input type="checkbox"/> Magnifying Glasses/Lenses | <input type="checkbox"/> Overlays |
| <input type="checkbox"/> Straight-edge | |
| <input type="checkbox"/> Other _____ | |

Certified Assessor Name _____
 Certified Assessor Name _____
 Certified Assessor Name _____

Assessment Date _____
 Assessment Date _____
 Assessment Date _____

NRS-APPROVED ASSESSMENT INFORMATION

No.	DATE	PoP	ASSESSMENT	TEST FORM	TEST LEVEL	TEST SUBJECT	SUBJECT OF RECORD	PRE/ POST	RAW SCORE	SCALE SCORE	EFL	ACCOM.
1							<input type="checkbox"/>					<input type="checkbox"/>
2							<input type="checkbox"/>					<input type="checkbox"/>
3							<input type="checkbox"/>					<input type="checkbox"/>
4							<input type="checkbox"/>					<input type="checkbox"/>
5							<input type="checkbox"/>					<input type="checkbox"/>
6							<input type="checkbox"/>					<input type="checkbox"/>
7							<input type="checkbox"/>					<input type="checkbox"/>
8							<input type="checkbox"/>					<input type="checkbox"/>
9							<input type="checkbox"/>					<input type="checkbox"/>
10							<input type="checkbox"/>					<input type="checkbox"/>
11							<input type="checkbox"/>					<input type="checkbox"/>
12							<input type="checkbox"/>					<input type="checkbox"/>

STUDENT OUTCOME INFORMATION

ADULT EDUCATION PROGRAM PARTICIPANTS

ADULT EDUCATION CIVICS OUTCOME	DATE REPORTED
<input type="checkbox"/> Left Public Assistance	
<input type="checkbox"/> Achieved Citizenship Skills	
<input type="checkbox"/> Increased Involvement in Children's Education	
<input type="checkbox"/> Increased Involvement in Children's Literacy Activities	
<input type="checkbox"/> Voted or Registered to Vote	
<input type="checkbox"/> Increased Involvement in Community Activities	

FAMILY LITERACY PROGRAM PARTICIPANTS

FAMILY LITERACY PROGRAM OUTCOME	DATE REPORTED
<input type="checkbox"/> Increased involvement in children's education <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Helped more frequently with school work <input type="checkbox"/> Increased contact with children's teachers <input type="checkbox"/> More involved with children's school activities 	
<input type="checkbox"/> Increased involvement in children's literacy activities <i>(Check all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Reading to children <input type="checkbox"/> Visiting library <input type="checkbox"/> Purchasing books or magazines 	

STUDENT POSTSECONDARY EDUCATION AND TRAINING ENROLLMENT

IF THE STUDENT WAS A PARTICIPANT IN AN ADULT EDUCATION AND LITERACY PROGRAM, EXITED, AND ENROLLED IN POSTSECONDARY EDUCATION OR TRAINING DURING THE PROGRAM YEAR, COMPLETE THE FOLLOWING:

ADULT EDUCATION PROGRAM EXIT DATE	POSTSECONDARY EDUCATION OR TRAINING ENTRY DATE	NAME OF POSTSECONDARY EDUCATION OR TRAINING PROGRAM	POSTSECONDARY EDUCATION OR TRAINING PROGRAM LOCATION
____/____/____	____/____/____		

SECONDARY AND RECOGNIZED POSTSECONDARY CREDENTIAL ATTAINMENT

STUDENT NAME _____

SECONDARY CREDENTIAL INFORMATION

OFFICIAL PRACTICE TEST SCORES										
TEST	DATE	SCALE SCORE	PASSED	COLLEGE READY	COLLEGE READY +	DATE	SCALE SCORE	PASSED	COLLEGE READY	COLLEGE READY +
RLA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GED® TEST SCORES										
TEST	DATE	SCALE SCORE	PASSED	COLLEGE READY	COLLEGE READY +	DATE	SCALE SCORE	PASSED	COLLEGE READY	COLLEGE READY +
RLA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL EXTERNAL DIPLOMA PROGRAM® (NEDP) INFORMATION		
NEDP® WORKFLOW	COMPLETION DATE	STAFF
NEDP® Pre-Screening	____/____/____	Advisor:
Diagnostic Phase	____/____/____	Assessor:
Generalized Assessment Phase	____/____/____	Portfolio Reviewer:
School Division Issuing Adult High School Diploma:		

ADULT HIGH SCHOOL DIPLOMA PROGRAM INFORMATION		
Adult High School Program Type	School Division Issuing Diploma	Diploma Issue Date
Local Adult High School Diploma		____/____/____
General Achievement Adult High School Diploma (GAAHSD)		____/____/____

RECOGNIZED POSTSECONDARY CREDENTIAL INFORMATION

CREDENTIAL TYPE*	NAME OF CREDENTIAL	NAME OF ENTITY ISSUING THE CREDENTIAL	INDUSTRY (IF APPLICABLE)	DATE EARNED

- *Under the column "Credential Type" above, enter a letter (A, B, C, or D) corresponding to the appropriate credential type from the list below:
- A. An industry-recognized certificate or certification;
 - B. A certificate of completion of an apprenticeship;
 - C. An occupational license recognized by the state or by the federal government; or
 - D. An associate or baccalaureate degree.

STUDENT PLACEMENT & ATTENDANCE

PLACEMENT

Class # _____ Start Date _____ End Date _____
 Class # _____ Start Date _____ End Date _____
 Class # _____ Start Date _____ End Date _____
 Class # _____ Start Date _____ End Date _____

ATTENDANCE – CONTACT HOURS

DAY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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22												
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24												
25												
26												
27												
28												
29												
30												
31												
TOTAL												

I certify that the hours reported are accurate.

Staff Signature _____ Date _____

PERIODS OF PARTICIPATION (PoPs)				
	1 ST PoP	2 ND PoP	3 RD PoP	4 TH PoP
ENTRY DATE				
EXIT DATE				