

Mississippi Community College Board, Office of Adult Education

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 legibly. All signatures should be in ink.

STUDENT CONTACT INFORMATION

***Intake Date:** _____ ***Site/Teacher:** _____

Social Security Number: _____ - _____ - _____ ***Date of Birth:** _____ / _____ / _____ **Age:** _____
Month / Day / Year

***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 Education
- Corrections

- ESL
- IET
- IELCE

*** Registered for MS Works:**

Yes – Date verified: _____

EMERGENCY CONTACT INFORMATION

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

***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 Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African-American

***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 Certificate/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 Friend TV Radio Referral Internet Family
 Previous Enrollment Previous Enrollment in another program: If so, which one? _____

STUDENT STATUS and BARRIERS TO EMPLOYMENT

***Labor Force Status:** (select one)

- Employed**
 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
 Not working and not looking for work (e.g. homemaker, retired, incarcerated, etc.)

***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)?** Yes No

***Barriers to Employment:**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ELL <input checked="" type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Cultural Barriers	The participant has either (a) limited ability in speaking, reading, writing, or understanding the English language; (b) an inability to compute and solve problems, or read, write, or speak English at a level necessary to function on the job in the participant's family or in society; or (c) a perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income	Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Did you provide unpaid services in the home and are dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction? (Do not select this category if you are currently incarcerated.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care	Are you currently in the foster care system or have you aged out of the foster care system?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) <input type="checkbox"/> Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) <input type="checkbox"/> Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)

Language spoken at home: _____ **Country of Birth:** _____

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's Signature:** _____ ***Date:** _____

*Agency referral to/from Date: _____	*Correctional/Institutionalized Programs (if applicable):
<input type="checkbox"/> Mississippi Department of Human Services _____	<input type="checkbox"/> Currently Incarcerated in a Correctional Institution
<input type="checkbox"/> Mississippi Department of Employment Security _____	<input type="checkbox"/> Currently Participating in Community Corrections
<input type="checkbox"/> Mississippi Department of Rehabilitation Services _____	<input type="checkbox"/> Currently attending a recovery/rehabilitation program
<input type="checkbox"/> Mississippi Department of Education (16/17 year old) _____	
School District: _____	
<input type="checkbox"/> Other _____	

TABE LOCATOR ASSESSMENT

TABE 11/12 ASSESSMENTS				<input type="checkbox"/> Online/PC
LOCATOR (Scaled Scores) Date: _____				
R:	M:	L:		
TOTAL BATTERY (Scaled Scores)				
Form/Level:		Score:	Date:	
/	Reading:			
/	Total Math:			
/	Language:			

TABE CLAS-E			
LOCATOR (Scaled Scores) Date: _____			
L:	W:	R:	S:
TOTAL BATTERY (Scaled Scores) Date: _____			
Form/Level:	You must enter individual scores for R, W, L, & S AND Total R&W Score AND Total S&L Score.		
/	Reading:	Total Reading & Writing Score	
/	Writing:		
/	Listening:	Total Speaking & Listening Score	
/	Speaking:		

MISSISSIPPI ADULT EDUCATION GENERAL RELEASE OF INFORMATION

Authorization for Release of Information to External Agencies or Individuals

I understand that different agencies provide different services and benefits which require specific personal information for determining eligibility. By signing this form, I allow the agencies listed below, to use and exchange certain information about me, including information in an electronic database, to improve the quality of case management and match records to meet performance, reporting, and evaluation requirements under WIOA (Pub. L. 113-128).

I acknowledge that the following confidential information **MAY** be exchanged and will **ONLY** be used for determining eligibility of services and benefits:

- | | | | |
|--------------------------|---------------------------|--------------------------|------------------------------------|
| Assessment Information | Medical Diagnosis/Records | Educational Records | Other Information (write-in) _____ |
| Financial Information | Mental Health Diagnosis | Benefits/Services Needed | |
| Criminal Justice Records | Psychological Records | Employment Records | |

By signing, I am allowing these providers to communicate and exchange information needed to determine eligibility of services and benefits. If I check no, I do not want the information exchanged with that provider. This authorization for release of information remains in effect until my service case is closed or I request in writing this agreement be terminated.

_____ (Print Name of Person Authorizing Disclosure)	_____ (Signature of Person Authorizing Disclosure)	_____ (Date)
MS Dept. of Employment Security * MS Dept. of Human Services * MS Adult Education Programs * MS Rehabilitation for Rehabilitation *		
Other: _____		

MISSISSIPPI ADULT EDUCATION STUDENT TECHNOLOGY ACCEPTABLE USE POLICY

The **Mississippi Office of Adult Education** provides learners an opportunity to take responsibility for their own learning, to be actively involved in critical thinking and problem solving, to collaborate, cooperate, and to become productive citizens. Learners of all ages must develop proficiency in 21st century content, technology tools, and learning skills to succeed and prosper in life, in learning, and in their career. **Use of technology resources within Mississippi Office of Adult Education Programs are to be used for educational purposes ONLY.**

Technology is made available to the learners of adult education to support educational goals, increase learner achievement and educator efficacy, and provide increased opportunities for lifelong learning. Therefore, we request that you review and agree to the terms of this policy before signing this agreement.

USER RESPONSIBILITIES (All Learners)

As a user of technology resources made available by Mississippi's Adult Education Programs, each learner must read, understand and accept all of the following rules and guidelines stated in this section.

- I understand that there is NO expectation of privacy on computers/equipment, or while using the network.
- Digital Citizenship
 - I recognize that information posted on the Internet is public and permanent and can have a long-term impact on an individual's life and career.
 - I will NOT use telecommunication services for personal purposes. Personal purposes include (but are *not limited to*) social networking, personal shopping, participating in online gaming/gambling/dating/ auctions, astrology, and downloading music/videos.
- Digital/Network Etiquette
 - As a Learner in the Adult Education program, I understand I am expected to abide by the generally accepted rules of digital/network etiquette.
 - I will NOT use Adult Education technology to view, create, modify, or disseminate obscene, objectionable, violent, pornographic, or illegal material.
 - I will not use Adult Education technology to send unsolicited, offensive, abusive, obscene, harassing, or other illegal communication.
 - I will not use external instant messaging, email, or chat services.
- I will not listen to the radio or watch unapproved videos via the internet.
- I will not alter computer settings; this includes, but is NOT limited to desktop background, screen saver, desktop icons, toolbars, printer settings, browsing history, cookies, downloading files/programs, etc.
- All printer and copier usage is for educational purposes or allowed with permission of a staff member.
- I understand that I am prohibited from leaving the classroom/instructional environment with Adult Education technology devices.
 - A learner must have a signed MS Adult Education Student Technology Acceptable Use Policy on file at their class site before s/he can access any technology.

I have read the rules and regulations above, or they have been read to me. I also understand that all technology, as the property of the local MS Adult Education program, is subject to random auditing for the purpose of determining unauthorized use. If the technology policy is violated, learners may be removed from class and referring agencies notified accordingly. I understand if I have any questions about what is or is not appropriate technology use; I should ask a staff member prior to proceeding.

_____ (Print Name of Person Authorizing Disclosure)	_____ (Signature of Person Authorizing Disclosure)	_____ (Relationship – for 16/17 year olds)	_____ (Date)
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STUDENT SUCCESS PLAN

***What do you want to achieve by attending the adult education program?** (Completed prior to assessment)

Skills Improvement

- Reading
- Math
- Writing
- Science
- Social Studies
- Financial Literacy

Education Goals

- Earn a HSE diploma
- Enroll in a technical college
- Enroll in a training program
- Enroll in a 4-year college

Career Goals

- Find a job
- Keep my job
- Find a better job
- Complete a career assessment
- Pursue an apprenticeship

English Skills

- Speaking
- Listening
- Reading
- Writing

***Secondary Goals**

- Leave public assistance
- Achieve U.S. citizenship
- Achieve citizenship skills
- Increase in community activities
- Vote or register to vote
- Increase in children's education
 - help more frequently with school
 - increase with children's teachers
 - be more involved in children's school activities
- Increase involvement in children's literacy activities
 - reading to children
 - visiting a library
 - purchasing books or magazines

FOR PROGRAM USE ONLY: The interviewer should complete this section during an initial conference with the student after his/her pre-assessment.

*1. What is the student's primary reason for enrolling?

*2. What services will the program provide the student (including IET)?

*3. What are the student's postsecondary education or work-related goals?

*4. Did the student share any personal barriers that could affect program participation? If yes, please explain.

Additional Notes:

***Student's Signature:**

Sign in ink

***Date:**

***Interviewer's Signature:**

Sign in ink

***Date:**

GOAL FOLLOW-UP

Program staff should conference with each currently enrolled student at least once per quarter. The topics of the conference can include academic advisement, goal progress and completion, assessment results and diagnostics, service referrals, and transition services (workforce and/or postsecondary education/training).

Date:

Notes:

MS OAE PARTICIPANT UPDATE DATA FORM

STUDENT LAST NAME	FIRST	SS/ID NO.	DATE
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STUDENT STATUS CHANGE	<input type="checkbox"/> DROP/EXIT DATE: _____	<input type="checkbox"/> RE-ENROLL DATE: _____
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CLASS:	<input type="checkbox"/> ENTER NEW DATA	<input type="checkbox"/> REVISE/CORRECT DATA
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STUDENT DATA: (Ex. ADDRESS OR PHONE UPDATE)

ASSESSMENTS **LEVEL GAIN** YES NO

TABE <input type="checkbox"/> TABE11/12 <input type="checkbox"/> TABE 9/10				GED 2014:	PRACTICE		OFFICIAL	
FORM/LEVEL	SUBJECT	SCALED	<input type="checkbox"/> SAME DATE ALL SUBJECTS		SCALED	DATE	SCALED	DATE
/	Reading		Date: _____	Reasoning Lang Arts				
/	Tot Math:		Date: _____	Math Reasoning				
/	Language:		Date: _____	Science				

TABE CLAS-E Date: _____				Social Studies				
FORM/LEVEL	SUBJECT	SCALED	<input type="checkbox"/> SAME DATE ALL SUBJECTS	Total Score		Date: _____		
/	Reading:		Date: _____	<input type="checkbox"/> HiSET <input type="checkbox"/> TASC	PRACTICE		OFFICIAL	
/	Writing;		Date: _____		Lang. Arts-Reading	SCALED	DATE	SCALED
Total Reading + Writing:				Lang. Arts-Writing				
/	Listening:		Date: _____	Mathematics				
/	Speaking:		Date: _____	Science				
Total Speaking + Listening:				Social Studies				

Exclusions: (from Performance Measures)	Total Score	Date: _____
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Incarcerated	Date: _____	Smart Start		
Mental Institution	Date: _____	Smart Start Cert:		Date: _____
Deceased	Date: _____	Smart Start Cred:		Date: _____
90+ Days Active Duty	Date: _____	NCRC:		Date: _____
Foster Care-Forced Move	Date: _____	WorkKeys Scores	Applied Math	Workpl Doc
				Graphic Lit

COMPETENCY-BASED DIPLOMA Date: _____	Industry Recognized Cred.	Date: _____
(Enter under Education)		

OUTCOMES		
<input type="checkbox"/> Entered Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Date: _____
<input type="checkbox"/> Attained Secondary School Diploma/Equivalent		Date: _____
<input type="checkbox"/> Enrolled in Postsecondary Education or Training		Date: _____