

Arkansas Adult Education  
2022-23 Intake Form  
(\*Denotes a required field)

\*Start Time: \_\_\_\_\_

\*End Time: \_\_\_\_\_

\*Intake Hours: \_\_\_\_\_

\*Staff: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*LEA: \_\_\_\_\_ \*Site/Location: \_\_\_\_\_

Participant Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

SSN: \_\_\_\_\_

*Note: Social security card or acceptable alternative documentation must be presented and viewed by intake staff. If documentation has not been presented, the SSN cannot be recorded in LACES.*

**\*Program:**

\_\_\_ Adult Education- ABE/ASE

\_\_\_ Adult Education- ESL

\_\_\_ Adult Literacy

\_\_\_ Citizenship

\_\_\_ Corrections

\_\_\_ Family Literacy

\_\_\_ IEL/CE

\_\_\_ IET

\_\_\_ Other

\_\_\_ Transition (ESL → ABE / ASE → Post-Secondary)

\_\_\_ Workplace Classes

**Secondary Program:**

\_\_\_ Distance Learning

\_\_\_ Homeless Literacy

\_\_\_ IEL/CE (only mark if receiving IEL/CE grant funds)

**ESL Student:** \_\_\_\_\_

\*Residence Area: \_\_\_ Rural \_\_\_ Urban

\*Date of Birth: \_\_\_\_\_

\*Gender: \_\_\_ Female \_\_\_ Male

**\*Complete only if student is 16/17 years old**

**Reason Minor Attending Adult Education:** \_\_\_ Court Order \_\_\_ Home School \_\_\_ Waived out of High School

**Last School Attended:** \_\_\_\_\_ (Answer "Don't Know" is school is unknown or out of state)

**\*Waiver for 16/17-year-old** (place copy in student's folder):

\_\_\_ Court Order \_\_\_ Home School \_\_\_ Public School

Score of 535 on TABE level A or D? \_\_\_ Yes \_\_\_ No Citizenship Test Completed: \_\_\_ Yes \_\_\_ No

**\*Student Keyword**

\_\_\_ ABE

\_\_\_ ASE

\_\_\_ Alternative Sentencing

\_\_\_ AR Works

\_\_\_ ARS (AR Rehabilitative Services)

\_\_\_ Distance Learning

\_\_\_ DSB (Division of Services for the Blind)

\_\_\_ ESL

\_\_\_ Reentry

\_\_\_ SNAP/E&T

\_\_\_ TANF

\_\_\_ Other: \_\_\_\_\_

**\*Ethnicity:** Hispanic/Latino  Yes  No

**\*Race:**

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian/Pacific Islander

White

Two or More Race

**\*Highest Educational Level Completed at Program Entry:**

No Schooling

Grade \_\_\_\_\_

Grade \_\_\_\_\_ No Diploma (secondary school)

Secondary School Diploma or Credential

Secondary School Alternative (i.e. GED®)

Some postsecondary, no degree/diploma

Postsecondary or professional degree

Unknown

**\*Location:**  US Based Schooling  Non-US Based Schooling

Last Month/Year Attended: \_\_\_\_\_ / \_\_\_\_\_

**\*Employment Status at Program Entry:**

Employed Full-Time

Employed Part-Time

Unemployed

Not Looking for Work

Unavailable for Work

Retired

Employed with Separation Notice

**\*Barriers to Employment:**  Yes  No

If yes, check all that apply:

Cultural Barriers

Disabled

Displaced Homemaker

Low Income

English Language Learner

Ex-Offender

Exhausting TANF in 2 Years

Foster Care Youth

Homeless

Long Term Unemployment

Low Literacy Levels

Migrant Farmworker

Seasonal Farmworker

Single Parent/Guardian

Military Service Experience:  Yes  No

**\*Notified of Selective Service Obligation:**  Yes  No

Not Applicable

This 18-25-year-old male has been made aware of his obligation to register with the U.S. Selective Service System and has been made aware of how to register.  
<https://www.sss.gov/RegVer/wfRegistration.aspx>

**Which of the following do you have at home so we can contact you and/or connect you to services?**

- Computer with Camera
- Computer without Camera
- Webcam
- Headset with Microphone
- Mobile Phone
- Home Phone
- Internet Access
- Printer
- Scanner

**\*Address:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*County:** \_\_\_\_\_ **\*State:** \_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Email Address:** \_\_\_\_\_@\_\_\_\_\_.com

**Social Media (Facebook/Instagram, etc.):** \_\_\_\_\_

\_\_\_\_\_

Contact preference: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_

**\*Correctional:**

- No  Yes, Community  Yes, State
- Yes  Yes, County  Yes, Federal

Inmate #: \_\_\_\_\_

**\*Institutional:**  No  Yes

Apparent or Disclosed Disability:  Yes  No

Specific Learning Disability:  Yes, Disclosed/Observed  Yes, Documented

Notes: \_\_\_\_\_

*Note: If a disability is disclosed, please have the student sign the Authorization for Release of Strictly Confidential Information to Local Staff or Volunteers form and keep in a separate locked file. (Appendix A)*

\*Data Sharing Agreed? \_\_\_ Yes \_\_\_ No *(If Yes, Student Signature Required on Page 5)*

\*Country of Birth: \_\_\_\_\_

Demographic Tab

\*First/Native Language: \_\_\_\_\_

Education Tab/Language

\*How did the participant learn this program?

Student Data Tab/Custom Fields/Custom String

\_\_\_ Friend or family member

\_\_\_ Television

\_\_\_ Newspaper or magazine

\_\_\_ Website

\_\_\_ Pamphlet or brochure

\_\_\_ Social Media

\_\_\_ Employer

\_\_\_ Other:



\_\_\_ Radio

\_\_\_\_\_

\*Referring Agency:

Student Data Tab/Custom Fields/Custom String

\_\_\_ American Job Center (AJC)

\_\_\_ Division of Workforce Services (DWS)

\_\_\_ Arkansas Rehabilitation Services (ARS)

\_\_\_ Transitional Employment Assistance (TEA)

\_\_\_ Career Pathways Initiative (CPI)

\_\_\_ Supplemental Nutrition Assistance Program (SNAP)

\_\_\_ Community-based literacy organization

\_\_\_ Faith based organization

\_\_\_ Department of Corrections (DOC)

\_\_\_ None

\_\_\_ Department of Health (DOH)

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Department of Human Services (DHS)

\_\_\_ Division of Services for the Blind (DSB)

Optional Additional Information:

\_\_\_ Driver's License

\_\_\_ Reliable Transportation

\_\_\_ Registered to Vote

Additional notes/comments (i.e. support services needed or requested, attendance at other adult education program, program interests, etc.)

Arkansas Adult Education provides equal educational opportunities to all students without regard to race, color, sex, gender identity, sexual orientation, age, religion, national origin, ancestry, or handicap.

No otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination in programs or activities sponsored by a public entity.

**Data Sharing Agreement** *(must be signed and marked in LACES in order to be Data Matched)*

*I give permission for the information collected in the Arkansas Adult Education Data Management System to be used in data sharing within the Arkansas Adult Education Division, and with the Arkansas Department of Workforce Services and the Arkansas Department of Higher Education.*

\*Print Student Name: \_\_\_\_\_

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix A**

Arkansas Adult Education/Literacy  
Learning Disabilities Planning & Policy

**AUTHORIZATION FOR RELEASE OF STRICTLY CONFIDENTIAL INFORMATION TO LOCAL STAFF OR VOLUNTEERS**

I give my permission to release information contained in the document(s) indicated below:  
Please date, initial and check [✓] the appropriate items below.

Date	Initials	Check	Item
_____	_____	[ ]	Learning Needs Screening
_____	_____	[ ]	Current Intake Form
_____	_____	[ ]	School records from:
_____	_____	[ ]	Other records from:

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

If the same information can be made available to several staff people, please list their names below. Then date, initial and check [✓] the appropriate individuals. If different information is going to various individuals, use separate forms.

DATE	INITIALS	[✓]	STAFF NAME

I give permission to release the information contained in the documents indicated above to the following individuals for educational or assessment purposes:

This release is valid for one year from the date of my signature or until it is revoked in writing, whichever occurs first. This release has been read out loud to me and I understand its contents.

Name: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff person releasing the information:  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Release of Confidential and/or Academic Information

I, \_\_\_\_\_ (Student Name), authorize  
\_\_\_\_\_ (Program Name) to use my name and/or photo in the  
following manner:

(Initial below if you agree)

\_\_\_\_\_ Graduation Packet, mailings, program, news release, and/or booklet

\_\_\_\_\_ Newsletter

\_\_\_\_\_ Television

\_\_\_\_\_ Videotaping

\_\_\_\_\_ Photographing

\_\_\_\_\_ Radio

\_\_\_\_\_ Social Media

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ All Listed Above

This release is valid from the date of signature until \_\_\_\_\_ (Ending Date) or until cancelled  
by the undersigned in writing. I understand that my participation in GED® Testing will be kept confidential and  
will not be used in any media manner other than stated above without my consent.

This release form has been read and reviewed with me, and I understand its contents.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Street Address/P.O. Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)