

**Adult Education Reporting Information System  
2010-2011 Intake Form**

**LEA Name:** \_\_\_\_\_

(\*Required Fields for data entry)

Have you previously attended an Adult Education Program?

Yes  No

\*Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Age: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Primary Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: AR

\*County: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Gender:  Female  Male

\*Ethnicity:

Hispanic or Latino

**OR:**

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or more races

\*Home Phone: (\_\_\_\_) \_\_\_\_\_

\*Emergency Contact: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Native Language:  English  Non-English

Non-English Native Language: \_\_\_\_\_

Career Pathways Student  Yes

CRC Student  Yes

Distance Education Student  Yes

WAGE Student  Yes



\*Date of Enrollment (Today's Date): \_\_\_\_\_

\*Contact Type:  ABE/ASE  ESL

If applicable: AERIS-generated Student ID Number: \_\_\_\_\_

\*Last Grade Completed: \_\_\_\_\_

If 12<sup>th</sup> grade:  Diploma  No Diploma

Last Year Attended School \_\_\_\_\_

\*Living Area Rural:  Yes  No  
(Rural: With population of less than 2,500)

\*Employment (Current):

Full Time  Part Time

Unemployed

Not in Labor Market

Follow-up Goals: Choose only one Primary and one Secondary Goal if applicable (follow-up goals are optional/not required if not applicable). Do not choose the same goal more than once. (Students may be contacted for follow-up on achievement of these goals)

**PRIMARY**

Enter employment

Retain or improve employment

Obtain a GED or high school diploma

Enter postsecondary education or training

**SECONDARY**

Enter employment

Retain or improve employment

Obtain a GED or high school diploma

Enter postsecondary education or training

Additional Reasons:

Achieve citizenship skills

Increase involvement in children's education

Increase involvement in children's literacy-related activities

Increase involvement in community affairs

Leave public assistance

Obtain WAGE certificate

Obtain Career Readiness Certificate (CRC)

Vote or register to vote for first time

Program Referring: \_\_\_\_\_

To Program: \_\_\_\_\_

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

Recruitment: How did the student hear about this program?

- Friend or family member
- Newspaper or magazine
- Pamphlet or brochure
- Employer
- Radio
- TV
- Web site
- None
- Other \_\_\_\_\_

Referring Agency:

- Department of Correction
- Department of Health
- Department of Human Services (DHS)
- Department of Career Education (ACE)
- Department of Workforce Services (DWS)
- Employment and Training Program (E&T)
- Faith-based organization
- Literacy Council
- Local public school
- One-Stop/Workforce Center
- TEA
- Court Ordered
- None

Selective Service:

- 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.

Refer to this website: [http://www4.sss.gov/regver/register\\_nc.asp](http://www4.sss.gov/regver/register_nc.asp)

Arkansas Adult Education provides equal educational opportunities to all students without regard to race, color, sex, 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.

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

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

For Office Use Only

**Do Not Omit any Data from these Forms**

Intake Hours(0.25- 2hrs.) : \_\_\_\_\_

Intake Person: \_\_\_\_\_

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

Data Entry Person: \_\_\_\_\_

# STATUS NEEDS

**THIS PAGE WILL NOT BE ASSOCIATED WITH THE STUDENT**

**Do NOT write student name or any identifying information on this page.**

**Please check any that apply:**

Physical Disability

Learning Disability

On Public Assistance

Low Income

Displaced Homemaker

The term "displaced homemaker" means an individual who has been providing unpaid services to family members in the home and who: (A) has been dependent on the income of another family member but is no longer supported by that income; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Single Parent

Dislocated Worker

"Dislocated worker" is an individual who has been terminated or laid off, or who has received a notice of termination or layoff, from employment.

**After data entry, separate this sheet from Intake Form and file in confidential folder.**

# Student Pretest/Posttest Form

Student Name: \_\_\_\_\_  
First Middle Last

Class Enrolled: \_\_\_\_\_

<h2 style="margin: 0;"><u>PRETEST</u></h2> <p>Date: _____</p> <p>Test Form: <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>Assessment Hours: _____          (Add as Attendance Hours)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Level</th> <th style="width: 10%;">Scores</th> <th style="width: 10%;">Grade</th> </tr> </thead> <tbody> <tr><td>TABE Reading:</td><td></td><td></td><td></td></tr> <tr><td>TABE Math:</td><td></td><td></td><td></td></tr> <tr><td>TABE Language:</td><td></td><td></td><td></td></tr> <tr><td>*BEST Literacy:</td><td></td><td></td><td></td></tr> <tr><td>*BEST Plus:</td><td></td><td></td><td></td></tr> <tr><td>CASAS Reading:</td><td></td><td></td><td></td></tr> <tr><td>CASAS Listening:</td><td></td><td></td><td></td></tr> </tbody> </table>		Level	Scores	Grade	TABE Reading:				TABE Math:				TABE Language:				*BEST Literacy:				*BEST Plus:				CASAS Reading:				CASAS Listening:				<p style="text-align: center;">Assessment Justification          (Number of subjects tested)  <b>(Choose One)</b></p> <p>Traditional (3) <input type="checkbox"/></p> <p>Non-Traditional (2) <input type="checkbox"/></p> <p>Non-Traditional (1) <input type="checkbox"/></p> <hr/> <p style="text-align: center;"><b><u>GED Tests</u>      <u>Pass/Fail</u></b></p> <p>Date: _____ GED Practice <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Date: _____ Practice Retest <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Date: _____ Official GED <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p>Date: _____ Official GED Retest <input type="checkbox"/> Pass <input type="checkbox"/> Fail</p> <p style="font-size: small; margin-top: 10px;"><i>*NOTE: If the BEST test scores are the result of an <u>initial</u> assessment (pre-test) <b>AND</b> the scores are <b>76</b> or greater on the Literacy BEST, and <b>541</b> or greater on BEST Plus, then do not enter the scores into AERIS. Since these students are above Advanced ESL and <u>cannot</u> show educational gain with the BEST, they should be given the TABE.</i></p>
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## Functioning Level Benchmarks (TABE)

	TABE Reading	TABE Math	TABE Language	CASAS
101 GL= 0-1.9 <b>Beg ABE Lit</b>	=<367	=<313	=<389	=<200
102 GL= 2-3.9 <b>Beg Basic Ed</b>	368-460	314-441	390-490	201-210
103 GL= 4-5.9 <b>Low Inter. Basic Ed</b>	461-517	442-505	491-523	211-220
104 GL= 6-8.9 <b>High Inter. Basic Ed</b>	518-566	506-565	524-559	221-235
105 GL=9-10.9 <b>Low ASE</b>	567-595	566-594	560-585	236-245
106 GL=11-12.9 <b>High ASE</b>	=>596	=>595	=>586	=>246

## Functioning Level Benchmarks (ESL)

	BEST (Literacy)	BEST Plus	CASAS (Life Skills)
107 <b>Beg Lit ESL</b>	0-20	=<400	=<180
108 <b>Low Beg ESL</b>	21-52	401-417	181-200
109 <b>High Beg ESL</b>	53-63	418-438	201-210
110 <b>Low Inter. ESL</b>	64-67	439-472	211-220
111 <b>High Inter. ESL</b>	68-75	473-506	221-235
112 <b>*Adv. ESL</b>	76-78	507-540	236-245

## Adult Education—AERIS Student Separation Form

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Generated Student ID # \_\_\_\_\_

Class Enrolled: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Enter the Follow-up Goals and Additional Achievements the student has achieved at separation under the Student Outcomes.

Follow-up Goals	Date of Accomplishment	<i>Documentation</i> (Yes or No)
Entered Employment		
Retained or Improved Employment		
Obtained a GED or High School Diploma		
Entered Postsecondary Education or Training		

Additional Achievements	Date of
Achieved Citizenship Skills	
Increased Involvement in Children's Education	
Increased Involvement in Children's Literacy-Related Activities	
Increased Involvement in Community Affairs	
Left Public Assistance	
Voted or Registered to Vote for First Time	
Achieved WAGE certificate	
Achieved CRC certificate	

Student was separated due to:  No attendance for 90 days

Transfer

Parole

Other \_\_\_\_\_

Unknown

### Additional Comments:

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# Release of Confidential and/or Academic Information

I, \_\_\_\_\_, authorize  
(Student Name)

\_\_\_\_\_ to use my name and/or photo in the  
(Program Name)

following manner:

(Initial if you agree)

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

\_\_\_\_\_ Newsletter

\_\_\_\_\_ Television

\_\_\_\_\_ Videotaping

\_\_\_\_\_ Photographing

\_\_\_\_\_ Radio

\_\_\_\_\_ 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 content.

\_\_\_\_\_  
(Student Signature)                      (Guardian's Signature, if applicable)                      (Date)

\_\_\_\_\_  
(Street Address/PO Box)                      (City)                      (State)                      (Zip Code)

## Learning Needs Screening

Interviewer Name \_\_\_\_\_ Interview Date \_\_\_\_\_

The following questions are about your school and life experiences. We are trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses will help identify resources and services you might need to be successful securing employment.

How many years of schooling have you had? \_\_\_\_\_

Check all you have earned:  H.S. Diploma  GED  AA Degree  
 Tech. /Vocational  Other

What type of job would you like to get? \_\_\_\_\_

Do you have experience in this area?  Yes  No

If currently employed, where do you work? \_\_\_\_\_

What makes it hard for you to get or keep this kind of job? \_\_\_\_\_

What would help? \_\_\_\_\_

### Section A

1. Did you have any problems learning in middle school or junior high school?  Yes  No
2. Do any family members have learning problems?  Yes  No
3. Do you have difficulty working with numbers in columns?  Yes  No
4. Do you have trouble judging distances?  Yes  No
5. Do you have problems working from a test booklet to an answer sheet?  Yes  No

Count the number of "Yes's" from Section A \_\_\_\_ x 1 = \_\_\_\_\_

### Section B

6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?  Yes  No
7. Did you have problems learning in elementary school?  Yes  No

Count the number of "Yes's" from Section B \_\_\_\_ x 2 = \_\_\_\_\_

### Section C

8. Do you have difficulty remembering how to spell simple words you know?  Yes  No
9. Do you have difficulty filling out forms?  Yes  No
10. Did you (do you) experience difficulty memorizing numbers?  Yes  No

Count the number of "Yes's" from Section C \_\_\_\_ x 3 = \_\_\_\_\_

### Section D

11. Do you have trouble adding and subtracting small numbers in your head?  Yes  No
12. Do you have difficulty or experience problems taking notes?  Yes  No
13. Were you ever in a special program or given extra help in school?  Yes  No

Count the number of "Yes's" from Section D \_\_\_\_ x 4 = \_\_\_\_\_

**Total Yes's Multiplied by factors indicated for Sections A, B, C, D** \_\_\_\_\_

(Refer to the Learning Disability Policy Manual for further information on screenings and referrals)

**This is an example tool you may choose to conduct the Learning Needs Screening.**