

2020-2021 ADULT STUDENT PROFILE DOCUMENT

DEMOGRAPHIC INFORMATION *(Please print clearly. All Items with an asterisk (*) are required.)*

*REGISTRATION DATE _____ (MM/DD/YYYY) 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)

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> I am a returning student | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Child's school | <input type="checkbox"/> Internet search | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper or magazine ad | <input type="checkbox"/> Television ad |
| <input type="checkbox"/> Community college | <input type="checkbox"/> One-stop center | <input type="checkbox"/> Text message or e-mail |
| <input type="checkbox"/> Family member or friend | <input type="checkbox"/> Printed card or flyer | <input type="checkbox"/> Portal/Other workforce agency |
| <input type="checkbox"/> Other _____ | | |

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

- Virginia Career Works (Title I) VEC (Title III) DARS/DBVI (Title IV)

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 Virginia Career Works 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 in the current program year.

Signature _____ Date _____

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)
- *FUNDING TYPE: AEFLA (Title II, Sec. 231) C&I (Title II, Sec. 225) IELCE (Title II, Sec. 243) (Select one)

*DATE OF BIRTH _____ (MM/DD/YYYY)

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

- Yes No

(Applicants under 18 years old must be released from compulsory attendance and provide documentation verifying the release.)

*GENDER (Check one) Female Male

*ETHNICITY & RACE (Must complete both parts)

Are you Hispanic? Yes No

Which best represents your racial origin? (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)

*EMPLOYMENT BARRIERS (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I have a disability | <input type="checkbox"/> I have a learning disability |
| <input type="checkbox"/> I am an ex-offender | <input type="checkbox"/> I have no fixed address |
| <input type="checkbox"/> I am a single parent | <input type="checkbox"/> I am or I used to be in the foster care system |
| <input type="checkbox"/> I have a low income | <input type="checkbox"/> I am a migrant or seasonal farmworker |
| <input type="checkbox"/> I am a displaced homemaker | <input type="checkbox"/> I have less than two years of TANF lifetime eligibility |
| <input type="checkbox"/> None of the above apply | |

*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

STUDENT ASSESSMENT INFORMATION

STUDENT NAME _____

Programs are required to maintain a complete record of state-approved test results for each student during the program year. Programs have the option of recording the test result information in the table below or maintaining official test documentation such as completed test answer sheets or test result printouts in the student's folder. If a program maintains official test documentation in each student's folder, the documentation must include all required test information (designated by asterisks in the table below). To see a description and list of approved test-taking aids and test accommodations, see the current state Assessment and Distance Education Policy for Virginia Adult Education and Literacy Programs (http://www.doe.virginia.gov/instruction/adulted/program_policy_guidance/index.shtml)

*STATE-APPROVED ASSESSMENT INFORMATION										
*DATE	*ASSESSMENT	*TEST FORM	*TEST LEVEL	*TEST SUBJECT	*PRE-TEST OR POST-TEST	*RAW SCORE	*SCALE SCORE	*EFL (NRS LEVEL)	*TEST ADMINISTRATOR	APPROVED TEST-TAKING AIDS/ACCOMM. WERE USED
										<input type="checkbox"/>
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										<input type="checkbox"/>

STUDENT POSTSECONDARY EDUCATION AND TRAINING ENROLLMENT

If the student was a participant in an adult education program, exited, and enrolled in postsecondary education or training during the program year, the table below must be completed and the information entered in SSWS. (NOTE: Programs are required to maintain documentation verifying the participant's postsecondary enrollment and present the documentation upon request.)

POSTSECONDARY EDUCATION AND TRAINING ENROLLMENT			
ADULT EDUCATION PROGRAM EXIT DATE	POSTSECONDARY EDUCATION/ TRAINING ENROLLMENT DATE	NAME OF POSTSECONDARY EDUCATION OR TRAINING PROGRAM	POSTSECONDARY EDUCATION OR TRAINING PROGRAM LOCATION

STUDENT OUTCOME GOALS (Complete for IELCE and Family Literacy program participants only)

IELCE PROGRAM PARTICIPANTS		
IELCE PROGRAM OUTCOME GOAL	DATE SET	DATE MET
<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 Lit 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 GOAL	DATE SET	DATE MET
<input type="checkbox"/> Increased Involvement in Children's Education (Check all that apply)		
<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 (Check all that apply)		
<input type="checkbox"/> Reading to children		
<input type="checkbox"/> Visiting library		
<input type="checkbox"/> Purchasing books or magazines		
<input type="checkbox"/> Left Public Assistance		

SECONDARY AND RECOGNIZED POSTSECONDARY CREDENTIAL ATTAINMENT

STUDENT NAME _____ GED® ID _____

SECONDARY CREDENTIAL INFORMATION

GED READY® SCORES

TEST	DATE	SCALE SCORE	PASSED	DATE	SCALE SCORE	PASSED
Reasoning through Language Arts (RLA)			<input type="checkbox"/>			<input type="checkbox"/>
Social Studies			<input type="checkbox"/>			<input type="checkbox"/>
Science			<input type="checkbox"/>			<input type="checkbox"/>
Mathematical Reasoning			<input type="checkbox"/>			<input type="checkbox"/>

GED® TEST SCORES

TEST	DATE	SCALE SCORE	PASSED	DATE	SCALE SCORE	PASSED
Reasoning through Language Arts (RLA)			<input type="checkbox"/>			<input type="checkbox"/>
Social Studies			<input type="checkbox"/>			<input type="checkbox"/>
Science			<input type="checkbox"/>			<input type="checkbox"/>
Mathematical Reasoning			<input type="checkbox"/>			<input type="checkbox"/>

NATIONAL EXTERNAL DIPLOMA PROGRAM® (NEDP) INFORMATION

NEDP® WORKFLOW	DATE	STAFF
NEDP® Pre-Screening		
NEDP® Start Date		Advisor:
Diagnostic Phase Completed		Assessor:
Generalized Assessment Phase Completed		Portfolio Reviewer:
School Division Issuing Local Adult High School Diploma:		Issue Date:

ADULT HIGH SCHOOL DIPLOMA PROGRAM INFORMATION

ADULT DIPLOMA PROGRAM TYPE	SCHOOL DIVISION ISSUING DIPLOMA	PROGRAM START DATE	DIPLOMA ISSUE DATE
Local Adult High School Diploma			
General Achievement Adult High School Diploma (GAAHSD)			

RECOGNIZED POSTSECONDARY CREDENTIAL INFORMATION

RECOGNIZED POSTSECONDARY CREDENTIAL ATTAINMENT INFORMATION

CREDENTIAL TYPE*	NAME OF CREDENTIAL	ENTITY ISSUING THE CREDENTIAL	NAICS SECTOR (2-DIGIT CODE)	CREDENTIAL ISSUE DATE	POSTSECONDARY EXIT DATE

*Under the column "Credential Type," 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.

ATTENDANCE

STUDENT NAME _____

Programs are required to maintain a complete record of student daily attendance for each student during the program year. Programs have the option of recording a student's daily attendance on the "Daily Attendance" table below or maintaining documentation of daily attendance for each student organized by class. If programs maintain attendance documentation by class or for participation in approved distance education materials, the documents may be kept separately from the student folder, but must be readily available upon request.

*DAILY ATTENDANCE

DAY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
1												
2												
3												
4												
5												
6												
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27												
28												
29												
30												
31												
TOTAL												
YTD												

I certify that the hours reported are accurate.

Staff Signature _____

Date _____