

PATHWAY INSTITUTE, INC - Adult Education Program

Intake Assessment Form

Completion of this form is required for all adult learners in all programs. Required data is marked with an asterisk (*). Please print.

*Enrollment Date: _____ *Entry Level: _____ Class Site: _____

STUDENT DATA

Social Security Number: _____ - _____ - _____ *Date of Birth: _____ Age: _____

*Name: _____
Last First Middle/Former Name Suffix

*Hispanic/Latino: No, not Hispanic/Latino Yes, Hispanic/Latino *Gender: Male Female

*Race: American Indian or Alaska Native Asian Black or African-American
(select one or more) Native Hawaiian or Other Pacific Islander White

*Highest Degree or Level of School Completed:

- | | | | | | |
|--|--|---|--|--|---|
| <input type="checkbox"/> No Schooling | <input type="checkbox"/> 4 th grade | <input type="checkbox"/> 8 th grade | <input type="checkbox"/> 12 th grade (no diploma) | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate or Professional degree |
| <input type="checkbox"/> 1 st grade | <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 9 th grade | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 2 nd grade | <input type="checkbox"/> 6 th grade | <input type="checkbox"/> 10 th grade | <input type="checkbox"/> GED | <input type="checkbox"/> Master's degree | |
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> 7 th grade | <input type="checkbox"/> 11 th grade | <input type="checkbox"/> Some College, no degree | <input type="checkbox"/> Specialist's degree | |

*Where was this Degree or Level of School 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? _____

Special Enrollment: Technical College certificate/diploma/degree program Compass/Asset Review
 WIA/Economic Development/Work Ready Georgia High School Graduation Test Other _____

STUDENT CONTACT INFORMATION

Address: _____
Street Address/ Apartment Number / PO Box City State Zip

*County of residence: _____ Email Address: _____

Phone 1: (_____) _____ Phone 2: (_____) _____ Phone 3: (_____) _____

EMERGENCY CONTACT INFORMATION

Name: _____
Last First Middle/Former Name

Phone 1: (_____) _____ Phone 2: (_____) _____ Relationship: _____

STUDENT STATUS and SPECIAL POPULATIONS

*Labor Force Status: Employed
(select one) Unemployed and looking for work
 Not working and not looking for work (e.g. homemaker, retiree, student, etc.)

*Receiving Public Assistance (TANF, Food Stamps): Yes No

*Special Populations: Low Income Displaced Homemaker Single Parent Dislocated Worker
(check all that apply) Learning Disabled Adult Physically Disabled Adult None of the above

Language spoken at home: _____ Home Country: _____

Special Accommodations Notice

If you have a disability 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.

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: _____

STUDENT GOALS

Interviewer: Complete this page with the student at intake. At least one primary goal should be selected. The student may also select secondary goals. Completion of those goals will be tracked and reported by the local program.

***Primary Goal(s) for this year:**

Improve Basic Literacy Skills:

- Reading
- Math
- Writing
- Science
- Social Studies

Improve English Language Skills:

- Speaking
- Listening
- Reading
- Writing

- Get a job**
- Keep my job**
- Get a better job**
- Earn a GED diploma**
- Enroll in college**
- Enroll in a training program**

Secondary Goal(s) for this year:

- Achieve work-based project learning goal
- Leave public assistance program
- Achieve citizenship skills
- Increase involvement in children's education
- Increase involvement in children's literacy
- Vote or register to vote
- Increase involvement in community activities
- Achieve U.S. citizenship (GA)
- Achieve Georgia Work Ready Certificate (GA)

Other Personal Goals: (optional)

***Intake and Goal-setting Conference Notes:**

(Note: Please use the Conference Notes section to update goal progress and completion.)

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

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

