

**NH Adult Education
Student Data Form 2017-2018**

The information included on this Data Form is collected and combined with all other adult education students across the state to provide data to the US Department of Education, Office of Career, Technical and Adult Education (OCTAE). Collection of the data marked with * is mandatory for programs funded by OCTAE. We appreciate your cooperation in helping us to collect this information.

Have you attended this adult education center before? Yes No When? _____

Have you attended another adult ed. program? Yes No When? _____ Where? _____

*First Name _____ MI _____ Last Name _____ Suffix _____

(Please use full legal name)

Other name(s) used _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Email _____

Primary Phone () _____ Cell Phone () _____ Work Phone () _____

Emergency Contact's Name

□□□□□□□□□□□□□□□□□□□□□□ Phone _____ Relationship _____

*Date of Birth ____/____/____ Age _____ *Male _____ Female _____
Mo Day Year

*Ethnicity: Hispanic ____yes ____no

*Race (Please check all that apply): ____Caucasian or White ____African-American or Black ____Asian
____American Indian or Alaskan Native ____Native Hawaiian or Other Pacific Islander
____More than One Race

Country of Birth _____ Last High School Attended _____

***Highest Level of Education Completed**

- ____ No Schooling
- ____ Grades 1 – 5
- ____ Grades 6 – 8
- ____ Grades 9 – 12 (no diploma)
- ____ High School Diploma or Alternate Credential
- ____ High School Equivalency (GED/HiSET)
- ____ Some College, No Degree
- ____ College or Professional Degree
- ____ Unknown

*Where was the highest level of school completed? _____ in the U.S. _____ outside the U.S

*Please indicate if you are disabled and want to disclose _____ Yes _____ No

Are you currently working with any of the following programs (check all that apply):**

- | | | |
|-------------------------------------|---|--|
| <u>Employment Security Programs</u> | <u>Office of Workforce Opportunity Programs</u> | <u>Department of Education Program</u> |
| ____ Wagner-Peyser | ____ WIOA Adult | ____ Voc Rehab |
| ____ Trade Adjustment Assistance | ____ WIOA Youth/NH JAG/My Turn | ____ Career & Tech Ed |
| ____ Jobs for Veterans | ____ Dislocated Worker (Title I) | ____ Adult Education |
| ____ Unemployment Insurance | ____ SCSEP/National Able | (please indicate which program) |

____ TANF/NHEP _____

**** NOTE to Counselors:** *Please use the NH Works Release of Information form for any of the programs listed above.*

***Are you working?** ___ Yes, Place of employment _____
 ___ Yes, but I have received a Notice of Termination or Military Separation is pending.
 ___ No, but available and seeking employment
 ___ No, not employed and not seeking employment

*** Are you in any of these categories?**

*Under the Workforce Innovations & Opportunities Act, adult education programs are required to serve people who meet the definitions for the following categories. This program **WILL** provide adult education services to individuals who do not meet these definitions, but we are required to track those who do. This information is confidential and will only be reported as total number for the state.*

<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> English Language Learner, Low Levels of Literacy, Cultural Barriers	<input type="checkbox"/> Exhausting TANF within 2 years
<input type="checkbox"/> Ex-offender	<input type="checkbox"/> Homeless Individual or Runaway Youth	<input type="checkbox"/> Long-term Unemployed (more than 27 weeks)
<input type="checkbox"/> Low-income Individual	<input type="checkbox"/> Migrant/Seasonal Farm Worker	<input type="checkbox"/> Individual with Disability
<input type="checkbox"/> Single Parent (including single pregnant woman)	<input type="checkbox"/> Youth in Foster Care or Aged Out of the System	

Which skills do you hope to improve? (Check all that are true.)

___ Reading ___ Math ___ Writing
 ___ English Speaking ___ English Listening ___ English Reading ___ English Writing

Do you hope adult education will help you reach one of these goals this year?

(Check all that are true.)

___ Keep my job ___ Get a job
 ___ Pass the HiSET Tests ___ Enter post-secondary education or training
 ___ Get a driver's license ___ Register and vote
 ___ Read to my children ___ Get a library card
 ___ Become a US citizen ___ Be able to help my children in school

Other goals: _____

All information will be treated as confidential and used only for educational purposes. Some information is required for government statistics and is reported without your name. Some names and birth dates will be shared with the National Clearinghouse to see if students have enrolled in college. The Clearinghouse maintains compliance with the Family Educational Rights and Privacy Act (FERPA), which protects students' privacy rights in their education records.

Please note that this program is required to conduct follow up surveys to assess the effectiveness of our programs. You will receive a phone call, email or letter 3 months after you complete the program asking you if you are employed and if you are employed, you will be asked about your earnings. You will also receive a phone call 12 months after you complete asking you if you are employed and if you have entered into or earned postsecondary credential. This information is confidential and your name will not be reported.

I have read and understand this privacy policy:

Signature _____ **Date** _____

NOTES:

-----**FOR TEACHERS AND COUNSELORS ONLY**-----

Program enrollment date: _____

Class

Assignment:

	Pre-Test Date:		Post-Test Date:	
TABE	Pre-Test Form/Level	Pre-Test Score	Post-Test Form/Level	Post-Test Score
Reading				
Math				
Language				
	Pre-Test Date:		Post-Test Date:	
CASAS	Pre-Test Form/Level	Pre-Test Score	Post-Test Form/Level	Post-Test Score
ESL Reading				
ESL Listening				

HiSET Partial: Date: _____

LA _____

WS _____

MA _____

SC _____

SS _____

HiSET retests: Date: _____

LA _____

WS _____

MA _____

SC _____

SS _____

Last day of Service: _____

Reason for Separation/Termination: