

Name: \_\_\_\_\_  
*Last First MI*

Home Address: \_\_\_\_\_  
*(Mailing Address/PO Box) APT # City State Zip Code*

Email Address: \_\_\_\_\_ DE K-12 Student ID# \_\_\_\_\_

SSN or TIN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (Check one) ☐ Female ☐ Male

|                   |                   |  |
|-------------------|-------------------|--|
|                   |                   |  |
| <i>Home Phone</i> | <i>Cell Phone</i> | <i>Emergency Name &amp; Phone Number</i> |

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Are you an English as a Second Language Learner? ☐ No ☐ Yes Location of Last School Completed ☐ US Based ☐ Non-US Based

**NATIVE LANGUAGE:** \_\_\_\_\_

|  |  |
|--|--|
| <b>LAST GRADE LEVEL OR DEGREE COMPLETED</b>            | <b>Check one:</b> <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> No Diploma Grades 9-12<br><input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED® <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> College or Professional Degree  |
| <b>ETHNICITY AND RACE</b>                              | <b>1) Check one:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino<br><b>2) Check all that apply:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White   |
| <b>WORK STATUS</b>                                     | <b>Check all that apply:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time<br><input type="checkbox"/> Employed, but received Notice of Termination or Military Separation is pending<br><input type="checkbox"/> Unemployed <i>Available and actively seeking a job</i><br><input type="checkbox"/> Not in Labor Force <i>Not employed and not seeking a job</i>  |
| <b>BARRIERS TO EMPLOYMENT</b>                          | <b>Check all that apply:</b> <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> English Language Learner <input type="checkbox"/> Cultural Barriers<br><input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Ex Offender<br><input type="checkbox"/> Exhausting TANF Within Two Years <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployed<br><input type="checkbox"/> Migrant and/or Seasonal Farmworker <input type="checkbox"/> Single Parent/Guardian               |
| <b>FAMILY INCOME &amp; FEDERAL OR STATE ASSISTANCE</b> | <b>Check one:</b> <input type="checkbox"/> \$0-10,830 <input type="checkbox"/> \$10,831-14,570 <input type="checkbox"/> \$14,571-18,310 <input type="checkbox"/> \$18,311-22,050 <input type="checkbox"/> \$22,051-25,790<br><input type="checkbox"/> \$25,791-29,530 <input type="checkbox"/> \$29,531-33,270 <input type="checkbox"/> \$33,271-37,010 <input type="checkbox"/> \$37,011-40,000 <input type="checkbox"/> >\$40,001<br><b>Check all that apply:</b> <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> WIC |
| <b>INTERNET ACCESS</b>                                 | <b>Check all devices available for your use to access the Internet:</b> <input type="checkbox"/> Computer (desktop or laptop)<br><input type="checkbox"/> Android Phone <input type="checkbox"/> iPhone <input type="checkbox"/> Android Tablet <input type="checkbox"/> iPad <input type="checkbox"/> Chrome Book <input type="checkbox"/> Other device   |

Last Date Attended School \_\_\_\_\_ Name of Last School Attended \_\_\_\_\_

Have you taken any tests of the GED® Exam? ☐ No ☐ Yes Year High School Diploma or GED® issued \_\_\_\_\_

Previously enrolled in Adult Education or James H. Groves Classes? ☐ No ☐ Yes-- If yes, where? \_\_\_\_\_

Referred by: (check box) ☐ Friend/Family ☐ Social Media ☐ Advertisement ☐ Agency/Social Service ☐ Other \_\_\_\_\_

*Delaware adult education programs comply with the Americans with Disabilities Act of 2010.*

*If you need a special accommodation, please notify your center.*

**Release of Information**

*I authorize the Delaware Department of Education and the local ABE program to release my Social Security Number; assessment results; scores of any secondary credential exams; and email addresses and cell phone numbers for purposes of education accountability reporting and employment research/reports. I also authorize the Delaware Department of Labor and United States Department of Labor to release my personal employment information and personal identifying information to the Delaware Department of Education and United States Department of Education to compile performance metrics data related to state or federal grants or to the Workforce Innovation and Opportunity Act.*

|                                       |               |
|---------------------------------------|---------------|
| _____<br>Student Signature (Pen Only) | _____<br>Date |
|---------------------------------------|---------------|

# DELAWARE ADULT EDUCATION STUDENT INTAKE FORM FY24



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please select **ONE** goal from the list below to complete this school year.

| STATE GOALS   | Date Set  |
|---|---|
| Retain a Job  |   |
| Completion of Digital Literacy Activities                               |   |
| Completion of a Civics COA  |   |
| Completion of Workforce Preparation Activities                          |   |
| Completion of a Career Plan   | <b>REQUIRED<br/>COMPLETION FOR<br/>ALL STUDENTS</b> |
| Completion of 2 or more GED® Subtests passed                            |   |
| Completion of Financial Literacy Activities                             |   |
| Completion of a Transition to Employment or Post-Secondary/Training COA |   |
| Groves – Obtain a Job   |   |

## FOR PROGRAM USE ONLY

|   | Re-test<br>Date | Re-test<br>SS* | Form/<br>Level |  | Re-test<br>Date | Re-test<br>SS* | Form/<br>Level |
|---|-----------------|----------------|----------------|--|-----------------|----------------|----------------|
| <b>TABE/CASAS Goals</b> Reading <i>Scaled Score</i>                         |                 |                |                |  |                 |                |                |
| <b>TABE/CASAS Goals</b> Total Math <i>Scaled Score</i>                      |                 |                |                |  |                 |                |                |
| <b>BEST Plus/CASAS Goals</b> Life and Work<br>Listening <i>Scaled Score</i> |                 |                |                |  |                 |                |                |

| COA Transition to Employment Writing COA             | Assessment Date | Placement Level |
|--|-----------------|-----------------|
| <b>Writing Instructional Level Assessment (WILA)</b> |                 |                 |

## James H. Groves Adult High School Student Career Plan (Step One)

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

**Date of Plan:** \_\_\_\_\_

**Career Goal Statement:** My career goal is to become/or continue to be:

**My career goal can be identified as:**

- ☐ Continued employment in my current career field/job
- ☐ Career advancement within my current field/job
- ☐ New career choice

**What is your current level of education? (Please check all that apply)**

- ☐ No schooling
- ☐ Grades 1-8
- ☐ No diploma (grades 9-12)
- ☐ High school diploma
- ☐ High school credential (i.e.-certificate of attendance)
- ☐ GED® credential
- ☐ Registered apprenticeship certificate
- ☐ Industry certificate/license
- ☐ Technical school credential
- ☐ Some college, no degree
- ☐ College degree
- ☐ Other (please specify:\_\_\_\_\_)

**What educational requirements does your chosen career demand?**

- ☐ High school diploma or equivalent
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Industry certification/license (i.e.- CNA)
- ☐ Technical school credential
- ☐ Registered apprenticeship certificate
- ☐ Other (please specify:\_\_\_\_\_)

## Employment History

\*Check here if never employed ☐

### Job #1

Employer: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Dates of Employment (approximate years acceptable): \_\_\_\_\_

Time on the job (months/years): \_\_\_\_\_

Skills gained while on the job: \_\_\_\_\_

### Job #2 (if applicable)

Employer: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Dates of Employment (approximate years acceptable): \_\_\_\_\_

Time on the job (months/years): \_\_\_\_\_

Skills gained while on the job: \_\_\_\_\_

### Job #3 (if applicable)

Employer: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Dates of Employment (approximate years acceptable): \_\_\_\_\_

Time on the job (months/years): \_\_\_\_\_

Skills gained while on the job: \_\_\_\_\_

### Other Experiences (if applicable)

Type(s) of activities (check all that apply):

- ☐ Volunteer
- ☐ Community service
- ☐ Internship
- ☐ Job Shadowing
- ☐ Mentorship
- ☐ Student organizations
- ☐ Other: (please specify: \_\_\_\_\_)
- ☐

What activities did you complete during your experience(s)?

Dates of Activities (approximate years acceptable): \_\_\_\_\_

Length of time in activity(s) (months/years): \_\_\_\_\_

Skills gained during experience(s):

**What skills are required for your chosen career? (personality traits, character, knowledge, etc.) – *It may be helpful to research this career in O\*NET Online ("your tool for career exploration and job analysis") by going to <https://www.onetonline.org>.***

**What are your current transferable skills, interests, and abilities that will help you achieve your career goal?**

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

**Staff Signature:** \_\_\_\_\_

***As you work towards the obtainment of your secondary credential/high school diploma, you will meet with you career counselor/transition coordinator to complete step 2 of this plan to determine activities and action items to be addressed to meet your career goals.***

## ACCEPTABLE USE POLICY FORM

Technology is used in the Christina School District to support teaching and learning. Users of the District's computers and networks and the Internet (Web, e-mail, chat, messaging, etc.) are responsible for their actions. The use of technology in the District must be consistent with the academic goals of the school and the District. Access to the technology is given to students who agree to act in a considerate manner and follow the Christina School District Code of Conduct, the State of Delaware Acceptable Use Policy and school rules when using the system. Computer files and network storage areas will be treated like student lockers. System administrator and school staff may monitor or review files and communications to maintain systems integrity and to ensure responsible system use. Violations may result in the loss of access as well as other disciplinary or legal action.

**NOTE:** The District employs blocking and filtering measures to restrict access to material harmful to minors.

### Acceptable uses of technology for students

- Using technology in the District in a manner consistent with the academic goals of the school and District
- Accessing systems using only authorized usernames/passwords *Unacceptable uses of technology for students* (may result in disciplinary or legal action)
- Harassing, insulting, or attacking others
- Intentionally damaging computers, software, systems or networks
- Revealing personal information or parents' personal information such as address, telephone number, and credit card numbers. etc.
- Sending or displaying messages or pictures that are offensive
- Using obscene or profane language
- Violating copyright laws
- Using the network for illegal or commercial purposes, including "hacking" and other unauthorized access
- Using or bypassing another person's username and password
- Trespassing in another's folder, work, or files

**As a user of technology in the Christina School District I hereby agree to comply with the Acceptable Use Policy.**

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

**Email:** \_\_\_\_\_

## PERMISSION FOR MEDIA EXPOSURE

**On occasion, the local news reporters and our Christina staff do feature pieces on school events and activities. Please indicate if you do or do not want your picture or work in the newspaper or used in any other media release.**

\_\_\_\_\_ **Yes, my picture or work may be used in the media.**

\_\_\_\_\_ **No, I do not want my picture or work used in the media.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**On occasion, the program advertises or promotes the program using social media. In addition, events, parties, gatherings, and other classroom activities are photographed and showcased on these platforms. Please indicate if you do or do not want your picture or work posted.**

\_\_\_\_\_ **Yes, my picture or work may be used on social media.**

\_\_\_\_\_ **No, I do not want my picture or work used on social media.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date