State of Delaware Student Intake Form FY23 Program/Site Location_____Today's Date _____/____/____

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**

Home Phone	*Cell Phone*	*Emergency Name & Phone Number*

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:**==_____

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

<u>**Release of Information**</u>
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.

_____   _____
Student Signature *(Pen Only)*   **Date**

Updated May 24,2022

DELAWARE ADULT EDUCATION STUDENT INTAKE FORM FY23

Student Name:_____ **Date**: _____

Learning Model Preference: *(Please check only one. Students MUST meet specific requirements in order to enroll in Blended Learning Models 2 and 3.)*

☐ **Blended Learning Model 1:** In-person learning full-time. *Time vary by site and program.*

☐ **Blended Learning Model 2:** Virtual learning full-time. *Time vary by site and program.*

☐ **Blended Learning Model 3:** Hybrid (In-person & Virtual learning) learning full-time. *Times vary by site and program.*

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

STATE GOALS	Date Set	Date Met
Retain a Job		
Completion of Digital Literacy Activities		
Completion of a Civics COA		
Completion of Workforce Preparation Activities		
Completion of a Career Plan	REQUIRED COMPLETION FOR ALL STUDENTS	
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 Date	*Re-test SS***	*Form/ Level*		*Re-test Date*	*Re-test SS***	*Form/ Level*
TABE/CASAS Goals Reading *Scaled Score*							
TABE/CASAS Goals Total Math *Scaled Score*							
BEST Plus/CASAS Goals Life and Work Listening *Scaled Score*							

COA Transition to Employment Writing COA	Assessment Date	Placement Level
Writing Instructional Level Assessment (*WILA*)		

	Pre-test Date	*Pre-test SS***	*Form/ Level*		*Re-test Date*	*Re-test SS***	*Form/ Level*
TABE/CASAS Goals Reading *Scaled Score*							
TABE/CASAS Goals Total Math *Scaled Score*							
BEST Plus/CASAS Goals Life and Work Listening *Scaled Score*							

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**

8/1/18afs

Name: _____   Date: _____

Directions: Please enter a check mark next to the box or boxes in which you are in need of assistance and/or would like to receive more information about.

- ☐ Food Stamps
- ☐ Temporary Assistance to a needy family
- ☐ Expungement Services
- ☐ Job Training Opportunities
- ☐ Child Support
- ☐ Child Care
- ☐ Services for the Visually Impaired
- ☐ Services for Senior Citizens, including employment
- ☐ Services for Adult with Physical Disabilities
- ☐ Housing
- ☐ Assistance with Managing Finances
- ☐ Information on setting up a small business
- ☐ Job Corps
- ☐ Veterans Benefits
- ☐ Libraries Services
- ☐ Refugee Services
- ☐ Unemployment Insurance
- ☐ Health Information from Public Health
- ☐ Child's Education
- ☐ Job Search
- ☐ Transportation (DART or Ride Share)
- ☐ Foreign Labor Certification and Work Permits
- ☐ Citizenship
- ☐ Other_____