

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

<small>Home Phone</small>	<small>Cell Phone</small>	<small>Emergency Name & Phone Number</small>

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: <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 <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED® <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> College or Professional Degree
ETHNICITY AND RACE	1) Check one: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino 2) Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
WORK STATUS	Check all that apply: <input type="checkbox"/> Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Employed, but received Notice of Termination or Military Separation is pending <input type="checkbox"/> Unemployed <i>Available and actively seeking a job</i> <input type="checkbox"/> Not in Labor Force <i>Not employed and not seeking a job</i>
BARRIERS TO EMPLOYMENT	Check all that apply: <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> English Language Learner <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Ex Offender <input type="checkbox"/> Exhausting TANF Within Two Years <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Migrant and/or Seasonal Farmworker <input type="checkbox"/> Single Parent/Guardian
FAMILY INCOME & FEDERAL OR STATE ASSISTANCE	Check one: <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 <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 Check all that apply: <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> WIC
INTERNET ACCESS	Check all devices available for your use to access the Internet: <input type="checkbox"/> Computer (desktop or laptop) <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.

 Student Signature (Pen Only)

 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	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

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

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

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