

Mississippi Community College Board, Office of Adult Education

Intake Assessment Form

Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (*). Please print legibly. All signatures should be in ink.

STUDENT CONTACT INFORMATION

*Intake Date: _____ *Site/Teacher: _____

*Social Security Number: _____ - _____ - _____ *Date of Birth: _____ / _____ / _____ Age: _____
Month / Day / Year

*Name: _____
Last First Middle/Former Name Suffix

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

*County of residence: _____ *Email Address: _____

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

- *Program: [] Adult Education [] Distance Learning [] Corrections [] Workplace Literacy
*Secondary Program: [] eDULT [] IELCE [] MIBEST
* Registered for MS Works: [] Yes - Date verified: _____

EMERGENCY CONTACT INFORMATION

*Name: _____
Last First Middle/Former Name

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

STUDENT DATA

- *Hispanic/Latino: [] No, not Hispanic/Latino [] Yes, Hispanic/Latino
*Gender: [] Male [] Female
*Race: (Select one or more) [] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander
[] Asian [] White
[] Black or African-American
*Highest School Grade Completed: (select one)
[] No School Grade Completed [] 1st grade [] 4th grade [] 7th grade [] 10th grade
[] 2nd grade [] 5th grade [] 8th grade [] 11th grade
[] 3rd grade [] 6th grade [] 9th grade [] 12th grade

- *Highest Educational Certificate/Diploma/Degree Completed: (select one)
[] None [] High School Diploma [] High School Equivalency [] Certificate of Attendance/Completion [] One or more years of Postsecondary Education [] Postsecondary Technical or Vocational Certificate
[] Associate's degree [] Bachelor's degree [] Master's degree [] Specialist's degree [] Doctorate or Professional degree

*Where was your highest level of education 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? _____

STUDENT STATUS and BARRIERS TO EMPLOYMENT

***Labor Force Status: (select one)**

- Employed
 Employed, but I have received a notice of termination, facility closure, or I am a transitioning service member.
 Unemployed and looking for work
 If unemployed, have you been unemployed for 27 weeks or longer? Yes No
 Not working and not looking for work (e.g. homemaker, retired, incarcerated, etc.)

***Do you receive TANF?** Yes No

If yes, are you within 2 years of exhausting lifetime eligibility? Yes No

***Do you or someone in your household receive SNAP benefits (Food Stamps)?** Yes No

***Barriers to Employment:**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ELL <input checked="" type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Cultural Barriers	The participant has either (a) limited ability in speaking, reading, writing, or understanding the English language; (b) an inability to compute and solve problems, or read, write, or speak English at a level necessary to function on the job in the participant's family or in society; or (c) a perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income	Do you, or your child(ren) meet any or all of the following low income guidelines: Your total family income falls below the poverty line. (This is approximately \$12,000 for one person and \$25,000 for a family of four). You or your child(ren) receives SNAP, TANF, SSI, Medicaid insurance, WIC, food assistance, public housing, rental assistance, or any public assistance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Did you provide unpaid services in the home and are dependent on the income of another, but you are no longer supported by that income, and are you experiencing difficulty in obtaining or upgrading employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility, or enterprise where you are employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Do you lack a fixed, regular, and adequate nighttime residence? Have you moved in the last 36 months due to a parent's employment in seasonal farm work? Are you under 18 and leave home without parent permission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction? <i>(Do not select this category if you are currently incarcerated.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Care	Are you currently in the foster care system or have you aged out of the foster care system?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Seasonal Farmworker (Were you employed for the last 12 months in agricultural or fish farming labor?) <input type="checkbox"/> Migrant and Seasonal Farmworker (Are you a seasonal farmworker without a permanent residence?) <input type="checkbox"/> Dependent (Are you a dependent of a seasonal or migrant/seasonal farmworker?)

Language spoken at home: _____ Country of Birth: _____

Individual with a Disability Notice (Optional disclosure)

In the Americans with Disabilities Act of 1990, a disability is defined as a physical or mental impairment that substantially limits one or more of a person's major life activities. ***Are you an Individual with a Disability?** Yes No Do not wish to disclose

Special Accommodations Notice (Optional disclosure)

If you have a disability and/or a condition 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.

Do you wish to request any special accommodation(s)? Yes No

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:** _____

<p>*Agency referral to/from _____ Date: _____</p> <input type="checkbox"/> Mississippi Department of Human Services _____ <input type="checkbox"/> Mississippi Department of Employment Security _____ <input type="checkbox"/> Mississippi Department of Rehabilitation Services _____ <input type="checkbox"/> Mississippi Department of Education (16/17-year-olds) _____ School District: _____ <input type="checkbox"/> Other _____	<p>*Correctional/Institutionalized Programs (if applicable):</p> <input type="checkbox"/> Currently Incarcerated in a Correctional Institution <input type="checkbox"/> Currently Participating in Community Corrections <input type="checkbox"/> Currently attending a recovery/rehabilitation program
---	--