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| **Oklahoma Department of Career and Technology Education | AEFL Division  Adult Education and Literacy Student Enrollment Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADULT LEARNING CENTER** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLASS LOCATION** | | | | | | | | | | | | | | **TEACHER** | | | | | | | | | | | | | |
| **PROGRAM** | | | **** ESL | | | | | | | ****CORRECTION/ INSTITUTION | | | | | | | **** FAMLIT | | | | | **** IELCE | | **** DISTANCE ED | | | **** OTHER |
| (Check any that apply.) | | |
| **HAVE YOU ATTENDED ANOTHER ABE CLASS?** (Check one.) | | | | | | | | | | | **** NO | | **** YES | | | | | (IF YES, PLEASE GIVE THE LOCATION.) | | | | | | | | | |
| **LAST NAME** | | | | | | | | | | | **FIRST NAME** | | | | | | | | | | | | | | | **MIDDLE NAME** | |
| **ADDRESS** | | | | | | | **APT. NO.** | | | | **CITY/STATE** | | | | | | | | | | | | | | | **ZIP CODE** | |
| **YOUR PHONE NUMBER** (primary) | | | | | | | | **YOUR PHONE NUMBER** (alternate) | | | | | | | | | | | | | **AGE** | | | | | **BIRTHDAY** (MM/DD/YYYY) | |
| **SEX**  FEMALE **** MALE  NON-BINARY or OTHER | | | | | | | | | | | | | | | **DO YOU HAVE A DISABILITY? ** YES **** NO(If yes, *inform your teacher of any accommodation requests*.) | | | | | | | | | | | | |
|  | |  NO ANSWER / PREFER NOT TO DISCLOSE | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **EMAIL ADDRESS** | | | | | | | | | | | | | **SOCIAL SECURITY NUMBER** (XXX-XX-XXXX) | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT NAME** | | | | | | | | | | | | | **RELATIONSHIP** | | | | | | | | | | | | **PHONE NUMBER** | | |
| **ETHNICITY/RACE INFORMATION** (*Required for enrollment*) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **ARE YOU HISPANIC/LATINO?** (Choose one only.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | No, not Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE**: *The above question is about ethnicity—not race.* ***No matter what you selected above****, please continue to answer the following by marking one of more boxes to indicate what you consider your race to be.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **WHAT IS YOUR RACE?** (You must choose *one or more* of the following.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | American Indian or Alaska Native. (A person having origins in any of the peoples of North and South America, including Central American, and who maintains a tribal affiliation or community attachment.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | Asian. (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | Black or African American. (A person having origins in any of the Black racial groups of Africa.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | Native Hawaiian or Other Pacific Islander. (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** | White. (A person having origins in any of the peoples of Europe, the Middle East, or North Africa.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **EMPLOYMENT STATUS:** (Check *one*.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** Employed Full-Time | | | | | **** Employed Part-time | | | | | | | | **** Unemployed and looking for work | | | | | | | | | | | | **** Unavailable or not looking for work | | |
| 1. **DO ANY OF THE FOLLOWING APPLY TO YOU?** (Check one.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **** DHS Client/Public Assistance | | | | **** Homeless | | | | | **** State Corrections | | | | | | | | **** County or Community Corrections | | | | | | **** Living in institutional setting | | | | |
| 1. **WHICH OF THESE BARRIERS TO EMPLOYMENT DO YOU HAVE?** | | | | | | | | | | | |  | | | | | | | (Check at least one.) | | | | | | | | |
| * Cultural barriers | | | | | | * Low literacy levels | | | | | | | | | | | | | | * English language learner | | | | | | | |
| 1. **DO ANY OF THESE OTHER BARRIERS APPLY TO YOU?** | | | | | | | | | | | |  | | | | | | | (Check any that apply.) | | | | | | | | |
| * Single parent or guardian | | | | | | | | | | | | | | | | * Disabled | | | | | | | | | | | |
| * Migrant farmworker | | | | | | | | | | | | | | | | * Economic disadvantage | | | | | | | | | | | |
| * Long-term unemployment | | | | | | | | | | | | | | | | * Ex-offender | | | | | | | | | | | |
| * Exhausting TANF with two years | | | | | | | | | | | | | | | | * Foster care youth | | | | | | | | | | | |
| * Homeless | | | | | | | | | | | | | | | | * Seasonal farmworker | | | | | | | | | | | |
| * Displaced Homemaker | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| 1. **HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED—REQUIRED FOR ENROLLMENT**   Check **one** only **(**highest level completed) **and** whether it was U.S. based or Non-U.S. based schooling | | | | | | | |
| **** No schooling   * Grades 1-5 * Grades 6-8 * Grades 9-12 (No diploma) * High school diploma or alternate credential    GED  HiSet   * Some college, no degree * College or professional degree * Unknown   **WIOA Core Program**  (Check all partners that you receive services)  **** Title I Adult  **** Title I Dislocated Worker  **** Title I Youth  **** Title III Wagner-Peyser  **** Title IV Vocational Rehabilitation  **** None | | | * U.S.-based * U.S.-based * U.S.-based * U.S.-based * U.S.-based * U.S.-based * U.S.-based | * Non-U.S.-based * Non-U.S.-based * Non-U.S.-based * Non-U.S.-based * Non-U.S.-based * Non-U.S.-based * Non-U.S.-based | | | |
| *I authorize the Oklahoma Department of Career and Technology Education to release my social security number, assessment results, HSE (High School Equivalency) Testing Scores or other collected data for education and employment research and/or reporting purposes as long as my identity is never revealed.* | | | | | | | |
| **STUDENT’S SIGNATURE** | | | | | **TODAY’S DATE** | | |
| THE INFORMATION BELOW IS FOR PROGRAM USE ONLY | | | | | |
|  | | | | | |
| Student Pre-Assessment Information | | | | | |
| **Assessment Administered** | **TABE CLAS - E or CASAS READING AND LISTENING STEPS** | | | | | |
|
| **Assessment Date** (MM/DD/YYYY) | | **Administered by** (Please print first and last name.) | | | |
|  | | | | | |
| **I verify the following:** (To be completed by teacher, program director, test administrator, data entry, or other program designee.)   1. Assessment score documentation for the above student scores is on file and available for verification. 2. Student progress will be tracked in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ subject area.   **SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­DATE­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |