

Personal Profile

1 Intake Information

Intake Date ____ / ____ / ____
 Examiner _____
 Service Site / Group _____

Service Location

- (Select One)
- Community-Based Org.
 - College/University
 - Correctional Facility
 - Employment Services
 - Facility for Disabled
 - Home / Home School
 - Learning Center
 - Library
 - One-Stop Center
 - School Building
 - Work Site
 - Other _____

Program Enrollment Type

- (Select One)
- Adult Basic Education
 - Adult High School
 - At-Risk Youth
 - Career Pathways
 - Correctional Facility
 - Disability / Counseling
 - Employment Services
 - ESOL Program
 - Homeless Program
 - Human Services
 - K-12
 - Literacy Program
 - Rehabilitation Services
 - Special Education
 - Transition Services
 - Other _____

Educational Functioning Level

- (Select One for Entering and Exiting)
- | | | | | | |
|-----------------------------------|--------------------------|----------|--------------------------|---------|--------------------------|
| Beginning Literacy | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Exiting | <input type="checkbox"/> |
| Beginning Basic Education | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Low Intermediate Basic Education | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| High Intermediate Basic Education | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Low Adult Secondary Education | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| High Adult Secondary Education | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Beginning ESL Literacy | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Low Beginning ESL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| High Beginning ESL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Low Intermediate ESL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| High Intermediate ESL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Advanced ESL | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Not tested | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |

2 Last Name

ID # _____ Address _____
 City _____ State _____ Zip Code _____
 Day Phone _____ Evening Phone _____
 Cell Phone _____ E-Mail Address _____
 Emergency Contact _____

Birthdate

Month / Day / Year
 _____ / _____ / _____

Gender

M F

Glasses or Contacts

N Y

Handed

L R

Ethnic Group

- (select one)
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - White
 - Native Hawaiian or Other Pacific Islander
 - Multi-Ethnic
 - Other _____

Disability Status

N Y N/A Disabled

Residency Status

Rural Suburban Urban

Citizenship

(select one)
 U.S. Citizen
 N/A or Other _____

Immigrant or Limited English Proficiency

N Y Immigrant
 N Y Limited English Proficiency

Home language English as child and adult*

N Y

New to this program

N Y

Veteran

N Y

3 First Name

Mid. Initial _____ Apt. # _____
 State _____ Zip Code _____
 Preferred Contact Time ____ : ____ AM PM
 Emergency Phone _____

Age

Labor Force Status

N Y Employed
 Not in the labor force

Public Assistance Status

N Y In a job training program

Receiving Voc. Rehab. Services

N Y N/A Receiving Voc. Rehab. Services

3 Referred by

Primary Reason for Screening

- (select one)
- Intake into basic skills or literacy program
 - Intake into college or employment program
 - Screening for Response to Intervention
 - Screening for learning strengths & challenges
 - Other _____

Most Important Personal Reason or Goal for coming to this program, service, or college

- (check up to three)
- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Obtain a job | <input type="checkbox"/> Enter college / job training / employment certification program | <input type="checkbox"/> Complete college / job training / employment certification program | N | Y |
| <input type="checkbox"/> Retain current job | <input type="checkbox"/> Improve basic literacy skills | <input type="checkbox"/> Improve English speaking skills | N | Y |
| <input type="checkbox"/> Improve current job | <input type="checkbox"/> Obtain citizenship skills | <input type="checkbox"/> Achieve work-based project goal | N | Y |
| <input type="checkbox"/> Earn a high school diploma / obtain a GED | <input type="checkbox"/> Other goal _____ | | N | Y |

Exit Information

Exit Date ____ / ____ / ____

Total Contact Hours _____

Goal achieved? _____