

# WIA Title II and NRS Compliant Student Intake Form (v2)

SID: \_\_\_\_\_

Quarter: \_\_\_\_\_

Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

## Demographics

Address \_\_\_\_\_  
\_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

## Ethnicity

- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Other

## Entry Status *(Check all that apply)*

- Disabled *(any disability, including LD)*
- Learning disabled *(also check Disabled box above)*
- On public assistance

## Employment Status *(Check one)*

- Employed *(currently working)*
- Unemployed *(currently looking for work)*
- Not in the labor force *(NOT working or looking for work)*

## Goals *(Check at least one)*

- Get a job
- Keep current job
- Earn high school diploma equivalent
- Earn high school diploma
- Enter post-secondary education or training
- Improve basic literacy skills
- Improve English language skills

## Special Programs *(this section adapted by state and/or by program - filled in by staff only)*

- |   |   |
|---|---|
| <input type="checkbox"/> Community Corrections                  | <input type="checkbox"/> Older Adult in the workforce |
| <input type="checkbox"/> Distance Learning                      | <input type="checkbox"/> Workplace Literacy Program   |
| <input type="checkbox"/> English Literacy/Civics                | <input type="checkbox"/> I-BEST                       |
| <input type="checkbox"/> Adult supporting child school success  | <input type="checkbox"/>                              |
| <input type="checkbox"/> Pre-apprenticeship program participant | <input type="checkbox"/>                              |

## Student SSN Disclaimer

The *(State Adult Education System)* pursuant to *(state code)* authorizes this organization to ask you to provide your social security number. The number will be used for keeping records, research on students in general, and summary reporting. Your number also will be provided to the *(agency responsible for Adult Education data and research)*. This agency gathers information about students and programs to meet state and federal reporting requirements. It also helps to plan, research and develop programs. This information helps to support the progress of students and their success in the workplace and other educational programs. When conducting research, your social security number will only be disclosed in a manner that does not permit personal identification. Your social security number will never be used to report personal information. By providing your social security number, you are consenting to these uses as identified. Provision of your social security number and consent to its use is not required and if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your social security number at any time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date