

**Adult Education Program  
Intake Assessment Form**

Form Completion is required for ALL Adult Learners and ALL Programs. Required data is marked with an asterisk (\*).

**Enrollment Date:** \_\_\_\_\_ **Entry Level:** \_\_\_\_\_ **Class Site:** \_\_\_\_\_

**STUDENT DATA**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_  
*Last First Middle/Former Name Suffix*

\*Ethnicity: Are you Hispanic/Latino?  Yes  No \*Gender:  Male  Female

\*Race:  American Indian or Alaska Native  Asian  Black or African-American  
 Native Hawaiian or Other Pacific Islander  White

\*Highest Educational Level Completed:  
 No Formal School  4<sup>th</sup> grade  8<sup>th</sup> grade  12<sup>th</sup> grade (no diploma)  Bachelors  
 1<sup>st</sup> grade  5<sup>th</sup> grade  9<sup>th</sup> grade  High School Diploma  Masters  
 2<sup>nd</sup> grade  6<sup>th</sup> grade  10<sup>th</sup> grade  GED Diploma  Specialists  
 3<sup>rd</sup> grade  7<sup>th</sup> grade  11<sup>th</sup> grade  Associates  Doctorate

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? \_\_\_\_\_

Special Enrollment:  Technical College certificate/diploma/degree program  Compass/Asset Review  
 WIA/Economic Development/Work Ready  Georgia High School Graduation Test  Other \_\_\_\_\_

**STUDENT CONTACT INFORMATION**

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

\*County of residence: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ Phone 3: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle/Maiden*

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

Relationship:  Parent  Child  Spouse  Friend  Sibling  Other \_\_\_\_\_

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ Phone 3: (\_\_\_\_\_) \_\_\_\_\_

**STUDENT STATUS**

\*Labor Force Status:  Employed  Unemployed  Not in Labor Force  
*(Select one)* \*Receiving Public Assistance:  Yes  No  
*(i.e. TANF, Food Stamps, Medicaid)*

**SPECIAL POPULATIONS/NEEDS**

\*Special Populations:  Low Income  Displaced Homemaker  Single Parent  Dislocated Worker  
*(Check all that apply)*  Learning Disabled Adult  Physically Disabled  Homeless  Other \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

\*Special Needs: *If you have a disability and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of disability. Is there a need for special accommodations?*  Yes  No  Unknown

Requested Accommodations: \_\_\_\_\_

Provided Accommodations: \_\_\_\_\_