

Intake Form

Intake Date

Program Enrollment Type:

____/____/____

☐ ABE ☐ ASE ☐ ELA/ESL ☐ NEDP ☐ Family Literacy ☐ IELCE ☐ Correctional Facility ☐ Other

Social Security #: _____ - _____ - _____

Birth Date: ____/____/____
(month/day/year)

Name: _____
Last First MI

Home Address: _____
(Mailing Address / PO Box) City State Zip County

Phone Number

Email

Follow-Up Survey Information (select preferred method of contact)		<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Personal Contact
GENDER	ETHNICITY AND RACE	WORK STATUS	LIFE EXPERIENCES	EDUCATION AND HOUSEHOLD	REASON FOR ATTENDING
Choose only one: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary or Other <input type="checkbox"/> Prefer Not to Disclose	Choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Choose only one: <input type="checkbox"/> Employed (circle one) <i>Full- time job</i> <i>Part- time job</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force	Check all that apply: <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economic Disadvantage <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Exiting TANF w/in 2 years <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker	Highest Education Level Completed on Entry: _____ Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Minor Children in Household: Age 0 - 1 _____ 2 - 4 _____ 5 - 11 _____ 12 - 15 _____ 16 - 18 _____ Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please, select the best answer: <input type="checkbox"/> Improve literacy and/or math skills <input type="checkbox"/> Learn English <input type="checkbox"/> Attain High School Equivalency <input type="checkbox"/> Get career training <input type="checkbox"/> Get a job or promotion at work <input type="checkbox"/> Assist in children's education or other activities <input type="checkbox"/> Improve citizenship skills

How did you hear about this program? _____

Release of Information

All above information is self-reported and accurate. I understand the New Mexico Higher Education Department and the local Adult Education program may release my information for purposes of education or employment research/reporting.

Student Signature

Date