



Adult Basic Education

"You provide the effort, ABE provides the path."

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I. APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Gender: Male Female SS #: _____ Date of Birth: _____
(mm/dd/yyyy)

Mailing Address: _____
Box Number City State Zip Code

Village: _____ Email: _____

Cellphone #: _____ Home #: _____ Work #: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Citizenship: _____

Race: (Check one or more that you consider yourself & specify on the line)

- Caucasian/White (Non-Hispanic) Black/African American
- American Indian or Alaskan Native Asian: _____
- Native Hawaiian Pacific Islander _____
- Other: _____

Marital Status: Single Married Divorced Widowed Separated

Student Type: (Check all that apply)

- Adult School HSE (HiSET) Workplace Training

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Reviewed by: _____
 Date Completed: _____
 Advising Hours: _____
 CASAS Assessment:
 Reading: _____ Form: _____
 Date: _____
 Math: _____ Form: _____
 Date: _____

Documents Received:

- Social Security Card
- Birth Certificate
- Certification Letter
- Government Issued ID
 - Passport
 - Driver's License
 - Mayor's ID
 - NMI Descent
 - Greencard
 - Other: _____
- O*Net Interest Profile

Referred by:

- WIA OVR NAP
- Employer: _____
- Other: _____

Personal Status

- WIOA, Title I WIOA, TITLE II
- WIOA, Title III WIOA, TITLE IV
- TANF
- Other public assistance
- Dislocated worker
- Veteran
- Concurrently enrolled in highschool/K12
- Other



II. PERSONAL DATA

1. Do you receive any money or other help from the U.S government (Public Assistance)?

YES (*Please specify*)

Food Stamps

Child Care

SSD (Social Security Disability)

MIHA (Section 8 Housing)

Medicaid

NO

SSI (Supplemental Security Income)

WIC (Women Infant Care)

Home Energy Assistance

Other: _____

2. Do you live in a shelter?

YES

NO

3. Are you currently in a Corrections Work Release Program?

YES

NO

4. Do you have a:

Felony Conviction

YES

NO

Misdemeanor Conviction

YES

NO

If yes, state the nature of crime(s), when, and where convicted and disposition of case?

5. Have you been Court-Ordered to attend classes by a judge

YES

NO

in a court of law?

6. Are you a single parent?

YES

NO

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**Attainable Goal
Within Program Year
(Mark one in each column)**

1	2	(1-Primary, 2-Secondary)
		Improve basic skills
		Improve English skills
		H.S Diploma/HSE
		Get a job
		Retain a job
		Get a better job
		Enter college or training
		Work-based project
		Family Goal
		U.S Citizenship
		Military
		Personal Goal
		None
		Other

**Employment Barriers
(Mark all that apply or leave blank)**

- Displaced Homemakers
- English Language Learners, Low Levels of Literacy, Cultural Barriers
- No TANF within 2 years
- Ex-offenders
- Homeless individuals
- Long-term unemployed
- Low-Income Individuals
- Migrant & Seasonal Farmworker
- Individuals with Disabilities
- Single Parent
- Youth in foster care or aged out of system



III. EDUCATION

1. What programs interest you? *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Agriculture, Food, & Natural Resources | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Arts, Audio/Video Tech. & Communications | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Business Mgmt. & Administration | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Government & Public Administration | <input type="checkbox"/> Science, Technology, Engineering & Math |
| <input type="checkbox"/> Health Science | <input type="checkbox"/> Transportation, Distribution & Logistics |

2. What is the highest school grade you completed?

- | | |
|--|---|
| <input type="checkbox"/> No School Completed | <input type="checkbox"/> Grade 10 |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 11 |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> HSE Certificate |
| <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Some college, no degree |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Beyond Bachelor's Degree |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> IEP |

3. **Personal/Family Education History**

a. Was a majority of your schooling within the U.S.? YES NO

b. Did you earn any diplomas or degrees above within the U.S.? YES NO

c. What was the name of the last K-12 school you attended? _____

d. Have you ever attended Adult Basic Education? YES NO

If yes, what year? _____ What site? _____

e. Have you ever attended a training program or college? YES NO

If yes, where? _____ What type of training? _____

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O*Net Interest Profiler results:

Undecided on training choice or need more information.

Indicate the country of schooling here if outside of the U.S.:

Verify with student highest grade completed. *"What grade did you leave school? If you left XXth grade then you completed XXth grade (the grade before)."*

3d. If unknown by the student, verify in TE.



f. What other training or certification have you completed?

None Mothered/Fathered Parenting Skills Other _____

g. Are you enrolled in any other training program, college, or university now? YES NO

If yes, where? _____ What are you studying? _____

h. Did either your mother or father attend college? YES NO Unknown

IV. ACCOMODATIONS

1. Was school difficult for you? YES NO

If yes, explain. _____

2. Do you think you have trouble learning new information? YES NO

If yes, what kind of things you have trouble with? _____

3. Do you feel you are easily distracted? YES NO

4. Have you ever had special help or special classes? YES NO

If yes, what kind? _____ Where: _____

5. Do you have a documented disability? YES NO Prefer not to disclose

If yes, would you like to request any special accommodations? YES NO

6. Do you have problem with your vision (eyes)? YES NO

If yes, explain. _____

7. Do you have problem with your hearing (ears)? YES NO

If yes, explain. _____

8. Do you have other problems that make studying or working difficult? YES NO

If yes, what kind? _____

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Clarify any "YES" questions.

If he/she marks a disability, note any needs that will assist them in assessment, training, or work.



9. What could make it difficult for you to come to class? *(Check all that apply)*

- None Work schedule Finding transportation Finding childcare
- My disability My medication Other _____

V. Language

1. What was the first language you learned? _____

2. What is your primary language at home? _____

3. Do you understand English more than any other language? YES NO

4. What other language can you speak? *(Select all that apply)*

- English Spanish Vietnamese Chinese Japanese
- Thai Tagalog Korean Lao Russian
- Farsi Chamorro Palauan Carolinian Chuukese
- Other: _____

VI. Work Eligibility Status

1. Are you a WIA REGISTRANT *(referred by Workforce Investment Agency)* YES NO

2. What is your current employment status?

- Employed *(If employed, please answer A-F. Skip question 3)*
- Unemployed *(If unemployed, skip A-F. Proceed to question 3.)*
- Employed, but Received Notice of Termination or Military Separation is pending
- Not in labor force

a. Are you: Full time Part time

b. Who is your current employer? _____

c. How long have you worked there? _____ Year(s) _____ Month(s)

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Specify Employment Definition:

- A. Currently performing any work at all as a paid employee.
- B. Current performing any work at all in his/her own business, profession, or farm.
- C. Currently performing any work as an unpaid worker in an enterprise operated by a member of the family
- D. One who is not working, but currently has a job or business from which he/she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Employment Status Definitions:

Not in labor force: Not employed and are **not actively looking for work, including those who are incarcerated.**

Unemployed: Not employed, **but is seeking employment, makes specific effort to find a job, and is available for work.**

Notes on Employment:



d. What is your job title/position? _____

e. Hours worked per week: _____ f. Hourly wage: _____ g. Median Earnings: _____

3. Have you been unemployed (*actively looking for employment and making specific effort to find a job*) for more than 27 weeks? YES NO

4. What are your employment goals?
 Gain experience Get a promotion Salary raise Retain job
 Other: _____

5. Are you legally able to work in the United States? YES NO

VII. Ability to Participate

1. Are you under the age of 16? YES NO

If so, do you have a certification letter from the school? YES NO

2. Do you have a dependent children? YES NO

If yes, will you need to find childcare to go to school? YES NO

If yes, describe your current childcare arrangement

Afterschool Full-day Evening

3. Describe your transportation arrangement to school
 Taxi Walk Own a car Bicycles Public Transportation
 Carpool Dropped by friend/family Other: _____

NOTES: _____

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Unemployed: Not employed, **but is seeking employment, makes specific effort to find a job, and is available for work.** (If yes, check Long-term unemployed under barriers to employment)

Clarify eligibility to work. Ask what type of work document(s) s/he has.

Verify student's age. If applicant is under 18 before graduating, ask why did you not complete?