

Type of Learner: ABE Pre-GED Corrections Family Literacy ELL GED/HSED Career Readiness Other _____ Date: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Phone: _____ Type: Cell Home Work Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Country of birth (if not USA) _____ Date entered United States: _____

Homeless: Yes No Currently Incarcerated: Yes No Ex-Offender: Yes No Veteran: Yes No

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Where will you be attending classes: Family Literacy EC Corrections Chippewa Corrections Dunn Corrections EC County Chippewa County
Dunn County

Male _____ Female _____

Have you attended other learning programs: Yes _____ No _____ If yes, where _____

How did you hear about us? Family Friend Walk-In Website Referral Advertisement Other _____

Primary Language: _____ Literate in primary language: Yes No Refugee: Yes No

Citizenship: Circle one

US citizen Eligible legalized alien
Refugee Foreign student
Immigrant

Marital Status: Circle one

Single Married Separated
Divorced Widowed

Race/Ethnicity: Circle all that apply.

African American Asian Latin American
Native American US Caucasian Hispanic Hmong
Asian/Pacific Islander Other

Household Income: Circle one:

\$0-\$9999 \$10,000-\$14,999 \$15,000-\$24,999 \$25,000-\$36,999 \$37,000-\$49,999 \$50,000-\$74,999 \$75,000+

Number of People in Household: _____ Number of dependents: _____

Do you or your children use one of the following?

Badgercare Free/Reduced Lunch W-2 Wisconsin Shared Childcare DVR
WIC Workforce Resource Foodshare SSI Medical Assistance

High School Credential: Circle One

No
(if No, Highest Grade Completed)

High School Diploma GED HSED
Technical College University

Work Status: Circle one

Employed, full-time
Employed, part-time
Unemployed, seeking work
Self-employed
Not in labor market
Retired

Barriers to Employment:

Circle all that apply
Low Income
Displaced Homemaker
Ex-Offender Cultural Barriers
Single Parent
English Language Learner

Current Employer:

Have you ever been diagnosed with a learning or physical disability? Yes No

If Yes, which disability or disabilities were you diagnosed with? Please circle all that apply.

Autism Deaf Hard of Hearing Mobility/Orthopedic Disability Other Health Impairment
Psychological Disability Specific Learning Disability Speech or Language Disability Traumatic Brain Injury
Visual Disability Dyslexia Hearing Aid Wears Eyeglasses

GOALS

GOAL:

- 1 = GED/HSED
- 2 = CERTIFICATE PROGRAM
- 3 = FINANCIAL LITERACY
- 4 = HEALTH LITERACY
- 5 = JOB SEARCH
- 6 = CITIZENSHIP
- 7 = ELL
- 8 = TECHNOLOGY LITERACY

AVAILABILITY:

MONDAY:	AM	PM	EVENING
TUESDAY:	AM	PM	EVENING
WEDNESDAY:	AM	PM	EVENING
THURSDAY:	AM	PM	EVENING
FRIDAY:	AM	PM	EVENING
SATURDAY:	AM	PM	EVENING
SUNDAY:	AM	PM	EVENING

AM = 8:00AM—12:00PM
PM = 12:00PM—5:00PM
EVENING: 5:00PM—9:00PM

OFFICE USE ONLY

Entered in Google Database _____ Date: _____
 Entered in Achieve Database _____ Date: _____
 EC _____ CC _____ DC _____
 FAMILY LIT _____
 1 TO 1 _____
 JAIL _____
 TUTOR MATCH _____

DO YOU AGREE THAT WE MAY USE ANY MEDIA OBTAINED OF YOU DURING YOUR TIME WITH US?

YES _____
NO _____

TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS TRUE AND CORRECT.

STUDENT SIGNATURE: _____
DATE: _____

Will you be on probation? YES _____ NO _____

Name of Probation Officer: _____

FOR OFFICE USE ONLY

Services Provided:

- | | |
|---|---|
| 1 = Improve NRS level | 9 = Obtain Citizenship |
| 2 = Obtain Employment | 10 = Obtain Citizenship Skills |
| 3 = Retain Employment | 11 = Health Literacy |
| 4 = Enter Post-Secondary Education | 12 = Financial Literacy |
| 5 = Obtain GED/HSED | 13 = Job Search Skills |
| 6 = Partially Pass GED | 14 = Adult Basic Education |
| 7 = Earned a Credential (Servsafe, etc) | 15 = Creative Writing |
| 8 = Computer Skills | 16 = Workforce Certificate—Customer Service Manufacturing |