

**New Jersey Department of Labor and Workforce
Development**

Workforce Readiness & Literacy

*Intake/Registration Guidelines
for
WIA Title II, Adult Education and Family Literacy Act
Funded Grant Programs*



Date Submitted: February 16, 2007
New Jersey Department of Labor and Workforce Development

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Pre-Intake Activities

Needs Assessment

As part of your grant application to the New Jersey Department of Labor and Workforce Development, you conducted a needs assessment for your grant coverage area. This needs assessment identified the population targeted for services broken down by instructional need--adult basic education, English as a Second Language and/or English Language Civics and by geographic concentration.

Service Locations

You selected locations and hours to maximize accessibility to services by the target population. The hours are convenient, transportation is not an issue and instructional content matches the population.

Recruitment, Marketing, Community Outreach and Support Services

Relationships with partners have been established to help recruit students, transport them to service locations and provide support services. Relationships with community and faith-based partners, local businesses, the One-Stop Career Center, and welfare case managers have been established and in some cases formalized through Memoranda of Understanding.

Orientation

Individuals interested in literacy services should have an opportunity to attend formal and regularly scheduled orientation events in their community. You can determine the length and content of the orientation session, but certain essential elements should be included.

Key Point

The time a potential student spends on Orientation activities can not be counted as instructional time or used towards the 12 hour threshold required to be counted as an enrollee in NRS.

1. **Introduction to adult education**

Introduction to adult education—Adult education is instructional and related support services for adults who are not enrolled in secondary school; who lack the educational foundation expected of a high school graduate; and whose inability to speak, read, and/or write the English language effectively impairs their ability to function on the job, in their family, and/or in society. To achieve their goals and develop their knowledge and potential, they are in need of programs to help raise their level of education and self-sufficiency. Potential students should be informed that they must make a commitment to themselves and the program in order to achieve their adult education goals.

2. **Success stories**

Success Stories—Although you may tell potential students about your many successes, the most effective presentation would be to hear personal success stories told by former students. Bring in former students who have improved their English language skills, achieved their high school diploma or found new or improved employment. Success stories will convey to potential students that they too can achieve their literacy related goals.

3. **Mini lessons and introduction to instructional technology**

Mini lessons and introduction to instructional technology—Potential students need to know that they can succeed and that your program has the tools to help them. Giving potential students a mini lesson based on contextual learning principles as promoted by Equipped for the Future would introduce students to the applicability of the instructional content in their lives. Showcasing technology will also help students see the advantages of participation in a structured learning environment driven by evidence-based learning tools.

4. **Description of services offered, hours and locations**

Description of services offered, hours and locations—Potential students should be informed about specific programs targeted towards their goals. Hours and locations should be highlighted. As technology becomes more widely employed as an instructional aid in adult education, potential students should be aware that traditional instruction can be supplemented by accessing instructional content through the Internet, at home or at other community sites with extended hours such as libraries and community centers.

Key Point

Adding a Distance Learning component to your program may allow motivated individuals, who couldn't otherwise participate in adult education programs because of time or transportation issues, the ability to participate in programs on their own terms.

5. **Where applicable, discussion of waiting lists, program start and end dates, rolling recruitment/enrollments, open enrollment**

Where applicable, discussion of waiting lists, program start and end dates, rolling recruitment/enrollments, open enrollment—The simple act of showing up for an orientation demonstrates that the potential student is motivated. Your job is to facilitate entry into the program that meets the student's need. Your program needs to be flexible and if there are issues that prevent immediate entry into an appropriate program, you may want to consider finding temporary alternatives until entry into the ideal program is possible. Referral relationships should be in place to ensure that each potential student receives help with their literacy and work-directed needs regardless of whether there is a current opening in your program.

6. **Brief overview of enrollment process, expectations, attendance**

Brief overview of enrollment process, expectations, attendance—Potential students need to know who is eligible for the programs, how many hours a week they will be asked to participate, what the attendance policy is to remain in good standing, how their educational functioning level will be determined, how to set a realistic goal for participation and housekeeping items. The Department of Labor and Workforce Development requires that your attendance policy contain a statement that participants engage in program activities for a minimum of two hours a week to remain in good standing.

Key Point

A student should be referred to as a participant until 12 hours of participation in instructional services is achieved. After 12 hours, the student should be referred to as an enrollee.

7. **Support services available including child care, transportation, and One-Stop Career Center services such as job counseling, vocational training and vocational rehabilitation services**

Support services available including child care, transportation, and One-Stop Career Center services such as job counseling, vocational training and vocational rehabilitation services—Part of the orientation process should focus on overcoming barriers to participation and providing an overview of the network of services available through the One-Stop Career Center system.

8. Student Registration Form

Student Registration Form—At this point in the orientation, those attendees interested in participating in your program should be given a student registration form to complete. In the example below, potential students would be asked to complete Section 1 and up to number 12 in Section 2. Staff should walk around and assist individuals with completing the form.

The Student Registration Form should contain the following essential elements to ensure that the potential student is eligible, to meet the data demands of the NRS and to provide a critical second means of contact to the student after exit through the emergency contact information (see a sample form in the Appendix):

Section 1—Student Data (General Information)

1. Date form is completed
2. Social Security Number (required for data matching purposes)
3. First Name, Last Name, Middle Initial
4. Street Address, Apartment Number, Town, State, Zip Code
5. Home, Work and Cell Phone
6. Age and DOB
7. Place of Birth
8. E-mail address
9. Emergency contact information
10. Medical conditions or allergies relevant to participation

Section 2—Student Demographic Data

1. Gender (Male or Female)
2. Ethnic Background (choose one: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White)
3. U.S. Citizen (Yes or No If no, F-1 Visa? Yes or No)
4. U.S. Veteran (Yes or No)
5. Registered to vote (Yes or No)
6. Special Accommodations for a learning, ADD, ADHD or physical disability (Yes or No)
- 7a. Driver's license (Yes or No)
- 7b. Library card (Yes or No)
- 7c. Reliable transportation (Yes or No)
- 7d. Reliable child care (Yes, No or N/A)
8. Highest grade level achieved (Last full grade completed____, high school/GED or equivalent in country of origin, post-secondary certificate, attended college, graduated from college, other)
9. Number of children under 18 living in same household
10. Single custodial parent (Yes or No)
11. Public assistance (Check all that apply: TANF, Food Stamps, General Assistance)

12. Employment status (choose one: Employed full-time, Employed part-time, Not employed-looking for a job, Not employed-not looking for a job, retired)
13. Participation goal * (Check one: Improve basic skills, Improve English language skills, obtain a job, retain a job, Earn a GED or high school diploma, enter post-secondary education)
14. Secondary goal for participation * (if applicable check one: Improve basic skills, Improve English language skills, obtain a job, retain a job, Earn a GED or high school diploma, enter post-secondary education, decrease public assistance received, obtain citizenship skills, register to vote for the first time, other)
15. Family Literacy goals * (if applicable: Increase involvement in children's school work, increase involvement in children's literacy activities)
16. ESL program participant information (Date you entered the country, Do you plan to stay in the US, Native Language, Have You Studied English before, what skills to you want to improve—speaking, writing, reading, listening, culture, US citizenship preparation—Yes or No for each)
17. Workplace Literacy information (Employer name, type of company, job title)

*Goals should be set in consultation with counseling, instructional or qualified intake staff.

Section 3—For Office Use Only

1. Staff person facilitating enrollment
2. Ineligible (check reason: F-1 Visa, Under Age 16, Over Age 60, other (describe))
3. Learning Disability Suspected or Self-Disclosed/Special Accommodations (Y or N)
4. Class assignment
5. Date information entered into MIS system
6. Student Status (indicate all that apply: disabled, displaced homemaker, migrant farm worker, rural resident, dislocated worker, homeless)
7. Type of program where student is placed (indicate all that apply: Workplace Literacy, Institutionalized settings, jail, homeless program, distance learning, career readiness, family literacy, corrections facility, community corrections, EL/Civics)
8. Initial Placement Level (Beginning ABE Literacy, Beginning Basic Education, Low Intermediate, High Intermediate, Low Adult Secondary, High Adult Secondary, Beginning ESL Literacy, Low Beginning ESL, High Beginning ESL, Low Intermediate ESL, High Intermediate ESL, Advanced ESL)
9. L-6 and Release of Information forms signed and on file (check box)

Key Point

Students under the age of 18 must have the signature of a parent or guardian to participate. Students between the ages of 16 and 21 must present a certificate of non-enrollment signed by the principal or superintendent of the local school district and the parent or guardian if under 18.

Section 4—Agreement/Signature

1. Students must agree to abide by the participation policies established by the program. The student registration form must contain a student signature that states that a copy of the participation policies has been given to the student and that the student agrees to abide by those policies. At a minimum, the participation policies should include the attendance policy. (signature box with date)
2. A completed registration should include the signed student registration form, L-6 Authorization for Disclosure of GED Documents and Information, Release of Information Form, and Certificate of Non-enrollment, when applicable.

9. Initial goal-setting instructions

Initial goal-setting instructions—Potential students need to be realistic in setting their participation goals. Vocalized goals expected to take more than one-year to achieve should be broken down into short-term achievable (1 year or less) and long-term goals. Information and staff assistance should be provided to help the potential students complete the remainder of Section 2 on the student registration form. More information on goal-setting can be found in the New Jersey WIA Title II Goal-Setting Policy (www.wnjp.in.net).

10. Participation Agreement/Completion of L-6 Authorization for Disclosure of GED Documents and Information/Release of Information Form/Certificate of Non-Enrollment (16-21 Year Old Participants Only)

Participation Agreement/Completion of L-6 Authorization for Disclosure of GED Documents and Information/Release of Information Form/Certificate of Non-Enrollment (16-21 Year Old Participants Only)—The student registration form should contain a sign-off for the potential student that they have read and agree to your program’s participation policies including the policy on attendance. Signed copies of the student registration form, L-6, Release of Information Form, and when appropriate, because of the age of the student, Certificate of Non-enrollment must be presented for participation in a New Jersey WIA Title II grant program.

11. Learning Disability Screening

A learning disabilities screening questionnaire should be administered to every potential student at this point in the orientation. By requiring all potential students to be screened for learning disabilities, you avoid the need for a separate consent to screening form and you can identify individuals with suspected learning disabilities for a diagnosis or at a minimum for instructional planning purposes. If you selectively recommend someone for screening tests such as for vision or hearing, you must obtain a signed Special Needs Screening Consent and Waiver Form.

The State of Washington has developed a short learning disabilities screening tool which can be used or serve as a guide for developing your own tool.

Section A	
1. Did you have any problems learning in middle school or junior high school?	__ Yes __ No
2. Do any family members have learning problems?	__ Yes __ No
3. Do you have difficulty working with numbers in columns?	__ Yes __ No
4. Do you have trouble judging distances?	__ Yes __ No
5. Do you have problems working from a test booklet to an answer sheet?	__ Yes __ No
Count the number of "Yeses" for Section A X 1 =	
Section B	
6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?	__ Yes __ No
7. Did you have any problems learning in elementary school?	__ Yes __ No
Count the number of "Yeses" for Section B X 2 =	
Section C	
8. Do you have difficulty remembering how to spell simple words you know?	__ Yes __ No
9. Do you have difficulty filling out forms?	__ Yes __ No
10. Did you (or do you) experience difficulty memorizing numbers?	
Count the number of "Yeses" for Section C X 3 =	
Section D	
11. Do you have trouble adding and subtracting small numbers in your head?	__ Yes __ No
12. Do you have difficulty or experience problems taking notes?	__ Yes __ No
13. Were you ever in a special program or given extra help in school?	__ Yes __ No
Count the number of "Yeses" for Section D X 4 =	
Total "Yeses" multiplied by factor indicated for A, B, C, D	
See below for directions and scoring.	
14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so, by whom and when?	
The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.	

LEARNING NEEDS SCREENING DIRECTIONS

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal.
For example, multiply the number of "Yeses" obtained in Section C by 3.
5. Record the number obtained for each section after the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from Sections A, B, C, and D.

If the Total from Sections A, B, C, and D is 12 or more, refer for further assessment.

Key Point

Screening for learning disabilities may play a role in the orientation process, but screening tests should not be confused with diagnostic tools administered by trained professionals. Screening may suggest that an individual has a learning disability at which time a recommendation may be made to refer that individual for a formal learning disability assessment. In the event that a learning disability is suggested by screening, but a formal diagnosis has not been obtained, instruction should be delivered in an evidence-based learning style more effective for individuals with the suggested disability. Make sure that if the learning disabilities screening is only selectively administered, a Special Needs Screening Consent and Waiver Form is completed.

12. Locator/initial appraisal assessment

Locator/initial appraisal assessment—The full test battery may not be appropriate during the orientation because of time constraints and the lack of a formal commitment or acceptance into a program, but some idea of the educational functioning level of the potential student is helpful in the preliminary determination of placement. Programs should administer the locator or minimally other informal assessment for the purpose of determining the student's adult basic education estimated skill level and the appropriate diagnostic testing level for the entering student. For ESL students, however, you can quickly administer a full assessment. Administering the Best Plus test for example, may take no more than 20 minutes to complete by a certified test administrator.

Other Optional Orientation Activities/Topics

Other optional orientation topics can include providing information on GED Testing, talking about learning styles and giving a learning style inventory/questionnaire, aptitude tests, vision/hearing screening, listening skills strategies, diagnostic assessments, study/test taking strategies, time management techniques, and so on.

Learning style inventory/questionnaire —A short questionnaire can be administered in as little as ten minutes to determine a potential student’s learning style. Once the student and the instructor are aware of what learning style works best for the student, strategies for compensating for or taking advantage of learning style preferences can be introduced. The *Index of Learning Styles Questionnaire* found on the North Carolina State University website (<http://www.engr.ncsu.edu/learningstyles/ilsweb.html>) is an example of an easy to use questionnaire with results interpretation and learning strategies.

Key Point

You must maintain a physical file on-site for each student accepted into your program containing, at a minimum, the completed student registration form, release and consent forms, testing results, screening results, educational plan and special needs form. An electronic file containing this information or reference to the completion of this information must also be maintained. Records should be kept on all students, regardless of whether they met the 12 hour minimum participation requirement to be considered an enrollee, for at least three years after the end of the program year during which they exited.

Special Needs Participants

During the registration process, some potential students will be suspected of having a learning disability. The results of the learning disabilities screening and/or self-disclosure are the initial step in gathering information. Your program should have a well-documented and consistently applied procedure for addressing students with diagnosed or suspected learning disabilities.

Anything beyond the initial, universally administered learning disabilities screening tool, will require the consent of the student and if under the age of eighteen, his or her parent/guardian. Two levels of consent are generally required—the **Special Needs Screening Consent and Waiver Form** asks the student to consent to or decline the screening and if consent is given that the screening results will be shared for the purpose of instructional planning. The **Special Needs Referral Consent and Waiver Form** asks the student to accept or decline a referral for hearing, vision or learning diagnosis and the sharing of information for the purpose of instructional planning.

The Learning Disabilities Association of America working with the Academy for Educational Development and the National Institute for Literacy provides characteristics which tend to be displayed in varying degrees by individuals with learning disabilities as a guide for the non-expert. While teachers and counselors may be neither prepared nor qualified to diagnose a learning disability, observing for the following may prove valuable in helping a learning disabled individual achieve his or her goals.

- Does the individual show unexpected underachievement, but demonstrates evidence of at least average ability in some intellectual or social areas?

- Does the individual display signs of poor vision or hearing? Or, are you observing the effects of auditory or visual processing deficits?
- In terms of academic performance, is the individual having problems in the following areas: Reading (oral and silent), Expressive Language (writing, spelling, handwriting), Math?
- Are you observing behaviors/psychological manifestations that can interfere with the learning process?

The teacher or counselor is advised to think through the answer to these questions by exploring three broad areas of learning-related problems—Vision/Hearing and or Auditory/Visual Processing Problems, Academic Performance, and Behaviors/Psychological Manifestations. More can be found at www.ldaamerica.org/aboutld/professionals/screening.asp.

Students with suspected or diagnosed learning disabilities or other special learning needs such as vision or hearing problems need to have that need documented through the completion of a Special Needs form. The appropriate consent form should be signed by the student prior to any actions related to the suspected disability beyond the initial universally administered screening.

Special Needs Form

The essential elements of the Special Needs Form are as follows:

Screening

Screening	Offered	Conducted	Refused	Date
Learning Disability	Yes or No	Yes or No	Yes or No	Date
Hearing	Yes or No	Yes or No	Yes or No	Date
Vision	Yes or No	Yes or No	Yes or No	Date

Learning Disability Instrument Given (Name)

Screening results indicate possible Learning Disability (Yes or No)

Consent Form Signed (Yes or No)

Release of Information Form Signed (Yes or No)

Educational Accommodations For Diagnosed Student Only (Name)

Examples of educational accommodations available include: colored overlays, ear plugs, graph paper for math, large print, magnifying strip, seating near natural light, straight edge, audio versions of written material, Braille, extended time, private room, scribe, supervised frequent breaks, talking calculator, JAWS, Zoomtext and/or oversized PC monitor.

Referral and Diagnosis

Information about assessment of:	Offered	Given	Refused	Date
Learning Disability	Yes or No	Yes or No	Yes or No	Date
Hearing	Yes or No	Yes or No	Yes or No	Date
Vision	Yes or No	Yes or No	Yes or No	Date

Results of referral/diagnostic evaluation:

No evidence of learning disability, hearing or vision problem (check box)

Specific learning disability (Reading, Math, Written/expressive, receptive/expressive language, phonological, not specified)

Hearing Problem (hearing aids recommended or received)

Vision Problems (glasses or contacts recommended or received)

Directions for Completing the Special Needs Form

Screening—If you wish to screen a student beyond the initial, universally administered learning disabilities screening tool, then a Special Needs Screening Consent and Waiver Form needs to be completed, signed by the student and by a staff witness. The form should contain check boxes indicating that the student agrees to or declines to be learning disability tested, vision tested and/or hearing tested.

- Mark if screening for learning disabilities was offered, conducted, or refused. Indicate the date it was conducted or refused.
- Mark if screening for hearing or vision was offered, conducted, or refused. Indicate the date the screening was conducted or refused.
- Indicate which screening was administered.
- If your program does not screen all students, then a Special Needs Screening Consent and Waiver Form signed by the student is needed.
- If a student refuses screening, the Special Needs Screening Consent and Waiver Form should be filled out and signed indicating the refusal. The waiver may be rescinded at any time by completing a new Special Needs Screening Consent and Waiver Form. Retain all documents old and new in the student's file.

Information Release

- The Special Needs Screening Consent and Waiver Form and Release of Information Form are not interchangeable; both must be completed in the case of the special needs student.

Referral and Diagnosis

- For students with a documented learning disability diagnosis only, check the accommodation required for this student. Note that teachers may make accommodations for any student having difficulty learning absent a formal diagnosis. On the Special Needs Form, only mark accommodations that result from a documented diagnosis.
- Mark if information about being assessed for a learning disability was offered, given, or refused. Indicate the date it was offered, given, or refused.

- If a student refuses an evaluation, information or referral regarding the diagnosed or suspected learning disability, the Special Needs Referral Consent and Waiver Form should be filled out and signed indicating the refusal. The waiver may be rescinded at any time by completing a new Special Needs Referral Consent and Waiver Form. Retain all documents old and new in the student's file.
- Mark if information about being assessed for a hearing problem was offered, given or refused. Indicate the date the information was offered, given or refused. Students must sign a Special Needs Referral Consent and Waiver Form if they refused.
- Mark if information about being assessed for a vision problem was offered, given or refused. Indicate the date the information was offered, given or refused. Students must sign a Special Needs Referral Consent and Waiver Form if they refused.
- If it has been determined that a learning disability diagnosis is necessary based on goals and objectives the student may have, and the student received a diagnostic evaluation, indicate the results of the diagnostic evaluation.

Key Point

If your program has the resources on staff or access to resources that can offer a clinical diagnosis by a trained clinician/psychologist, then you should refer students suspected of having a learning disability to them for assessment. Incorporate relevant information, such as adaptations/accommodations that might be recommended, other health issues that might interfere with the student's learning or key information from a diagnostic evaluation that might be useful to track into the individualized education plan.

Appendix--Forms

All Students

Student Registration Form – primary intake form

L-6 Authorization for Disclosure of GED Documents and Information—required for the release of GED test score results from the New Jersey Department of Education.

Release of Information Form—Required to allow the sharing of student information with the New Jersey Department of Labor and Workforce Development and consortium lead agencies for the limited purpose of complying with state and federal audit and program evaluation requirements.

Students 16-21 Years Old

Certificate of Non-Enrollment-Potential students between the ages of 16 and 21 must present documentation from the superintendent of the relevant school district or principal of the last school attended that the student is no longer enrolled in order to be eligible for WIA Title II funded services.

Special Needs Students

Special Needs Form—Staff completed form to document screening, referral and accommodations for the special needs student.

Special Needs Screening Consent and Waiver Form—Asks the student to accept or decline a screening for hearing, vision or learning disabilities and to consent to the sharing of information and results for the purpose of instructional planning.

Special Needs Referral Consent and Waiver Form—Asks the student to accept or decline a referral for hearing, vision or learning diagnosis and to consent to the sharing of information and results for the purpose of instructional planning.

STUDENT REGISTRATION FORM

Date form is completed: _____

Social Security #: _____ - _____ - _____

Name: _____
Last
First
MI
Maiden or other former name

Address: _____ Apt.#: _____ Telephone: Home: (____) _____ - _____

City: _____ State: _____ Zip: _____ County: _____ Work: (____) _____ - _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Cell: (____) _____ - _____
Month
Day
Year
City
State
Country

E-mail: _____

Emergency information: Contact person: _____ Phone: _____ Allergies or conditions we should know about: _____

Fill in the correct circle for each question.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>2. Ethnic background: MARK ONLY ONE.
 <input type="radio"/> American Indian or Alaska Native
 <input type="radio"/> Asian
 <input type="radio"/> Black or African American
 <input type="radio"/> Hispanic or Latino
 <input type="radio"/> Native Hawaiian or Other Pacific Islander
 <input type="radio"/> White</p> <p>3. Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No
 If no, do you have an F-1 Visa? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Are you a U.S. veteran? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Are you registered to vote? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Do you need special accommodations for a learning, ADD, ADHD, or physical disability?
 <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Do you have:
 a driver's license? <input type="radio"/> Yes <input type="radio"/> No
 a library card? <input type="radio"/> Yes <input type="radio"/> No
 reliable transportation? <input type="radio"/> Yes <input type="radio"/> No
 reliable child care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> | <p>8. Highest grade level achieved:
 <input type="radio"/> Last full grade completed _____
 <input type="radio"/> High school diploma/GED or equivalent
 <input type="radio"/> Post-secondary certificate
 <input type="radio"/> Attended college
 <input type="radio"/> Graduated from college
 <input type="radio"/> other _____</p> <p>9. Number of children under 18 living in your home: _____</p> <p>10. Are you a single custodial parent? <input type="radio"/> Yes <input type="radio"/> No</p> <p>11. Do you receive public assistance? <input type="radio"/> Yes <input type="radio"/> No
 If yes, mark all types that apply:
 <input type="radio"/> TANF
 <input type="radio"/> Food stamps only
 <input type="radio"/> Subsidized housing
 <input type="radio"/> Medicaid #: _____
 <input type="radio"/> Other (Specify: _____)</p> <p>12. Employment Status: MARK ONLY ONE.
 <input type="radio"/> Employed, full-time
 <input type="radio"/> Employed, part-time
 <input type="radio"/> Not employed, but looking for a job
 <input type="radio"/> Not employed, not looking for a job
 <input type="radio"/> Retired</p> | <p>13. What is your <u>primary</u> goal for coming to this program? MARK ONLY ONE.
 <input type="radio"/> To improve basic skills
 <input type="radio"/> To improve English language skills (ESOL)
 <input type="radio"/> To obtain a job
 <input type="radio"/> To retain current job
 <input type="radio"/> To earn GED or secondary school diploma
 <input type="radio"/> To enter postsecondary education or training</p> <p>14. (Optional) What is your secondary goal for coming to this program? MARK ONLY ONE.
 <input type="radio"/> To improve basic skills
 <input type="radio"/> To improve English language skills (ESOL)
 <input type="radio"/> To obtain a job
 <input type="radio"/> To retain current job
 <input type="radio"/> To earn GED or secondary school diploma
 <input type="radio"/> To enter postsecondary education or training
 <input type="radio"/> To decrease public assistance received
 <input type="radio"/> To obtain citizenship skills
 <input type="radio"/> To register to vote or to vote for the first time
 <input type="radio"/> Other (Specify: _____)</p> <p>15. Family Literacy goals
 (for students in Family Literacy programs only)
 <input type="radio"/> To increase involvement in children's education (relates to school activities)
 <input type="radio"/> To increase involvement in children's literacy-related activities</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

STUDENT REGISTRATION FORM

16. ESL Participants Only

Date you entered the country _____
 Do you plan to stay in the U.S.? Yes No
 Native Language _____
 Have You Studied English Before? Yes No
 What skills do you want to improve?
 speaking
 writing
 reading
 listening
 culture
 U.S. Citizenship Preparation

17. Workplace literacy information:

Name of employer _____
 Type of company _____
 (e.g. manufacturing)
 Job title _____

For Office Use Only

Staff person facilitating registration _____

Ineligible (check reason) L-6 and Release of Information form signed and on file
 F-1 Visa Yes No
 Under age 16
 Over age 60
 other _____

Learning disability self-disclosed or suspected from screening Yes No

Special accommodations? Yes No
 If yes complete a Special Needs Form

Class assignment _____

Date information entered into MIS system _____

Student status (check all that apply) Type of program where student is placed
 Disabled Workplace literacy
 Displaced homemaker Institutionalized settings
 Migrant farm worker Jail
 Rural resident Homeless program
 Dislocated worker Distance learning
 Homeless Career readiness

Initial placement level (EFL) Family literacy
 Corrections facility
 Community corrections
 EL/Civics

Beg ABE Lit	High Inter	Beg ESL Lit	Low Inter ESL
Beg Basic Ed	Low ASE	Low Beg ESL	High Inter ESL
Low Inter	High ASE	High Beg ESL	Adv ESL

I have received a copy of the participation policies and agree to abide by those policies. I understand that a commitment of my time is necessary to achieve my goals. I will abide by the attendance policy and other policies in order to stay in good standing.

Student _____ Date _____

Parent/Guardian _____ Date _____
 (If under 18)

L-6 Authorization for Disclosure of GED Documents and Information

GED Testing Service
of The American Council on Education
One Dupont Circle, NW Suite 250
Washington, DC 20036-1163
(202) 939-9490 (202) 659-8875 FAX

I (We) hereby authorize the GED Testing Service and the applicable GED user jurisdiction (collectively the "GED Testing Program") to provide copies of the documents, information, and/or records identified below to the following third party:

At the following address:

The specific information, documents, and/or records that I am authorizing the GED Testing Program to release are: (Please indicate the particular test and specific test date(s) for which materials are being requested.)

In requesting and authorizing disclosure of these documents, information, and/or records, I hereby agree to the following:

1. I understand and acknowledge the GED Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the GED Testing Program's policies for disclosing information to third parties.
2. I hereby release the GED Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until such time as the GED Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the GED Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the GED Testing Program prior to its receipt of the written withdrawal notice and to any actions of the third party.
4. I understand that, subject to its independent determination, the GED Testing Program will disclose the of an additional request from me, the GED Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Signature of Candidate: _____ Date: mm/dd/yyyy

Candidate's SSN/SIN: __ - __ - __

Signature of Candidate's Parent or Guardian
(if candidate is under 18 years of age) _____ Date: mm/dd/yyyy

Release of Information Form

I (print name) _____, authorize the (*name of agency*) to release my educational records, which include my name, social security number, student ID number, address and date of birth, to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton, NJ and to the (*consortium lead agency*) which is our partner with the Department of Labor and Workforce Development for the administration of our educational programs.

I understand that the use of my records is limited to and in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of the federal legal requirements related to the WIA Title II grant program.

My signature is an acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

Signature (Parent/Guardian if under 18)

Date

Social Security Number * _____

*SSN is used for data matching purposes only.

SPECIAL NEEDS FORM

Name _____
Last
First
M.I.
Maiden or other former name

Social Security # _____ Site: _____ Instructor: _____

SCREENING				
Screening:	Offered	Conducted	Refused	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Learning disability instrument given: (name)

Screening results indicate probability of LD: Yes No

Student signed the Special Needs Screening Consent and Waiver form Yes No

INFORMATION RELEASED TO OTHER AGENCIES

Make sure that the Special Needs Consent and Waiver forms are signed before conducting screening or making referrals for special needs.

EDUCATIONAL ACCOMMODATIONS
(FOR DIAGNOSED STUDENTS ONLY)

Accommodations provided:

<input type="checkbox"/> Colored overlays	<input type="checkbox"/> Audiocassette
<input type="checkbox"/> Ear plugs	<input type="checkbox"/> Braille
<input type="checkbox"/> Graph paper for math	<input type="checkbox"/> Extended time
<input type="checkbox"/> Large print	<input type="checkbox"/> Private room
<input type="checkbox"/> Magnifying strip	<input type="checkbox"/> Scribe
<input type="checkbox"/> Seating near natural light	<input type="checkbox"/> Supervised frequent breaks
<input type="checkbox"/> Straight edge	<input type="checkbox"/> Talking calculator
<input type="checkbox"/> Other: _____	

REFERRAL AND DIAGNOSIS				
Information about assessment of:	Offered	Given	Refused ⁵	Date
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Results of referral/diagnostic evaluation:

No evidence of learning disability, hearing, or vision problem

Specific learning disability

<input type="checkbox"/> Reading	<input type="checkbox"/> Receptive/expressive language
<input type="checkbox"/> Math	<input type="checkbox"/> Phonological
<input type="checkbox"/> Written expressive	<input type="checkbox"/> Not otherwise specified

Hearing problem

Hearing aids	<input type="checkbox"/> recommended	<input type="checkbox"/> received
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Vision problem

Glasses or contacts	<input type="checkbox"/> recommended	<input type="checkbox"/> received
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Student signed the Special Needs Referral Consent and Waiver form Yes No

COMMENT S/ADDITIONAL INFORMATION

(include any diagnosis, not listed above, for which an accommodation was provided)

SPECIAL NEEDS SCREENING CONSENT AND WAIVER FORM

Please complete the appropriate section(s) below:

I, (print name) _____,

agree **or** decline to be administered the (print name of instrument)

_____ to determine the probability of a learning disability

agree **or** decline to be administered the (print name of instrument)

_____ to determine the probability of ADD or ADHD

agree **or** decline to be administered a vision and/or hearing screening to provide information about visual and/or auditory functions and processing

If I agree to screening (s), it (they) will take place on or about (date) _____
at (program name) _____.

Results of the screening will be used for instructional planning purposes by your teachers and counselors in order to help you achieve your educational goals.

Signature of Student (Parent/guardian if under 18)

Date

Signature of Program Representative

Date

Special Needs Referral Waiver And Consent Form

I, (print name) _____,

- agree **or** decline information about sources for hearing screening
- agree **or** decline information about sources for vision screening
- agree **or** decline information about sources for learning diagnosis

Signature of Student (Parent/guardian if under 18)

Date

I authorize (name of agency) to share screening and assessment results with the following individuals/agencies for the purpose of instructional planning.

Agency/Individual _____

Agency/Individual _____

Signature of Student (Parent/guardian if under 18)

Date

Signature of Program Representative

Date

***Students under the age of 18 must have this consent form signed by the student's parent or guardian.**

