Lanier Technical College
FY2015 Intake Assessment Form
Completion of this form is required for all adult learners in all programs. Required data is in bold with an asterisk (*). Please print legibly. All signatures should be in ink.

**Entry Educational Functioning Level:**

<table>
<thead>
<tr>
<th>Class site:</th>
<th>Date</th>
<th>Subject</th>
<th>Form</th>
<th>Level</th>
<th>SS</th>
<th>GE</th>
<th>EFL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pretest box: TABE, CLAS, E, BEST Literacy

Hard copies of all assessment records must be maintained in the student permanent record.

**STUDENT DATA**

Today's Date: _____________________

Social Security Number: __________ - ______ - ________

*Date of Birth: ________/_______/_______ Age: _______

**Name:**

Last: _____________________
First: _____________________
Middle/Former Name: __________
Suffix: _____________________

*Hispanic/Latino:

No, not Hispanic/Latino
Yes, Hispanic/Latino

**Gender:**

Male
Female

Race:

American Indian or Alaska Native
Asian
Black or African-American
Native Hawaiian or Other Pacific Islander
White

*Highest Degree or Level of School Completed:

No Schooling
1st grade
2nd grade
3rd grade
4th grade
5th grade
6th grade
7th grade
8th grade
GED

10th grade
11th grade
12th grade (no diploma)
High School Diploma

Some College, no degree
Associate's degree
Bachelor's degree
Master's degree
Specialist's degree
Doctorate or Professional degree
Unknown

*Where was this Degree or Level of School Completed?* U.S. Based Schooling
Non-U.S. Based Schooling

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 (if applicable):

Technical College Cert./Dip./Deg. program
Compass/Asset Review
WIA/Economic Development/WorkKeys
Georgia High School Graduation Test
Other __________________________

I-BEST Accel. Op. (IBESTA)
I-BEST ACE (IBESTM)
I-BEST TAACCT (IBESTT) Banner ID

**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/Former Name: __________

Phone 1: (______)_______ Phone 2: (______)_______ Relationship: _____________________
**STUDENT STATUS and SPECIAL POPULATIONS**

*Labor Force Status:*
- [ ] Employed
- [ ] Unemployed and looking for work
- [ ] Not working and not looking for work (e.g. homemaker, retiree, student, etc.)

*Receiving Public Assistance (TANF, Food Stamps):*  
- [ ] Yes
- [ ] No

*Special Populations:*
- [ ] Low Income
- [ ] Displaced Homemaker
- [ ] Single Parent
- [ ] Dislocated Worker
- [ ] Learning Disabled Adult
- [ ] Physically Disabled Adult
- [ ] None of the above

Language spoken at home: _____________________________  
Home Country: _____________________________

**STUDENT GOALS**

What do you want to achieve by attending the adult education program?

<table>
<thead>
<tr>
<th>Improve Basic Literacy Skills:</th>
<th>Improve English Language Skills:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Reading</td>
<td>[ ] Speaking</td>
<td>[ ] Get a job</td>
</tr>
<tr>
<td>[ ] Math</td>
<td>[ ] Listening</td>
<td>[ ] Keep my job</td>
</tr>
<tr>
<td>[ ] Writing</td>
<td>[ ] Reading</td>
<td>[ ] Get a better job</td>
</tr>
<tr>
<td>[ ] Science</td>
<td>[ ] Writing</td>
<td>[ ] Earn a GED diploma</td>
</tr>
<tr>
<td>[ ] Social Studies</td>
<td></td>
<td>[ ] Enroll in college</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Enroll in a training program</td>
</tr>
</tbody>
</table>

Please select any other goals you have.

- [ ] Achieve work-based project learning goal
- [ ] Leave public assistance program
- [ ] Increase involvement in children's education
- [ ] Increase involvement in children's literacy activities
- [ ] Increase involvement in community activities
- [ ] Vote or register to vote

- [ ] Achieve ACT WorkKeys Certificate (Georgia goal)
- [ ] Other _______________________________

**English Literacy/Civics Goals**

- [ ] Achieve citizenship skills
- [ ] Achieve U.S. citizenship (Georgia goal)

**Special Accommodations Notice**

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 your disability.

**Confidentiality Notice**

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box: [ ]

*Student's Signature (ink):* _____________________________  
*Date (ink):* ____________

**FOR PROGRAM USE ONLY:** This section is completed by the interviewer during an initial conference with the student after pre-testing is completed.

1. What is the student’s primary reason for enrolling?
2. What services will the program provide the student?
3. What are the student’s college, career, or other goals?

*Student’s Signature (ink):* _____________________________  
*Date (ink):* ____________

*Interviewer’s Signature (ink):* _____________________________  
*Date (ink):* ____________