

NYS INDIVIDUAL STUDENT RECORD FORM (REV 8/2016)

1. First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: (Required) Original Program Start Date: (Required)

Address: _____ City: _____ State: Zip:

Home Phone: - Mobile Phone: -

e-mail: _____

Emergency Contact: - Name/Relationship of Contact: _____

2. Social Security #: -
OR Work Visa #: -

OR: Student was asked for SS# and/or WV# and cannot/will not provide. _____ (initial of intake staff)
NOTE: Data matching for Employment-related outcomes will not be available if SS# or WV# are not recorded

3. Gender (Required):
 Male Female

Choose ONE:
 Hispanic/Latino/a
 Non-Hispanic/Latino/a

- Native Hawaiian
- Native American
- Alaskan Native
- Asian
- Pacific Islander
- African American
- Afro-Caribbean
- African
- Latino/a
- White (not Latino/a)

4. Race/Ethnic Identity:
(Both sections Required)

AND Choose all that apply
(Must Choose AT LEAST ONE):

5. Employment Status (Required):
 Employed FT PT
 Unemployed & Seeking Employment
 Not Available for Employment
 Inmate

For students Employed Full- or Part-time:
Name of Employer: _____ Approx. Date of Hire:
For students Unemployed & Seeking Employment, please indicate Approx. last date of Employment:
For currently Incarcerated Students, please indicate anticipated release date:

6. Student's Individual Annual Income (Required):
 less than \$10,000
 \$10,000 to \$14,999
 \$15,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000 to \$199,999
 \$200,000 or more

Public Assistance: (If receiving)
Type(s): _____
Case #: _____
 Exhausting TANF within 2 years

7. Educational Background: (Required)
Highest Grade completed in US _____
Highest Credential in Other Countries:
 High School or Sec School Diploma Undergrad/Bachelor Master's/Graduate PhD/Doctorate
Years of Schooling in Other Countries _____
Does student already hold a Certificate from an approved DOL program? Yes No

Is the student co-enrolled in a DOL eligible Training/Certificate program? Yes No
If yes, please indicate what program/certificate: _____

CIP Code

NOTE: The list of approved Training Programs is available from the local Workforce Development Board

Is the student participating in other training leading to a recognized Post-Secondary Credential? Yes No

Check when completed: SS# Employment Detail Income Training

8. Nationality:

Country of Birth: _____ Date of US Settlement: ____/____/____
 Citizen Refugee Immigrant
 Student's Primary Language: _____

9. School-aged Children:

Is the student a parent or guardian of Children under the age of 21? Yes No
 Is the Student a Single Parent? Yes No
 If yes to either question above, enter the number of children at each level and the name of the school:

PreSchool	#	Name of School:
Elementary	#	Name of School:
JHS	#	Name of School:
HS	#	Name of School:

10. Population Categories

I Am..../ Student is...

- | | | |
|--|--|---|
| Y N | Y N | Y N |
| <input type="checkbox"/> <input type="checkbox"/> A Homeless | <input type="checkbox"/> <input type="checkbox"/> I Veteran | <input type="checkbox"/> <input type="checkbox"/> Q Learning Disabled |
| <input type="checkbox"/> <input type="checkbox"/> B In Correctional Facility | <input type="checkbox"/> <input type="checkbox"/> J Dislocated Worker | <input type="checkbox"/> <input type="checkbox"/> R Runaway Youth |
| <input type="checkbox"/> <input type="checkbox"/> C Other Institutionalized | <input type="checkbox"/> <input type="checkbox"/> K Employed at 200% Poverty Level | <input type="checkbox"/> <input type="checkbox"/> U In community correct'l facility |
| <input type="checkbox"/> <input type="checkbox"/> D High School Grad. or Equiv. (US) | <input type="checkbox"/> <input type="checkbox"/> L Rural Area Resident | <input type="checkbox"/> <input type="checkbox"/> V Other: _____ |
| <input type="checkbox"/> <input type="checkbox"/> E Displaced Homemaker | <input type="checkbox"/> <input type="checkbox"/> M Low Income | <input type="checkbox"/> <input type="checkbox"/> W Non Native English Speaker |
| <input type="checkbox"/> <input type="checkbox"/> F Head of Household | <input type="checkbox"/> <input type="checkbox"/> N Migrant/Seasonal Worker | <input type="checkbox"/> <input type="checkbox"/> X Ex-Offender |
| <input type="checkbox"/> <input type="checkbox"/> G Disabled | <input type="checkbox"/> <input type="checkbox"/> O Family Literacy | <input type="checkbox"/> <input type="checkbox"/> Y Youth in Foster Care |
| <input type="checkbox"/> <input type="checkbox"/> H Enrolled in Other Edu/Training | <input type="checkbox"/> <input type="checkbox"/> P Parole | <input type="checkbox"/> <input type="checkbox"/> Z Cultural Barriers to Learning |

11. Was the student referred from a different program or provider? Yes No

If yes, please indicate the name of program/provider: _____

12. Initial Assessment Information:

Test Date	Test Name (e.g. TABE or Best Plus)	Test Type		Subscores (2 for TABE Math, 1 for TABE Read)	Scale Score	rGE	NRS Level	Test Admin
		Level	Form					

13. Initial Enrollment Information:

Class Code	Enrollment Date

14. Notes: _____

15. Other Goals:

- 10 Obtain Citizenship Skills
- 11 Reduce Public Assistance
- 12 Get Involved in Community Activities
- 13 Get involved in Child's Education
- 14 Get involved in Child's Literacy Activities
- 15 Vote or Register to Vote

Form Completed by: (Please Print)
Date: ____/____/____