Intake Form

Intake Date

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LOS A	LAMOS	□ ABE □ ASE	□ ELA/ESL	. □ NEDP □ Fa	mily Lite	eracy □ IELC	E □ Cor	rectional Faci	lity □ Other Institu	tion
Social	Security #	:				Biı	rth Date		/ day/year)	
Name:										
		Last			I	First		MI		
Home Addre		g Address / PO Bo	<i>x</i>)	City		State		Ziį	9	County
j	Phone Numi	ber						Em	ail	
		rvey Information method of contact)		□ Phone		□ Mail] Email	□ Personal Cont	act
GENDER	ETHN	NICITY AND RACE	WORI	K STATUS	LIF	E EXPERIE	NCES	EDUC	CATION AND INCOME	REASON FOR ATTENDING
□ Male		e only one:		ed (circle one)		eck all that apural Barriers	oply:	Highest Ed Completed	ucation Level	Please, select the best answer:
□ Female	-	spanic/Latino	Part-	time job time job		bled laced Homem		U.S.?	tion completed in the	☐ Improve literacy and/or math skills ☐ Learn English
Are you a single parent?	☐ Americ Alask ☐ Asian ☐ Black o Amer	rican	☐ Unemple	oyed abor Force	□ Engl □ Ex-C □ Exitityears	ish Language Offender ing TANF w/i	Learner	Do you hav disabili disabili disabili disabili	ve a record of a ty (e.g., learning ty, physical ty, or other type of ty)?	☐ Attain High School Equivalency ☐ Get career training ☐ Get a job or promotion at work
□ No		Hawaiian or Pacific Islander			☐ Hom ☐ Long Un ☐ Low ☐ Mign	g Term temployment Literacy Lever rant Farmworl	els ker	Would you reasonable any type of learning dis		☐ Assist in children's education or other activities ☐ Improve citizenship skills
Household	Income:		l	•	Seas	onal Farmwor	rker	1,		1.
(Check		□ \$0 - 1 □ \$31,041	12,880 - 35,580	\$12,8	81 – 17,4 81 – 40,1			- 21,960 - 44,660	\$21,961 - 26, \$44,661 - 49,	
		re in your hous bout this progr								
	nformation									and the local Adult Education
	Stu	dent Signature								Date

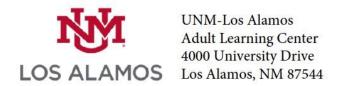


The University of New Mexico

Consent to Photograph/Video Record

I, the signed below, do hereby give The University of New Mexico and its designates the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute The University of New Mexico's property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

Participant's Name (printed)	Participant's Signature	
Email Address	Phone Number	
	Date	
(For minors, age 17 and under, parent or guardi	an signature is required)	
Parent/Guardian Name (printed)		
Parent/Guardian Signature		
Relationship to Minor	_	



FERPA

Permission to Release Student Information

I,, hereby give my permission for the UNM-Los
Alamos Adult Learning Center to release any information contained in my student records (i.e.
class attendance, progress, etc.), according to the terms of the Family Educational Rights and
Privacy Act of 1974 (Buckley Amendment), to the following person(s) and/or organizations
listed below. If I leave it blank it must be assumed that I do not want my information released to
anyone.
,
I understand that this authorization takes effect the day that I sign and never expires until I
notify the Adult Learning Center of any changes. I have the right to make changes at any time.
Signature
Date



Student Commitment Contract 2023 - 2024

We are happy you have enrolled in our program. We will do everything we can to help you.

This program is free through a grant from the United States government and the State of New Mexico. In order to keep it free, you are expected to:

(D	ate)
(S	ignature) (Printed Name)
	ave read these expectations and I understand them. I agree to them as part of entering this ogram.
	the weather is bad, call to see if classes are cancelled or delayed: Please call 1-800-894-5919 or 2-5919 for inclement weather information.
	Case of Bad Weather:
	e sincerely appreciate your cooperation!
•	Tell us and your teacher if you are going to move away or stop coming to classes. Linda Nash: Inash@unm.edu
•	Respond to surveys and class evaluations.
	vacation, etc).
•	Tell your teacher if you cannot come to class (because you are sick, going on
•	Tell us if your phone number or address changes.
•	Take a post-test (to see your progress) at the end of the school year or if you cannot come to classes anymore (because you are moving, etc).
•	Come to class (at the very least 40 hours).
•	Take a pre-test (to see your ability in your level) when you begin classes.
•	Take an assessment test (to determine your level) before you start classes.
	Initial Each:



GOAL SETTING WORKSHEET

Student Name	Date:
Email:	Phone #:
In your own words, what is your reason High School Equivalency Classes?	for taking English as a Second Language Classes or/and

	GOALS	Would Like To Do	Goal Met/Date
NRS	Enter employment (actively seeking job)		
	Retain employment (keep job)		
	Pass the GED/ HiSet		
	Place in post-secondary education		
Personal	Read/write your name and address		
	Read signs		
	Read labels/instructions		
	Read/write personal letters		
	Read and write shopping lists		
	Read bus schedules		
	Ordering Food in restaurants		
	Setting online accounts		
	Read health information		
	Fill out forms		
	Incorporate Digital Literacy into everyday life		
	Use a dictionary		
	Read for enjoyment		
	Research information		
	Other personal goals		
Work	Improve employment		
	Fill out a job application		
	Open a business		
	Find out about jobs		
	Write reports		
	Take meeting notes		
Education	Attend training program		
	Take classes		
Children	Help children with homework		
	Read/write notes to/from school		
	Take part in school meetings		
Community	Register to vote		
-	Apply for citizenship		
	Obtain citizenship skills	1	
	Read leases/contracts	 	
	Apply for a library card		
	Do volunteer work		
	Take the driving test		