



## Intake Form

Program Enrollment Type:

☐ ABE/HSE ☐ ELA/ESL ☐ IET/Workforce ☐ NEDP ☐ Family Literacy ☐ IELCE ☐ Other

Intake Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation  
DRC Locator  
Leveled  
LACES  
Class AM PM  
FERPA

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Home Address: \_\_\_\_\_  
(Mailing Address / PO Box) City State Zip

Mobile Phone Number		Alternate Phone Number		Email	
Follow-Up Survey Information (select preferred method of contact)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
GENDER	ETHNICITY	RACE	LIFE EXPERIENCES	REASON FOR ATTENDING	HOUSEHOLD INCOME
<b>Choose only one:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary or Other <input type="checkbox"/> Prefer Not to Disclose  <b>WORK STATUS</b> <b>Choose only one:</b> <input type="checkbox"/> Employed (circle one) Full-time job Part-time job <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force	<b>Choose only one:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>EDUCATION AND HOUSEHOLD</b> Highest Education Level Completed on Entry: _____ Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Check all that apply:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White  Number of Minor Children in Household: Age Number 0 - 1 _____ 2 - 4 _____ 5 - 11 _____ 12 - 15 _____ 16 - 18 _____	<b>Check all that apply:</b> <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economic Disadvantage <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Exiting TANF w/in 2 years <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployment <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Seasonal Farmworker	<b>Please, select the best answer:</b> <input type="checkbox"/> Improve literacy and/or math skills <input type="checkbox"/> Learn English <input type="checkbox"/> Attain High School Equivalency <input type="checkbox"/> Get career training <input type="checkbox"/> Get a job or promotion at work <input type="checkbox"/> Assist in children's education or other activities <input type="checkbox"/> Improve citizenship skills	<b>Choose only one:</b> <input type="checkbox"/> \$0 - 15,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> >\$50,001  Number of Persons in the Home _____

Do you have a record of a disability (e.g. learning disability, physical disability, or other type of disability?) ☐ Yes ☐ No

Would you like to request a reasonable accommodation for any type of disability? ☐ Yes ☐ No

How did you hear about this program? \_\_\_\_\_

### Release of Information

All above information is self-reported and accurate. I understand the New Mexico Higher Education Department and/or the local Workforce Training program may release my information for purposes of education or employment research/reporting.

\_\_\_\_\_  
Student 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.

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Participant's Name (printed)

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Participant's Signature

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Email Address

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Phone Number

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Date

(For minors, age 17 and under, parent or guardian signature is required)

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Parent/Guardian Name (printed)

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Parent/Guardian Signature

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Relationship to Minor



UNM-Los Alamos  
Adult Learning Center  
4000 University Drive  
Los Alamos, NM 87544

## 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.

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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

## 2025 - 2026

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:**

**Initial Each:**

- Take an assessment test (to determine your level) before you start classes. \_\_\_\_\_
- Take a pre-test (to see your ability in your level) when you begin classes. \_\_\_\_\_
- Come to class (at the very least 40 hours). \_\_\_\_\_
- 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). \_\_\_\_\_
- Tell us if your phone number or address changes. \_\_\_\_\_
- Tell your teacher if you cannot come to class (because you are sick, going on vacation, etc). \_\_\_\_\_
- Respond to surveys and class evaluations. \_\_\_\_\_
- Tell us and your teacher if you are going to move away or stop coming to classes. \_\_\_\_\_

We sincerely appreciate your cooperation!

**In Case of Bad Weather:**

If the weather is bad, call to see if classes are cancelled or delayed: Please call 1-800-894-5919 or 662-5919 for inclement weather information.

I have read these expectations and I understand them. I agree to them as part of entering this program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)



## GOAL SETTING WORKSHEET

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In your own words, what is your reason for taking English as a Second Language Classes or/and High School Equivalency Classes?*

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		
	Read leases/contracts		
	Apply for a library card		
	Do volunteer work		
	Take the driving test		