



Intake Form

Intake Date

Program Enrollment Type: _____

____/____/____

LOS ALAMOS ABE ASE ELA/ESL NEDP Family Literacy IELCE Correctional Facility Other Institution

Social Security #: _____ - _____ - _____

Birth Date: ____/____/____
(month/day/year)

Name: _____
Last First MI

Home Address: _____
(Mailing Address / PO Box) City State Zip County

Phone Number

Email

Follow-Up Survey Information (select preferred method of contact)		<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Personal Contact
GENDER	ETHNICITY AND RACE	WORK STATUS	LIFE EXPERIENCES	EDUCATION AND INCOME	REASON FOR ATTENDING
<input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	1) Choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <hr/> 2) Check all that apply: <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	<input type="checkbox"/> Employed (circle one) <i>Full- time job</i> <i>Part- time job</i> <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force	3) Check all that apply: <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	Highest Education Level Completed on Entry: _____ Was education completed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your approximate total household income? (optional)	Please, select the best answer: <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

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 the local Adult Education 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.

Participant's Name (printed)

Participant's Signature

Email Address

Phone Number

Date

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

Parent/Guardian Name (printed)

Parent/Guardian Signature

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.

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:

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. _____
Linda Nash: lnash@unm.edu

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				
Education	Take meeting notes			
	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			