| First Name*: M.I Last Name*: | |
|--|---|
| Birth Date*: Original Program S | Start Date*: |
| Address: City: State: Zip: | |
| Home Phone: | |
| e-mail: Emergency | |
| Social Security #: NOTE: Data matching for Employment-related outcomes will not be a | OR: ☐ Student was asked for SS# and cannot/ will not provide |
| Gender* (Required): | Race/Ethnic Identity* (Required): |
| Male □ Female □ Non-Binary/Gender Non-Conforming Employment Status* (Required): □ Employed Full Time □ Employed Part Time □ Employed but Received Notice of Termination □ Military Separation Pending □ Unemployed & Seeking Employment □ Not Available for Employment □ Inmate | Choose ONE: Hispanic/Latino/a Non-Hispanic/Latino/a AND Choose all that apply (Must Choose AT LEAST ONE): African African African African African White (not Latino/a) |
| WIOA Co-Enrollment* (Required): (Definitions available in the ISRF Instruction Guide.) Student is currently receiving additional WIOA Services: □ Yes □ No > If Yes, which type(s)? □ Title 1 (e.g. DOL, UI) □ Title 3 (e.g. Youth Empl) □ Title 4 (e.g. ACCES-VR, TANF) Educational Background* (Required): Highest Grade completed in US Highest Grade completed in NY State? Last School Attended (If NYS)? Highest Credential Obtained: > Location Obtained: □ In US □ In Other Country > Credential Obtained: □ Sec School Diploma □ HSE Diploma □ Some Post-secondary □ Post-Sec or Prof Degree Years of Schooling in Other Countries | |
| School-aged Children: Is the student a parent or guardian of a child/children under 21? Is the Student a Single Parent? □ Yes □ No If yes to either question above, enter the number of children at ea | JHS |
| Barriers to Learning/Employment*: (Minimum of 1 Answer Required) Self-reported by student. Definitions available in the ISRF Instruction Guide. Y N Y N Homeless Unsuccessful Outcome on F US. HS Grad or Equivalent Non Native English Speaker Displaced Homemaker Ex-Offender Disabled Pout Non Native English Speaker Cultural Barriers to Learning Migrant/Seasonal Worker Long-Term Unemployed | Ad on train Ad on subway Social Media (Facebook, Instagram, Twitter) out of System Radio ad |
| □ Learning Disabled □ Exhausting TANF within 2 years □ Runaway Youth □ Single Parent □ Low Levels of Literacy □ English Language Learner Form Completed By: (Please Print): | funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including, but not limited to, social security number, assessment results and attendance, to the New York state Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or |
| Student Signature: Date: | non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information. |