

# INSTRUCTIONS & DEFINITIONS FOR THE ISRF

(rev. May 2026)

The Individual Student Record Form (ISRF) is used for collecting student information during the intake process. Each data field has a number that can be cross-referenced between these instructions and the Individual Student Record Form.

As of FY2020 the ISRF has been shortened to include ONLY the fields that NYSED requires for reporting purposes. Additional data may be collected at the agency's discretion on a separate page, but the ISRF should not be modified.

## CONTACT INFORMATION:

FIRST NAME: Required Field for ASISTS. Enter the student's first name on the line provided.

M.I. (MIDDLE INITIAL): not required, NOTE: ASISTS accepts only one letter and a period in this field.

LAST NAME: Required Field for ASISTS. Enter the student's last name on the line provided.

DATE OF BIRTH: Required Field for ASISTS, NRS, and EPE. Enter the month, day and year of the student's birth. If necessary, add leading zeros to ensure that the month and day each contain two digits; the year must always contain four digits. *For example, September 4, 1972 is coded: 09/04/1972.*

ORIGINAL PROGRAM START DATE: Required Field for ASISTS. Enter the month, day and year that the student began working with the program. If necessary, add leading zeros to ensure that the month and day each contain two digits; the year must always contain four digits. *For example, September 4, 2016 is coded: 09/04/2016.* If the student is a returning student, this field may be left blank.

ADDRESS: Required Field for ASISTS. Enter the student's address, including apartment number, city and state.  
NOTE: Currently unhoused students should indicate their last address.

HOME PHONE/MOBILE PHONE: Enter the student's area code(s) and phone number(s) in the space provided.

EMAIL: Enter the student's preferred email address in the space provided.

EMERGENCY CONTACT: Enter the phone number for the student's Emergency Contact person and indicate the name and relationship of that contact to the student.

## US WORK ELIGIBILITY:

SOCIAL SECURITY NUMBER: Enter the student's social security number in the space provided

OR

VERIFY QUESTION WAS ASKED: Place a check mark in the box to indicate that the student was asked for his/her Social Security Number or Work Visa Number and cannot or will not answer. Initial of Intake staff is also required.

GENDER: Required Field for NRS.

Check 'Male' if the student identifies as male.

Check 'Female' if the student identifies as female.

**RACE/ETHNIC IDENTITY:** Required Field for NRS.

Step 1: Check the appropriate box to indicate whether the student identifies as being of Hispanic origin or not.

Step 2: Check the check box for any/all Ethnic Identities the student identifies as:

**NATIVE HAWAIIAN:** A person who is a member of or descended from the original peoples of the Islands of Hawaii

**NATIVE AMERICAN:** A person who is a member of or descended from the original peoples of North America. This category describes American Indians

**ALASKAN NATIVE:** A person who is a member of or descended from the original peoples of North America. This category describes Eskimos and Aleuts

**ASIAN:** A person who is a member of or descended from any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This category includes, for example, people from China, India, Japan and Korea

**PACIFIC ISLANDER:** A person who is a member of or descended from any of the original peoples of the Pacific Islands. This category includes, for example, people from the Philippine Islands and Samoa.

**AFRICAN AMERICAN:** A person born in the United States who is a member of or descended from any of the original peoples of the Black racial groups of Africa, except for individuals who identify themselves as Latino/a

**AFRO-CARRIBEAN:** A person born in the Caribbean Islands who is a member of or descended from any of the original peoples of the Black racial groups of Africa, except for individuals who identify themselves as Latino/a

**AFRICAN:** A person born in Africa who is a member of or descended from any of the original peoples of the Black racial groups of Africa, except for individuals who identify themselves as Latino/a

**LATINO/A:** A person who is a member of or descended from any of the ethnic groups of Mexico, Puerto Rico, Cuba, Central or South America regardless of race

**WHITE (not Latino/a):** A person who is a member of or descended from any of the ethnic groups of Europe, North Africa or the Middle East.

**WIOA CO-ENROLLMENT:** Required field for NRS .

Check Yes or No to indicate whether or not the student is currently receiving other WIOA-funded services.

If the student's answer is "Yes", indicate which type of services by checking the appropriate Title numbers (I, III, or IV) based on the student's own description the other WIOA-funded services they are receiving.

Intake staff should write in the name(s) of the agencies or services in which the student is participating.

Examples of WIOA-Funded Services include, but are not limited to:

**Title 1 Programs:**

- ◇ Department of Labor
- ◇ Unemployment Insurance
- ◇ Dislocated Worker Assistance Programs
- ◇ American Job Centers
- ◇ Virtual Career Centers
- ◇ Apprenticeship Programs

**Title III Programs:**

- ◇ Programs funded under the Wagner-Peyser Act

**Title IV Programs:**

- ◇ Vocational Rehabilitation (ACCES VR)
- ◇ Association for the Blind & Vision Impaired
- ◇ Department of Social Services (TANF)

**EMPLOYMENT STATUS:** Required field for NRS .

Check the appropriate space based on the student's own description of his/her employment status:

**EMPLOYED:** Adults who did any work at all as paid employees; in their own business or profession, or on their own farms; or adults who worked 15 or more hours per week as unpaid workers on a farm or in a business operated by a member of the family; and adults who were not working but who had jobs or businesses from which they were temporarily absent.

FT: Employed Full-time: A person working 20 or more hours per week.

PT: Employed Part-time: A person working less than 20 hours per week.

**EMPLOYED BUT RECEIVED NOTICE OF TERMINATION or MILITARY SEPARATION IS PENDING:** Participant has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or participant is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement)

**UNEMPLOYED & SEEKING EMPLOYMENT:** Adults who were not working but are looking for a job and are available for work. This includes persons who were waiting to be called back to a job from which they had been laid off and persons waiting to report to a new job.

**NOT AVAILABLE FOR EMPLOYMENT:** Unemployed adults will not or cannot return to the workforce. (NOTE: Students with this Employment status *may* not be eligible for WIOA funding or other NYSED funding sources that follow WIOA regulations)

**INMATE:** Adults who are incarcerated at the time of entry.

**EDUCATIONAL BACKGROUND:** Required for NRS

**HIGHEST GRADE COMPLETED IN THE U.S.:** Indicate the highest grade that a student completed in a U.S. school.

**HIGHEST GRADE COMPLETED IN NYS:** Indicate the highest grade that a student completed in a New York State school.

Additional Information: Indicate which school if possible.

**HIGHEST CREDENTIAL OBTAINED:** Indicate using the checkbox whether the Highest Credential Obtained was obtained in the United States or in another country. Then Check the highest credential (check only one) received by this student . Please check the credential closest to one of the options listed on the ISRF (Secondary School Diploma, HSE Diploma, Some Post-Secondary, or Post-Secondary or Professional Degree). NOTE: A student may have multiple credentials, please indicate the single highest achievement.

**YEARS OF SCHOOLING IN OTHER COUNTRIES:** If the student did not earn an educational credential but did attend school in a country other than the United States, indicate the number of years of schooling that the student completed. If the number is greater than 12, please enter the value 12+.

**SCHOOL-AGED CHILDREN:**

**PARENT/GUARDIAN:** Is the student the parent or guardian or primary caretaker of school-aged child or children? Check the Yes or No box as it applies to this student and continue with the next section of this item.

**SINGLE PARENT:** One who is unmarried, separated, divorced or widowed and has a minor child or children for whom the parent has either custody or joint custody. Check the Yes or No box as it applies to this student and continue with the next section of this item.

Additional Information: If the answers to either of the above questions in #9 are yes:

- Enter the number of children in each school level: preschool, elementary, junior high school and high school. Note that the preschool category includes all children from infancy through kindergarten.

TRANSPORTATION/CHILD CARE/DEPENDENT CARE ASSISTANCE:

Step 1: Answer Yes or No to whether or not the student is interested in and/or may be eligible for assistance with Transportation, Child Care, or Dependent Care costs.

Step 2: Then indicate which of the Assistance Types the student is interested in/may be eligible for using the check boxes.

BARRIERS TO LEARNING/EMPLOYMENT:

Answer Yes or No to all questions. This information is self-reported by the student.

HOMELESS: Adults lacking a fixed, regular, and adequate nighttime residence or adults having a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. The term "homeless adult" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

HIGH SCHOOL GRADUATE OR EQUIVALENT: Adults who have received a regular high school diploma or an equivalency diploma (HSE), from the U.S. or one of the American territories, including Puerto Rico, Guam, US Virgin Islands, etc.

DISPLACED HOMEMAKER: participant, at program entry, has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in sec. 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station, or the service-connected (as defined in sec. 101(16) of title 38, United States Code) death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

DISABLED: Participant has any type of physical or mental disability that substantially impairs or restricts one or more major life activities including walking, seeing, hearing, speaking, working, learning. This definition includes adults who are alcohol or drug abusers, mentally retarded, hearing impaired, adults with exceptional learning disabilities and other health impairments. (Specification of disability is optional and may be described on reverse side of form.)

LOW INCOME: Participant, at program entry, is a person who:

- (a) Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received:
  - (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.);
  - (ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.);
  - (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or
  - (iv) State or local income-based public assistance.
- (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level;
- (c) Is a youth who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.);
- (d) Is a foster child on behalf of whom State or local government payments are made;

- (e) Is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement;
- (f) Is a homeless participant or a homeless child or youth or runaway youth; or
- (g) Is a youth living in a high-poverty area.

MIGRANT/SEASONAL WORKER: Participant, at program entry, is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.

LEARNING DISABLED: Participant has physical, mental, or learning disability restricting life activity.

RUNAWAY YOUTH: Participant is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family.

UNSUCCESSFUL OUTCOME ON HSE SUBTEST(S): The participant has previously taken and failed one or more parts of the HSE test and is specifically seeking assistance to pass the HSE Test.

NON NATIVE ENGLISH SPEAKER. Adults for whom English is not their first language.

JUSTICE INVOLVED (f.k.a. EX-OFFENDER): Participant, at program entry, is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.

YOUTH IN FOSTER CARE/AGED OUT OF SYSTEM: participant, at program entry, is a person who is currently in foster care or has aged out of the foster care system.

CULTURAL BARRIERS TO LEARNING: participant, at program entry, perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.

LONG TERM UNEMPLOYED: The participant has been unemployed for 27 or more consecutive weeks.

EXHAUSTING TANF WITHIN 2 YEARS: The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.

SINGLE PARENT: The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

LOW LEVELS OF LITERACY: An adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.

ENGLISH LANGUAGE LEARNER: If the participant, at program entry, is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.

WHERE DID YOU HEAR ABOUT THIS PROGRAM?:

Where did the participant learn about the program? Ask if the participant saw advertisements for adult education on busses, trains, the subway, on social media, hear about it on the radio, or see an ad on television? Ask if that advertisement was for the specific (local) program for which they are registering or a general advertisement about Adult Education (a campaign by NYSED/AEPP)? Please check any box that applies. (Data requested by the Adult Education Programs and Policy (AEPP) department at NYSED).

FORM COMPLETED BY (Please Print):

The staff person who filled out the form is to print their name at the bottom.

STUDENT SIGNATURE and DATE:

The participant should sign and date the form indicating that he/she understands the "Release of Information".  
NOTE: The "Release of information" is translated on the ISRF forms available in other languages.