NYS Individual Student Record Form (Rev 5/2026)

REMOTE INTAKE ❑

First Name*: _____ M.I. _____ **Last Name***: _____

Birth Date*: | | | | | | | | | **Original Program Start Date***: | | | | | | | | |

Address*: _____ City*: _____ State*: | | | Zip*: | | | | | |

Home Phone: | | | | - | | | | - | | | | |

Mobile Phone: | | | | - | | | | - | | | | |

e-mail: _____

Emergency Contact: | | | | - | | | | - | | | | |

Name/Relationship of Contact: _____

Social Security #: | | | | - | | | - | | | | |

OR: ❑ Student was asked for SS# and cannot/ will not provide. _____ (Intake Staff print full name)

NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.

Gender* (Required):

❑ Male ❑ Female

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

Race/Ethnic Identity* (Required):

Choose ONE:

- ❑ Hispanic/Latino/a
- ❑ Non-Hispanic/Latino/a

AND Choose **all that apply** (Must Choose AT LEAST ONE):

- ❑ Native Hawaiian
- ❑ Native American
- ❑ Alaskan Native
- ❑ Asian
- ❑ Pacific Islander
- ❑ African American
- ❑ Afro-Caribbean
- ❑ African
- ❑ Latino/a
- ❑ 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.Virtual Career Ctr, UI, Apprenticeship) ❑ Title 3 (e.g.Yth Empl) ❑ Title 4 (e.g.ACCES-VR, TANF)

Name Co-Enroll Program(s): _____

Educational Background* (Required):

Highest Grade **completed** in US _____ Highest Grade completed in NY State?_____ Last School Attended (If NYS)? _____

Student has a HS Diploma or Equiv in US or US Territory (incl. Puerto Rico, Guam, etc.) ❑ Yes ❑ No

Highest Credential Obtained: > Location Obtained: ❑ In US ❑ In Other Country (make one selection only, indicating **highest** credential obtained)

> 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? ❑ Yes ❑ No

Is the Student a Single Parent? ❑ Yes ❑ No

If yes to either question above, enter the **number** of children at each level: →

PreSchool	
Elementary	
JHS	
HS	

Barriers to Learning/Employment*: (Please answer all items Yes or No)

Self-reported by student. Definitions available in the ISRF Instruction Guide.

Y	N		Y	N	
❑	❑	Homeless	❑	❑	Justice Involved
❑	❑	Displaced Homemaker	❑	❑	Youth in Foster Care/ Aged out of System
❑	❑	Disabled	❑	❑	Cultural Barriers to Learning
❑	❑	Low Income	❑	❑	Long-Term Unemployed
❑	❑	Migrant/Seasonal Worker	❑	❑	Exhausting TANF within 2 years
❑	❑	Learning Disabled	❑	❑	Single Parent
❑	❑	Runaway Youth	❑	❑	Low Levels of Literacy
❑	❑	Unsuccessful Outcome on HSE Subtest(s)	❑	❑	English Language Learner
❑	❑	Non Native English Speaker			

Student is interested in Transportation/Child Care/ Dependent Care Assistance if available: ❑ Yes ❑ No

If yes, which? ❑ Transport ❑ Child Care ❑ Dependent Care

Where did you hear about this program?* (Required):

Was the Ad for the local prog or a NYSED/AEPP Ad? Check all that apply, minimum one answer.

State	Local	
❑	❑	Ad on bus
❑	❑	Ad on train
❑	❑	Ad on subway
❑	❑	Social Media (Facebook, Instagram, Twitter)
❑	❑	Radio ad
❑	❑	Flyer
❑	❑	Other (please specify) _____

Release of information: By participating in this state and/or federally 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 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.

Form Completed By: (Please Print): _____

Student Signature: _____

Date: | | | | | | | | |