

CONTACT INFORMATION:

	Home	Mailing	Emergency
Last Name: First Name: M. Initial:	(Name is already entered in Basic Information on page 1)	(Name is already entered in Basic Information on page 1)	
Address:			
City:			
State:			
Zip Code:			
Phone Number:		<input type="checkbox"/> Check if mailing address is same as home address	
Alternate Number:		NA	NA
Fax Number:		NA	NA
Work E-Mail:		NA	NA

EDUCATION:

Last Grade Completed in US:		Last Grade Completed in Foreign Country:	
Schooling Completed:			
<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Associate Degree (2 years beyond H.S.)		
<input type="checkbox"/> US High School Diploma	<input type="checkbox"/> Bachelor Degree (4 years beyond H.S.)		
<input type="checkbox"/> GED	<input type="checkbox"/> Masters Degree (1 or more years beyond Bachelors)		
<input type="checkbox"/> ADP/EDP	<input type="checkbox"/> Doctorate Degree		
<input type="checkbox"/> Equivalent of HS Diploma in Another Country			
Last Adult Education Center Attended:			
State:		Last Year Attended:	
Obtained GED Before Enrollment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	GED Score:	

EMPLOYMENT AND HOUSEHOLD:

Employment Status:			
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed and Looking for Work		
<input type="checkbox"/> Unemployed and Not Looking for Work	<input type="checkbox"/> Retired or Otherwise Not Looking for Work		
<input type="checkbox"/> Homemaker			
Concerned About Layoff: (if employed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recently Laid Off: (if unemployed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupation: (required if employed)			
Town Where Employed:			
Start Date of Current Job:	_____ (Month) _____ (Year)		
Job Type: <input type="checkbox"/> Full Time (30 or more hrs/wk) <input type="checkbox"/> Part Time (less than 30 hrs/wk) <input type="checkbox"/> Multiple Jobs			
Public Assistance: <input type="checkbox"/> TAFDC (Transitional Aid to Families with Dependent Children)			
<input type="checkbox"/> EAEDC (Emergency Aid to the Elderly, Disabled and Children)		<input type="checkbox"/> Food Stamp Benefits	
<input type="checkbox"/> EA (Emergency Assistance)		<input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> None <input type="checkbox"/> Other	
Homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shelter Name: (required if homeless)			
Single Parent/Guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dependents	<input type="checkbox"/> Yes <input type="checkbox"/> No (Dependent Birth Year Required if Yes)		
Dependent Birth Year:			
In School (PreK-12): (Y/N)			

SCHEDULING AVAILABILITY:

	Morning	Afternoon	Evening	Anytime
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				
Saturday:				
Sunday:				
Any Weekday:				
Any Day:				
Will Take Classes in Summer:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Available Hours Per Week:				

TECHNOLOGY AVAILABILITY: Check all that apply (not required)

	Located In the Home	Student Uses At Home	Student Uses Outside The Home
Computer			
Internet Access			
E-Mail Address			
DVD			
Other: (Program enters)			
None of above			
All of above			

DISABILITIES AND ACCOMMODATIONS:

Was the student informed that he/she does not have to inform the program of a disability, however, self-disclosing this information would make the student eligible for reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an apparent physical disability OR did the student disclose a disability? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If Yes, complete the Disabilities and Accommodations section.

DISABILITIES:

	Disclosed/Observed (check if Yes)	Documented (check if Yes)
None		
Hearing Loss		
Vision Impaired		
Speech Impairment		
Legally Blind		
Deaf		
Non-verbal		
Paralysis		
Missing Extremities		
Nonparalytic Orthopedic		
Specific Learning Disability (SLD)		
Other:		

ACCOMMODATIONS:

	Requested (check if Yes)	Provided (check if Yes)
None		
Reader/Signer		
Modified Teaching Materials		
Audio		
Architecturally Accessible		
Distraction Free Spaces		
Alternative Location		
Test Schedule		
Scribe/Note-Taker		
Adaptive Equipment		
Extended Time		
Other:		