Adult Education and Literacy  
Vermont Student Intake Form

# Purpose – do not include this section on intake form

This is a **template** with text for a statewide student intake form. Each AEL provider will copy and paste the items below onto their organization’s letterhead for students to fill out in hard copy. Alternatively, these questions may be used to build an electronic form for students to complete. Your organization’s letterhead, in hard copy or electronic form, must include the [American Job Center logo](https://www.dol.gov/agencies/eta/american-job-centers/style-guide). The elements of this form must be used in the order presented here for students to complete, no matter the format of the form. AEL providers may choose to adjust the section for staff use unless an asterisk is by the element to indicate that it is required.

Recommended practice is for AEL provider staff to fill out this form with the student in order to collect the best data. For those students who fill out forms online, you will need to go over the answers with the student later.

Copy and paste below or use another logo from the American Job Center website linked above.



# Student Intake (please print clearly)

**Date:** / /

**First name:** **Middle:**

**Last:** **Suffix:**

**Social Security Number:** **SSN not provided** ¨

**Date of birth:** / / **Sex:** Male Female Other

**Gender Identity:**

**Pronouns:**

**Preferred Name:**

**Mailing Address:**

**City:**  **State:**  **Zip Code:**

**Town of Residence:**

**Home Phone:**  **Cell Phone:**

**Work Phone:**

**Email:**

**Secondary email:**

**Contact Preference:**

Any phone

Home Phone

Cell Phone

¨ Work Phone

**In case of emergency, who should we contact? At least one emergency contact is required.**

Name:

Phone: Email:

Address:

Relationship to you:

**Are you receiving services from** [**HireAbility**](https://www.hireabilityvt.com/) **(Voc Rehab)?**  Yes No

**Are you receiving services from** [**Department of Labor?**](https://labor.vermont.gov/workforce-development) Yes No

**Are you Hispanic/Latino?** Yes No

**What is your race? Please check all that apply:**

American Indian/Alaskan

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

**Are you currently enrolled in high school, an approved home study program, or college program?**

Yes No **If enrolled in school/college, what is the name of the school/college?**

**What is the last grade that you completed?** **Please check one.**

No Schooling

1st-5th Grade

6th-8th Grade

9th-12th Grade (no diploma)

Secondary School Diploma or credential

¨ Secondary School equivalent (i.e., GED)

Some Postsecondary, no degree

Associate’s degree

¨ Bachelor’s degree

¨ Master’s degree

¨ Doctorate

¨ Unknown

**U.S. Based Schooling?** Yes No

**Did you receive supports for a disability while in school?**  Yes No **If yes, please check all that apply:**

🞎 Special education (on an IEP)

🞎 504 Plan

## YOUR RIGHT TO ASK FOR ACCOMMODATIONS:

If you think you have a disability or learning difficulty that makes learning hard, you can share information about your needs so we can better help you achieve your goals. Information about your disability or learning difference will NOT be shared without your permission. Some accommodations may require documentation.

**I would like to get information about possible accommodations.**  Yes No

**Barriers to Employment Questions**

**Country of Birth**1**:**

**Is English your first language?**1,5 Yes No

If no, what other languages do you speak?

**Do you have any of the following**2**? (Select all that apply)**

Visual Impairment

Deafness/Hearing Impaired

Speech or Language Impairment

Orthopedic Impairment

Learning Disability

Autism Spectrum Disorder

Intellectual Disability

Emotional/Mental Health Disability

Traumatic Brain Injury

Other Health Impairment:

**Have you been a homemaker recently and now need to work to support yourself and/or your family**3? Yes No

**Have you been a homemaker recently while your spouse was in the Armed Forces**3?

Yes No

**What is your household income range**4 **(this is the total annual income the household receives (earnings, unemployment, social security, supplemental security income, TANF, etc.):**

🞎 $0-$14,999

🞎 $15,000-$20,999

🞎 $21,000-$28,999

🞎 $29,000-$34,999

🞎 $35,000-$41,999

🞎 $42,000-$47,999

🞎 $48,000-$55,999

🞎$56,000-$63,999

🞎 $64,000-$79,999

🞎 $80,000-$99,999

🞎 $100,000 or more

**Number in household:** **Number of Dependents:**

**Are you receiving public assistance (such as** [**Reach Up**](https://dcf.vermont.gov/benefits/reachup)**,** [**3 Squares**](https://dcf.vermont.gov/benefits/3SquaresVT)**,** [**Medicaid**](https://dvha.vermont.gov/members)**,** [**Section 8 housing**](https://www.vsha.org/applications-for-section-8-assistance/)**,** [**subsidized housing**](https://www.vhfa.org/rentalhousing/need-rental-housing)**,** [**WIC**](https://www.healthvermont.gov/family/wic)**,** [**SSI**](https://www.ssa.gov/ssi)**, or** [**other**](https://dcf.vermont.gov/benefits)**)?**4,7  Yes No

**Have you ever been incarcerated or had any involvement with the justice system as a minor or an adult?**6  Yes No

**Are you a Dismas House resident or it is a condition of your release from incarceration that you participate in AEL services?**6  Yes No

**Are you currently in foster care, or did you age out of foster care?**8 Yes No

**Do you have a fixed, regular nighttime residence that is your home?**4,9 Yes No

**Employment Status: Please check one.**

Employed-Full

Employed-Part

Employed Pending Separation or Termination

¨ Unemployed – for how long10?

Not in Labor Force (for example, you are retired or receiving disability benefits)

**Are you a seasonal farmworker and/or migrant farmworker?**12,13 Yes No

**Are you a single parent or legal guardian of a child or children under 18 years?**13

Yes No

**Are you a parent/caregiver/guardian for a student in the Vermont preK-12 education system?** Yes No

**Which of the following do you have at home? Check all that apply.**

☐ Computer with Camera

☐ Computer without Camera

☐ Webcam

¨ Headset with microphone

☐ Mobile Phone

☐ Home Phone

☐ Internet Access

☐ Printer

☐ Scanner

**Thank you! A staff member will meet with you to review your responses.**

**STAFF USE ONLY BELOW**

**\*Barriers to employment:**

☐ Cultural barriers1

☐ Individual with disabilities2

☐ Displaced homemaker3

☐ Low income4 (Not required to enter income amount in LACES.)

☐ English language learner5

☐ Ex-offenders6

☐ Exhausting TANF (REACH UP) within 2 years7

☐ Youth in foster care/aged out of system8

☐ Homeless/runaway youth9

☐ Long-term unemployment (27+ weeks)10

☐ Low literacy levels11

☐ Migrant or seasonal farmworker12

☐ Single parent or guardian13

Mark all that apply:

☐ Minor with Adult Status

☐ Immigrant

☐ Community correctional (if resident of Dismas House or AEL service is condition of release)

\*Primary Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Secondary Program: ☐ IELCE

**Vermont Low Income Scale (2023)**

| **Household size** | **Low-income below this amount** |
| --- | --- |
| 1 | $14,580 |
| 2 | $20,527 |
| 3 | $28,179 |
| 4 | $34,778 |
| 5 | $41,046 |
| 6 | $47,994 |
| 7 | $55,577 |
| 8 | $63,747 |