



ADULT STUDENT REGISTRATION FORM

6713 SMITH STATION ROAD
 SPOTSYLVANIA, VA 22553
 (540) 898-8165 OR (800) 433-1520
 www.rarae.org

RELEASE OF INFORMATION

By participating in this local, state, and federally sponsored Adult Education program, I agree to the release of my information, including social security number, if provided, to the Virginia Department of Education (VDOE). **Required information for learner participation is indicated with an asterisk (*)**. This information may be used for research and analysis purposes during this year or future years. VDOE and the local program provide security for this information. Unless otherwise noted, only VDOE or the local program will have exclusive access to this information.

Signature _____ Date _____

DEMOGRAPHIC INFORMATION (PLEASE PRINT CLEARLY)

REGISTRATION DATE* __ Social Security Number _____

DATE OF BIRTH* _____

RELEASED FROM COMPULSORY ATTENDANCE

(Required for anyone under 18 – official documentation must be provided)

LAST NAME* _____

FIRST NAME* _____

MIDDLE NAME/INITIAL* _____

Address _____

Address _____

Apt. # _____

City/County _____

State _____

ZIP CODE* _____

AREA (Check One)* Rural Urban

Home Phone _____

Work Phone _____

Other Phone _____

Email Address _____

LAST GRADE COMPLETED*

Country of Origin _____

How did you hear about the program? _____

GENDER (Check One)*

- Female
- Male

ETHNICITY (Check One)*

- American Indian or Alaskan Native
- Asian
- Black or African American (non-Hispanic)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (non-Hispanic)

EMPLOYMENT STATUS (Check One)*

- Employed
- Unemployed (in labor force)
- Unemployed (not in labor force)

CURRENT STATUS (Check All that Apply)*

- Community Correction Program
- Correctional Facility
- Disabled
- Homeless
- On Public Assistance
- Low Income Status
- Displaced Homemaker
- Single-parent Status
- Dislocated Worker
- Learning Disabled Adult

DOE AND LOCAL USE ONLY

Student No. _____

Exit Date _____

PROGRAM TYPE

- Distance Learning
- EL/Civics
- Family Literacy
- Fast Track GED
- Other Institutional Setting
- Workplace Literacy
- GAE

PAYMENT INFORMATION (If Applicable)

DATE	AMOUNT	TYPE	NUMBER

TYPE: 1 – CASH; 2 – CHECK; 3 – CREDIT CARD;
 4 – MONEY ORDER; 5 - OTHER

Student Name _____

Registration Date: _____ Fee Paid : _____ Receipt # _____

Class Assignment: (type/location/AM or PM) _____

Class Code _____



ASSESSMENT INFORMATION:

Pre-Test Scores: **Date:** _____ **Assessor(s) Name** _____

BEST Plus Scaled score _____ SPL _____

CASAS Form 20 score _____ Pretest Level _____

Form _____ Scaled score _____ SPL _____

TABE Locator Reading score ____/____ Level E M D A

Math score ____/____ Level E M D A

TABE Battery Form: _____ 9 _____ 9 survey Level E M D A

Subject: Reading - Scaled Score _____ GLE _____

Math - Scaled Score _____ GLE _____

Post-Test Scores: **Date:** _____ **Assessor(s) Name** _____

BEST Plus Scaled score _____ SPL _____

CASAS Form _____ Scaled score _____ SPL _____

TABE Battery Form: _____ 10 _____ 10 survey Level E M D A

Subject: Reading - Scaled Score _____ GLE _____

Math - Scaled Score _____ GLE _____

GED Testing: Date taken: _____ Total Score _____

FINAL EXIT Information

Total number of hours of attendance _____

Did student separate before completion of goal? _____ Exit date _____

Reason for separation _____

STUDENT LEARNING PLAN

STUDENT NAME _____ STUDENT No. _____

My goals for attending include the following:

The strategies I will take to complete my goals include:

The resources I need to complete my goals include:

The way(s) I will demonstrate completing my goal(s):

GOAL INFORMATION – DOE USE ONLY	DATE		
PRIMARY NRS	SET	TARGET	MET
<input type="checkbox"/> Increase Educational Functioning Level			
<input type="checkbox"/> Obtain GED * <input type="checkbox"/> Scores on File (<i>met only</i>)			
<input type="checkbox"/> Adult H.S. Diploma			
<input type="checkbox"/> EDP Credential			
<input type="checkbox"/> Place in Post-secondary Education **			
<input type="checkbox"/> Enter Employment			
<input type="checkbox"/> Retain Employment			
SECONDARY NRS	SET	TARGET	MET
<input type="checkbox"/> Increase Involvement in Child's Education			
<input type="checkbox"/> Increase Involvement in Child's Literacy Activities			
STATE	SET	TARGET	MET
<input type="checkbox"/> Obtain Career Readiness Certificate (CRC)			
<input type="checkbox"/> Obtain Citizenship			

* GED TESTING No. _____

** POST-SECONDARY No. _____

REVIEWER AND FOLLOW-UP

Reviewer Initials	Follow-up Type _____	Date _____
Reviewer Initials	Follow-up Type _____	Date _____
Reviewer Initials	Follow-up Type _____	Date _____
Reviewer Initials	Follow-up Type _____	Date _____

