

Regional Adult Education Student Registration

Name: (last) _____ (first) _____ (middle) _____

Address: _____

City/Zip code: _____

Phone: (home) _____ (cell) _____ (email) _____

SS# _____ Birthdate _____

Gender? Male Female Ethnic Background? Asian Black Hispanic Am. Indian White

Employed? Yes No Full-time Part-time Not looking for work Retired

If yes, where do you work? _____

Which class do you want to join? ABE/GED ESOL Other

What is the highest grade you completed in school? _____

Have you ever taken the Official GED test? _____ What year? _____

For ESOL students, what is your 1st language? _____

What is your native country? _____

Do you have children in school (K-12)? _____ What school(s)? _____

What are your goals? How can this adult education class help you?

<i>Goal category</i>	<i>Date goal set</i>	<i>Date goal met</i>
_____ Pass GED	_____	_____
_____ Enter post-secondary education	_____	_____
_____ Get a job, get a better job	_____	_____
_____ Improve reading/math/writing skills (circle one)	_____	_____
_____ Speak better English	_____	_____

.....

I hereby verify that the information provided by me and contained on this form is accurate. My social security number, along with the other data contained on this form, will only be used for data tracking and reporting purposes and personally identifiable information will not be released without my written consent. I understand that I am not required to provide my social security number.

Date _____ **Student Signature** _____

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: _____ 7 _____ 9 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: _____ 8 _____ 10 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 _____