

2021-22 Adult Student Profile Document (ASPD)

Please provide the information below. All items with an asterisk (*) are required.

***INTAKE DATE:** (mm/dd/yyyy) _____

Contact Information

*Last Name: _____ *First Name: _____ Middle Name/Initial: _____
 *Mailing Address: _____ *City: _____ *State: _____ *Zip: _____
 County of Residence: _____ Country of Origin: _____ Social Security Number: _____
 Is this a cell number? Yes No If Yes, may we text you? Yes No Best phone number to reach you: _____
 Best time to reach you: _____ Email Address: _____

Demographic Information (Age, Gender, Ethnicity and Race)

*Date of Birth: (mm/dd/yyyy) _____ If you are under 18 years old, have you been released from compulsory attendance? Yes No
 *Gender: (Select One) Female Male Preferred Identification: _____
 *Are you Hispanic? Yes No
 *Which best represents your racial origin? (Select all that apply) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White

Emergency Contact

Name of Contact Person: _____ Telephone: _____ Relationship: _____

Educational Attainment

*Education: (Select One) U.S.-based Schooling Non U.S.-based Schooling
 *Highest level of school completed or degree attained: (Select One)
 Grades 1-5 (Last Grade completed _____) HS diploma/alternate credential College/Professional Degree
 Grades 6-8 (Last Grade completed _____) High school equivalency No Schooling
 Grades 9-12 - No Diploma (Last Grade completed _____) Some college (No Degree) Unknown

How did you hear about this adult education program? (Select all that apply)

Billboard Family Member/Friend Printed card/Flyer Social media
 Child's school I am a returning student Newspaper/Magazine Ad Text message/Email
 Church Internet search Television Ad VA Career Works Portal
 Community College One-stop Center Radio Ad Other: _____

Non-Title II WIOA Program Enrollment (Select all that apply)

Are you currently enrolled in any of the following? VA Career Works (Title I) VEC (Title III) DARS/DBVI (Title IV)

Employment Status

*What is your employment status at date of this intake? (Select one)
 Employed Employed (**But received notice that employment is ending or separation from military is pending**)
 Unemployed for 27 or more weeks Unemployed for less than 27 weeks Not in the labor force (not looking for a job)

Employment Barriers

*Do you have any employment barriers? (Select all that apply)
 I have a disability I have no fixed address I am a migrant or seasonal farmworker
 I am an ex-offender I am a single parent I am or used to be in the foster care system
 I have a low income I am a displaced homemaker I have less than two years of TANF lifetime eligibility
 None of the barriers indicated applies to me

VA High School Equivalency Testing

*Have you taken the GED® test? Yes No
 *Do you plan to take the GED® test in the next 12 months? Yes No
 *Are you enrolling to take advantage of the free test initiative promoted on GED.com? Yes No

Release of Student Information Consent

I give consent to _____ (name of adult education provider) to release my directory information to workforce agencies at my local Virginia Career Works to determine if I qualify for additional workforce assistance, including occupation-specific training. The signed consent expires at the end of the program year.

Signature: _____ **Date:** _____

Local Use Only

*Student Program Type: (Select One) ABE ASE ELA IELCE
 Program Participation: (Select all that apply) IET Family Literacy Workplace Adult Education & Literacy
 Correctional Facility Community Correctional Program Other Institutional Setting
 *Federal Funding Source: (Select One) AEFLA (Title II, Sec. 231) C&I (Title II, Sec. 225) IELCE (Title II, Sec. 243)
 State Funding Source: (Select one if applicable) GAE PIVA Race to GED® Local Match