

Entered
Intake Date: _____

Exit Date: _____



Foundation for Immigrant Resources and Education

Last Name _____ First Name _____ Middle Name: _____

maiden/Other Names used: _____ Social Security Number (optional): _____ - _____ - _____

Address: _____ Apt. #: _____ City/Zip: _____

County: _____ Home Phone: _____ Other Phone: _____

Birth Date: ____/____/____ Age: ____
Month Date Year

Male _____ Female _____

First Language _____

Where were you born?

How did you hear about the program?

Ethnicity:

- Asian
- African-American
- Hispanic
- Native American
- Pacific Islander
- White
- African
- Middle Eastern
- Other _____

Education:

Number of Years of schooling _____

Have you attended another Adult Ed. Program?

Yes No

Name of School _____

City & State _____

When did you last attend? ____/____/____
Month Date Year

Do you have a Diploma or GED? Yes No

Special Education Yes No

Household:

- Living Alone
- Dependent
- Head: No Dependents
- Head: Single Parent
- Two-Parent Family w/ child under 17
- _____ Number of Children

Employment:

- Employed – Full Time (more than 30 hours)
- Employed – Part (less than 30 hours)
- Unemployed (looking for work)
- Not in Labor Force (Not looking for work)
- Dislocated Worker
- Displaced Homemaker

Public Assistance

- No
- Yes – MFIP
- Yes – SSI
- Yes – PA, MA
- Yes – other

Disability:

- Learning Disability
- Vision
- Hearing
- Physical
- Mental/Emotional

EMERGENCY CONTACT: Name(s): _____ Phone: _____

under 18, Parent/Guardian _____ Phone: _____

Do we have permission to release this information to the agency or institution that requests it?

I give my permission. Yes _____ No _____ Student Signature: _____ Date: ____/____/____
month/ day / year

Yes, you may take my photograph during school activities and use it in FIRE publications.

_____ (sign if we may use you photo)

Intake Date	ESL Ed. Functioning Lvl.	CASAS :	BEST:	ABE Ed. Function Lvl.	CASAS
	<input type="checkbox"/> Beg Lit	165-180	0-7	<input type="checkbox"/> Beg. Lit. ABE	0-200
	<input type="checkbox"/> Beg ESL	181-200	8-46	<input type="checkbox"/> Beg ABE	201-210
Program: Adult Literacy	<input type="checkbox"/> Low Int ESL	201-210	47-53	<input type="checkbox"/> Low Int. ABE	211-220
	<input type="checkbox"/> High Int ESL	211-220	54-65	<input type="checkbox"/> High Int. ABE	221-235
Site: Central	<input type="checkbox"/> Low Adv ESL	221-235	66 +	<input type="checkbox"/> Low Adult Secondary	236-245
	<input type="checkbox"/> High Advanced ESL	236+		<input type="checkbox"/> High Adult Secondary	246 +
ABE/ESL Goals: _____					
Assessment Information					

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