

## 2023-24 Adult Student Profile Document (ASPD)

Please provide the information below. All items with a	in asterisk (*) are required.	*INTAKE DATE: (mm/dd/yyyy)
Contact Information		
*Last Name:		
*Mailing Address:	*City:	*State:*Zip:
County of Residence:	_ Country of Origin:	Social Security Number:
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	Talanhanar	Deletierebie
Name of Contact Person:	Telephone:	Relationship:
Educational Attainment         *Education: (Select One)       U.Sbased Schooling         *Highest level of school completed or degree attained: (Select One)         Grades 1-5 (Last Grade completed)       HS diploma/alternate credential         Grades 6-8 (Last Grade completed)       High school equivalency         Grades 9-12 - No Diploma (Last Grade completed)       HS diploma/equivalency and Some college (no degree)		
How did you hear about this adult education program         Billboard       Family Member/Frie         Child's school       I am a returning stude         Church       Internet search         Community College       One-stop Center	nd Printed card/Flye dent Newspaper/Mag	
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 a         I have a disability       I have no fixed ad         I am an ex-offender       I am a single pare         I have a low income       I am a displaced	ddress I am or ent I have I	migrant or seasonal farmworker used to be in the foster care system ess than two years of TANF lifetime eligibility f the barriers indicated applies to me
VA High School Equivalency Testing         *Have you taken the GED® test?       Yes         *Do you plan to take the GED® test in the next 12 months?       Yes         *Are you enrolling to take advantage of the free test initiative promoted on GED.com?       Yes	Career Works to determine	rmation Consent (name of adult education tory information to workforce agencies at my local Virginia if I qualify for additional workforce assistance, including The signed consent expires at the end of the program Date:
	ional Facility Commun	☐ IELCE ] Workplace Adult Education & Literacy ity Correctional Program ☐ Other Institutional Setting a II, Sec. 225) ☐ IELCE (Title II, Sec. 243) GED <sup>®</sup> ☐ Local Match