

Texas Educating Adults Management System (TEAMS) Enrollment Intake Form

(See [AEL Enrollment Form Instructions](#) for answer descriptions/definitions)

Adult Education and Literacy (AEL) providers must collect certain demographic and personal information from individuals seeking AEL services to comply with federal and state requirements.

AEL providers staff collecting this information are trained to obtain, maintain and protect personally identifiable information. Students can request a copy of local privacy policies at any time.

Personal Identifying Information				
Unique TEAMS ID (Office Use):			Enrollment Date:	
Last Name:		First Name:		Middle Initial:
SSN:	SSN Collection Date:		SSN Did Not Disclose	
Recorded by:				
DL/ID:		DL/ID State:	DL/ID Number:	
Recorded by:			DL Collection Date:	
Identity Document Used:				
Has Identity Document been Uploaded:			Yes	No
			Doc. Number:	
Date of Birth:	Age:	Gender:		Ethnicity:
Race: (Check all that apply)				
American Indian/Alaskan Native		Native Hawaiian/other Pacific Island		
Asian	White	Black/African American		
Contact Information				
Street Address:				
City:		State:	Zip Code:	Zip4:
Mobile Phone:			Work Phone:	
Home Phone:		Email:		
Additional Comments:				

Texas Educating Adults Management System (TEAMS) Enrollment Intake Form

(See AEL Enrollment Form Instructions for answer descriptions/definitions)

Equal Opportunity Information

Disabled (Reference Instructions for definitions):

Category of Disability: **Check all that apply**

Impairment is primarily physical, due to a chronic health condition

Impairment is primarily physical, including mobility

Because of mental illness, psychiatric disability, or emotional condition, the participant has serious difficulty concentrating, remembering, or making decisions

Participant is blind or has serious difficulty seeing

Participant is deaf or has serious difficulty hearing

Participant has a learning disability

Participant has a cognitive or intellectual disability

Participant does not wish to disclose his/her category of disability

No disability

Veteran Characteristics

Veteran Status:

Eligible Veteran Status:

Disabled Veteran:

Date of Actual Military Separation:

Employment and Education Information

Employment Status at Program Entry:

Long-Term Unemployed at Program Entry:

Hours Employed per Week:

Reason for not looking for work:

Other reason not looking for work:

Type of Community:

School Status at Program Entry:

Highest School Grade Completed:

Location of Highest Level Completed:

Highest Education Level Completed:

Migrant and Seasonal Farmworker Characteristics

Migrant and Seasonal Farmworker Status:

Texas Educating Adults Management System (TEAMS) Enrollment Intake Form

(See AEL Enrollment Form Instructions for answer descriptions/definitions)

Public Assistance Information					
On Public Assistance:	Expanded Eligibility for TANF:		Exhausting TANF within two years:		
Additional Youth Characteristics					
Foster Care Youth:	Yes	No			
Additional Reportable Characteristics (Status at Program Entry)					
Homeless Status:	Yes	No	Low-Income Status:	Yes	No
English Language Learner:	Yes	No	Cultural Barriers:		
Displaced Homemaker:	Yes	No	Immigrant:		
Single Parent:					
Parent of Child(ren) ages 0-5:					
Parent of Child(ren) ages 6-10:					
Parent of Child(ren) ages 11-13:					
Parent of Child(ren) ages 14-18:					
Ex-Offender Status:	Date released from Incarceration:				
One-Stop Program Participation (Participant received services under Title 1, Chapter 4, Subtitle C of WIOA)					
WIOA Adult: WIOA Dislocated Worker: WIOA Youth: Adult Education: WIOA Job Corps: WIOA Vocational Rehabilitation: WIOA Wagner-Peyser Employment Service: WIOA YouthBuild Grant Number:					
For Corrections and Institutional Funded Program Participants Only					
In Correctional Facility:	Yes	No	In Community Corrections	Yes	No
On Parole:	Yes	No	Other Institutionalized setting:	Yes	No
On Probation (Community Supervision):	Yes		No		

Texas Educating Adults Management System (TEAMS) Enrollment Intake Form

(See AEL Enrollment Form Instructions for answer descriptions/definitions)

Special Program Type

Family Literacy Participant: Yes No In Workplace Literacy Program(s): Yes No
Participant in Job & Training Program: Yes No

Referral Type

One-Stop Center Referral: TANF Referral:
Referral from College: Yes No

Participant Acknowledgement and Release of Information

The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, credential obtainment, and transition to postsecondary enrollment or employment. My signature below also authorizes use of my personally identifiable information, including my employment and wage information pre, during and post- enrollment for audit, study and evaluation of the Adult Education and Literacy program performance and other state and federally-funded programs.

Such programs may include but are not limited to those under the laws administered by the Texas Education Agency and the Texas Higher Education Coordinating Board.

I acknowledge that the Adult Education and Literacy program and that TWC may release personal identifiable information to other local, state, federal, partners and/or stakeholders for verification of state and federal program requirements, performance reporting, audit, evaluation, study and to monitor the programs performance. Participants who are 17 and 18 years of age must have written parental permission or qualify for another exemption from compulsory attendance law. Additional information may be found at:

<http://www.twc.state.tx.us/twc-website-privacy-securityinformation#confidentiality>

Do not release directory information.

Share Data with THECB Yes No Share Data with TEA Yes No

Participant Signature		Date
Parent/Guardian Signature		Date

Central Texas College AEL

Policies and Procedures

Student: _____

Class/Location: _____

The major concern of Central Texas College Adult Education is the students. The program provides the appropriate educational environment in which all students may experience academic success. It is assumed that the student is serious about learning until, by his/her action or inaction, the student reverses this assumption. Every student is expected to obey all federal, state, and local laws and to abide by the rules of CTC Adult Ed. and by the local education site.

Class Format

Since each adult learner brings different experiences and skill levels to the class, instructors use a variety of teaching styles as well as various resource materials. Student questionnaires help the teacher identify what areas need more work. Participation and completion of assigned work, both in and out of the classroom, are important in helping the student achieve his/her educational goals. The more effort a student puts into doing assignments for class, the more likely the student will reach his/her goals. Preparation makes for a more confident student and reduces test anxiety.

Resources

Textbooks and/or workbooks are provided by the instructor and kept at the class site. Please do NOT write in any of the books. All books must be returned at the end of each class session.

Supplemental material provided by the instructor

Computerized instruction at some sites

Required Documentation

CTC AEL requests that all students present a government issued photo ID on the first day of class.

Students receiving financial assistance from Federal, State, or local government agencies, are asked to provide an eligibility letter of the benefits. A letter of eligibility benefits may be obtained from the local Health & Human Resources office.

Examples of Public Assistance: Temporary Assistance for Needy Families (TANF), Food Stamps, SNAP, Medicaid, Chips, SSI, SSD, WIC.

Attendance Requirements

Students are expected to attend at least 80% of all classes that are scheduled and must attend a minimum of 40/60 instructional hours. At the end of each month, attendance is reviewed and any student who has three unexcused absences will be dropped and placed on the bottom of the waiting list. Students are expected to notify the teacher in advance, of any unforeseen absence.

Central Texas College AEL

If the student expects to need an extended absence, he or she should notify the instructor immediately.

Assessments

Upon entering the class, all students must take an assessment test to determine their educational function level. Assessment tests will determine the strengths and weaknesses of each student, and help the instructor prepare and plan the appropriate level of instruction for each student. HSE students will test in Reading, Math, and Language Arts. ESL students will take an oral and written exam. After completing a minimum of 40/60 hours of classroom instruction, students will be given an assessment test to monitor their progress. Once enrolled, any student who plans to leave the program for any reason will take a progress or “exit exam.”

Assessments are a crucial element of the Adult Education program. Not only do they determine the learning level of the student, but they also help to determine the amount of funding the program will receive.

Class Schedule and Cancellations

The class will follow the site’s schedule. The instructor will indicate what holidays and other off-days will be observed by the class. If needed, a substitute teacher will be assigned to fill the instructor’s role. Every effort is made to notify students of any class cancellations. Information on class cancellations due to inclement weather (i.e. snow days) will be announced on the local media or by calling the Central Texas Weather hotline at (254) 501-3100.

Dress Code

All students are expected to dress appropriately for class and should comply with the following dress/grooming standards:

Shirts and blouses should be appropriate for school settings.

Excessively short shorts, dresses, skirts, or blouses, may not be worn.

Muscle shirts, sleeveless shirts/blouses, transparent attire, tank tops, spaghetti straps, low-cut attire, and other inappropriate attire will not be permitted.

Oversized clothing, ripped/torn pants, shorts, skirts, etc. that show undergarments (to include sagging) are not permitted.

Attire with gang, drug, alcohol, or sexual paraphernalia, and other offensive designs or logos will not be permitted.

Caps, hats, sunglasses, and hoods are not to be worn in the classroom. Sunglasses may be used with medical documentation. Copies of medical documentation should be provided to the instructor.

Inappropriate attire and violation of dress code is subjective. Instructors will use their best judgement to determine appropriate/inappropriate attire and violations of the dress code. Dress code policies will be strictly enforced.

Central Texas College AEL

Internet Usage

If Internet is provided, it is to be used only for accessing educational programs. Internet usage is electronically monitored and reported. Students who stray to other entertainment, communication, or inappropriate web sites, or who download programs or files, will be referred to the site supervisor and may lose Internet privileges or be asked to withdraw from the class.

Class Behavior

Students are expected to be respectful of the instructor and fellow students at all times and should always conduct themselves in a responsible adult manner. Disruptive behavior such as inappropriate language, violence, or disrespect towards others may result in disciplinary action or dismissal from the program. Other examples include: disrupting class, disrespecting staff, use of profanity, and use of gang-related gestures, graffiti or tagging center property.

The use of headphones and/or cell phones in the classroom is permitted with instructor approval.

Smoking is permitted in designated areas only.

Drugs and Alcohol are not permitted. The possession, use, distribution, **or** sale of alcoholic beverages, illegal drugs, or controlled substances (Art. 4465-15 or U.S.C.S. 812), except for bona fide prescriptions, on any campus or local educational site, is cause for disciplinary action.

Please refer to CTC student handbook,

<http://www.ctcd.edu/ctcd/assets/File/Student%20Life/studenthandbook.pdf>

Food and Drink

Our goal is to have classrooms that are clean and free of pests. Many of the classes are held in areas that do not allow students to have food or drinks in the classroom. Please follow the policy dictated by the site instructor. Everyone is responsible for cleaning his or her area before leaving class.

Transition Classes

There is support for your NEXT step in the education process. A transition specialist will be conducting regular workshops which you are encouraged to attend, and she is also available to you for individual career and/or educational advisement.

The transition specialist can assist you with applying to college, financial aid, success skills, job search, resume writing, interview skills, and military enlistment.

Your Transitions Coordinator, Melinda Montoya, is available to assist you.

Phone: 254-526-1747 or 254-526-1120

Office: CTC Central Campus – Killeen, Bldg. 139, room 178

Central Texas College AEL

BLANK

Central Texas College AEL



Program Consent

Fees and payment; Responsibility for usage charges

By using the Remind Services, you may receive e-mail or text messages on your phone or mobile device, which may cause you to incur usage charges or other fees or costs in accordance with your wireless or data service plan. Any and all such charges, fees, or costs are your sole responsibility. You should consult with your wireless carrier to determine what rates, charges, fees, or costs may apply to your use of the Services.

☐ Yes, I agree with the above statement.

☐ No, I will not take part in the Remind program

Student's Printed Name

Student's Signature

Cell Phone Number

Email Address

Date

Central Texas College AEL

Student Contract Agreement

The HSE/ESL program has certain requirements to ensure your success in the program. Please read the following carefully before you sign.

Please place initials next to each statement.

_____ I understand that the purpose of the HSE/ESL class is to help me improve my educational skills.

_____ I understand that I must follow attendance requirements. I must attend class regularly. I understand that if I have more than 3 unexcused absences, I will be dropped from the class and put on the bottom of the waiting list.

_____ I understand that I am required to accumulate 40/60 hours of instruction in the HSE/ESL program within the first 3 months of attendance in order to be guaranteed further enrollment.

_____ I understand I must demonstrate progress in my learning.

By signing this contract I verify that I understand what I have read and I agree to follow all policies outlined in the agreement.

Student Signature

Date

Central Texas College AEL

Adult Education offers Distance Learning classes to assist students who are currently enrolled in the Adult Education program. This survey does not guarantee that you will be placed in a Distance Learning class.

1. Are you interested in completing online instruction classes through Distance Learning? _____
2. Do you have a computer or access to a computer? _____
3. Do you have access to the internet every day? _____
4. Do you know how to receive and send e-mail messages? _____
5. Do you know how to open and close web pages? _____
6. Have you ever participated in a distance learning program or any online learning program? _____ If yes, where? _____
7. Do you visit the public library? _____
8. Do you work? _____ Are you looking for work? _____
9. Is your personal schedule flexible enough for online learning 6-8 hours per week? _____
10. Are you able to work on your own with little or no direct supervision? _____

11. Please list the reason(s) why you believe you are a good candidate for being a distance learning student.

12. List any reasons that would prevent you from completing online assignments.

PLEASE PROVIDE THE FOLLOWING INFORMATION:
(Please print clearly)

Name: _____

Phone: _____

Email: _____

Name: _____

Date: _____

Central Texas College AEL Technical Survey

Computer Skills Checklist

Instructions: Answer the following questions by checking the appropriate boxes.

COMPUTER SKILLS	Yes, I know	No, I don't know	Instructor Initials
Can use a keyboard			
Can turn a computer on/off			
Can use a mouse			
Can scroll			
Can access an email account			
Can use email			
Can attach a document			
Can open a word processing program like Microsoft Word			
Can name and save a document			
Can find and open a saved document			
Can save a document to a flash or thumb drive			
Can print a document			
Can use Spellcheck			
Can highlight, copy, cut, and paste			
Can launch a web browser			
Can safely search the web and locate websites for academic needs			
Can bookmark a webpage			
Can download documents to my computer and find them again			
Can use presentation software like PowerPoint			
Can use a spreadsheet program like Excel			



CENTRAL TEXAS COLLEGE ADULT EDUCATION
INDIVIDUAL TRAINING, EDUCATION AND CAREER PLAN (ITEC)

Student Name _____

Date of Baseline	Assessment Name/Type	Score	NRS/EFL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Career Goals:

Career goal: Short-term (within the year)	Month	Year
Career goal: Long-term (within 2-5 years)		
What education and training is required for my chosen career field?		
<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical Training <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate Degree		
I do not have a career goal yet, but I would like to explore the following career fields:		

Education Goals

Education goal: Short-term (within the year)	Month	Year
Education goal: Long-term (within 2-5 years)		
What do I want to achieve in this Adult Education program?		
Have I made time in schedule to attend class and study?		
Have I made a plan for my home life management?		
Do I have transportation to get to class?		
What do I need from my teacher to help me achieve my educational goals?		



CENTRAL TEXAS COLLEGE ADULT EDUCATION
INDIVIDUAL TRAINING, EDUCATION AND CAREER PLAN (ITEC)

Assessment results

(Examples: Career Assessment, Personality Test, Learning Style Inventory, TABE, GED practice test, GED test)

Assessment Date	Assessment Name/Type	Score/Results

Goal Review (review progress of goal)

Did you accomplish your goal(s)? _____

Do you need to extend your goal date? _____

Are your original goals still valid? _____

Do you need to make any changes to your original goal(s)? _____

Student Signature _____ Date _____



Class Preference Checklist

GED/HSE

Morning Class

In Person_____

Virtual_____

Afternoon Class

In Person_____

Virtual_____

In Person_____

Evening Class

In Person_____

Virtual_____

ESL/ELL

Morning Class

In Person_____

Virtual_____

Afternoon Class

In Person_____

Virtual_____

In Person_____

Evening Class

In Person_____

Virtual_____



ELIGIBILITY VERIFICATION

I, _____, am the age of 16, 17 or 18 years old and not entered in public school.
NAME (Please Print) (Please Circle Age)

STUDENT SIGNATURE

DATE

ADULT EDUCATION PARENT/GUARDIAN CONSENT **MUST be completed by parent or guardian of 16, 17, and 18 year-old**

My son/daughter, _____, is not enrolled in school and has my permission to enroll
Son/Daughter Name
in Adult Education & Literacy classes at Central Texas College to study for the Texas Certificate of High School Equivalency (TxCHSE) Tests. If passing scores are obtained on the tests, I understand that a Texas Certificate of High School Equivalency will be issued by GED Testing Services.

Name of School My Son/Daughter Last Attended

I, _____, authorize the Adult Education staff to verify with the above-named
Parent's Name
school or any other school that my son/daughter has attended, the current enrollment status of my child. I authorize any school attended by my son/daughter to release any information necessary to confirm current enrollment status, including information otherwise made confidential under the Family Education Rights and Privacy Act, 20 U.S.C. Section 1232g. I understand that location options are limited.

I understand that I will only have access to my student's academic progress and attendance IF he/she grants consent.

Parent/Guardian Signature

Date

STUDENT CONSENT FOR RELEASE OF ACADEMIC RECORDS

To: **Adult Education Department**

Central Texas College

P.O. Box 1800

Killeen, TX 76540

Fax: (254) 616-3341

From: _____
Name of Student Social Security Number

Street Address City State Zip Code

Home Phone Number Alternate Phone Number email

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

Name

Street Address City State Zip Code

Valid: (circle one only) Spring Summer Fall _____
Year

Information to be released:

☐ Registration ☐ Waiting List ☐ Test Record

☐ Other _____

Purpose of request:

Signed this _____ day of _____

Student's signature



Self-Attestation for Age-Related Eligibility

Name: _____ **SSN:** _____ **DOB:** _____

TWC allows self-attestation as a method for AEL grantees to collect and verify age-related exemptions to individuals who are 17 or 18 years old and are not enrolled in school, do not have access to parental permission, or meet criteria for homelessness.

School:

1. Are you currently enrolled in school?
2. What is the name of your last school attended?
3. What is the last date you attended school?
4. Are you enrolled for next semester?

Parent:

1. Do you live in a home that your parent owns or rents?
(*If the participant answers "Yes," then the candidate needs the parent's permission.)
If no, continue.
2. Where do you usually sleep at night (street address, apartment number, city, ZIP code)?
3. How long have you been at that address?
4. Do you pay or receive bills in your name. If so, what bills do you pay and to what address are the bills delivered?
5. What is your parent's or guardian's address, if different from the address where you sleep at night?
6. When was the last time you slept at your parent's or guardian's address?

Homelessness:

Are you homeless? Answer the questions below to determine eligibility.

1. Do you live in a place that has no windows, doors, running water, heat, or electricity?
2. Are you living in a place that is overcrowded?
3. Are you staying with a friend or relative because of a loss of housing or economic hardship, or for a similar reason? (Examples include eviction, foreclosure, fire, flood, divorce, domestic violence, loss of a job, being told to leave by your parent, and running away from home.)
4. Are you living in a shelter? (Examples include a family shelter, a domestic violence shelter, a shelter for children or youth, and housing funded by the Federal Emergency Management Agency.)
5. Are you living in an unsheltered location? (Examples include living in a tent, in a vehicle, in an abandoned building, at a campground, in a park, in a bus or train station.)
6. Are you living in a hotel or motel because of a loss of housing or economic hardship? (Examples include eviction, foreclosure, flood, fire, hurricane, and lack of money to pay deposits for a permanent home.)
7. Are you living in transitional housing (Examples include, housing that is available as part of a program, is offered for a specific length of time only, and is partly or completely paid for by a church, a nonprofit organization, a governmental agency, or another type of organization)

By signing this document I certify that the information I provided above is true and correct to the best of my knowledge.

Student Signature:

Date:

Staff Signature: