



ADULT BASIC EDUCATION

INTAKE FORM

NAME: _____

DATE: _____

EDUCATION:

Why do you want to enroll in the Parkland College?

Did you complete your schooling? _____

If not, why did you stop attending?

What good experiences did you have in school?

What challenges did you have in school?

Were any of the following reasons why you were unable to complete your education?

_____ Not enough money

_____ No child care

_____ No time

_____ No transportation

_____ Health problems

_____ Not interested

_____ Disliked going to school

_____ Problems with alcohol or addictions

_____ Too old to learn

_____ Friends not doing it

_____ No support from family

_____ Personal problems

_____ Scared

_____ Don't believe I can learn

_____ Discrimination
_____ My partner won't like it
_____ Family problems
_____ Legal problems
_____ Other (*specify*) _____

_____ Too shy
_____ Too embarrassed
_____ Dealing with issues of abuse

Did you receive any special help when you were in school (i.e. tutoring, resource room, special classes)?

Yes No If yes, please explain the help received:

Do you have a diagnosed learning disability? Yes No

If yes, what is the diagnosis? _____

WORK/VOLUNTEER HISTORY:

List jobs and/or volunteer work you have had in the past.

Job/volunteer _____

Why did this position end? _____

Job/volunteer _____

Why did this position end? _____

Job/volunteer _____

Why did this position end? _____

LANGUAGE:

Which language did you most often speak when growing up? _____

Which language do you most often speak now? _____

How well do you speak English? Very Well Well Poorly

How well do you read English? Very Well Well Poorly

How well do you write English? Very Well Well Poorly

HEALTH:

Do you have any eye problems?

Yes

No

If yes, what are they? _____

Do you have any ear problems?

Yes

No

If yes, what are they? _____

Do you have any health problems/medications that may interfere with your learning?

Yes

No

If yes, what are they? _____

PLANNING:

Why do you want to come back to school?

What has changed for you that makes you ready to be here?

Where and with whom will you be living while attending school?

Could any of the following affect your attendance/success?

Transportation _____

Child care _____

Housing _____

Health problems _____

Personal/Family problems _____

Problems with alcohol or addictions _____

Mandated appointments _____

Court dates _____

Other _____

If so, what plan do you have in place to work these out?

Who do you have that supports your efforts of continuing your education?

YOUR GOALS:

What are your hopes and dreams once you have completed your ABE program at Parkland College?

How can we support you so that your dreams can be realized?

Check the areas that you would like to improve in.

<input type="checkbox"/> Improve spelling	<input type="checkbox"/> Developing study habits
<input type="checkbox"/> Improve reading skills	<input type="checkbox"/> Taking notes
<input type="checkbox"/> Improve math skills	<input type="checkbox"/> Memory
<input type="checkbox"/> Expressing ideas in writing	<input type="checkbox"/> Organization
<input type="checkbox"/> Understanding what is said to you	<input type="checkbox"/> Paying attention
<input type="checkbox"/> Communication skills	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Other (<i>specify</i>) _____	



RELEASE OF INFORMATION

I, _____ Give Parkland College Career and Student Support Services Counsellors permission to share the information gathered during my intake, enrollment and on-going counselling, with other counsellors and/or instructors in the Adult Basic Education program at Parkland College.

Student Signature

Date

Parkland College Personnel Signature

Date