NYS Individual Student Record Form $(\text{rev}\ 5/2024)$

First Name*:	M.I	Last Name*: _						
Birth Date*:	Original Progr	ram Start Date*:						
Address*:	City*: _		State	e*:	Zip*:			
Home Phone:	-	Mobile Phone:	-		-			
e-mail:								
Emergency Contact:	-	Name/Relati of Contact:	onship —————					
Social Security #:			OR: [will not p	Studen provide.	t was asked	for SS#	and car	nnot/
	mployment-related outcomes will not	t be available if SS#	is not recorded. Ma	nual follo	w-up will be re	equired a	fter exit.	
	n-Binary/Gender Non-Conforming Not Answer	Choose ON		uired):	Į	□ Nativ	e Hawai e Ameri an Nativ	can
□ Employed Full Time □ Non-Hi □ Employed Part Time □ Employed but Received Notice of Termination AND Choose				ic/Latino/a spanic/Latino/a Pacific Islander African American Afro-Caribbean African Latino/a White (not Latino/a)				
Years of Schooling in Other Countries School-aged Children:	d): Highest Grade completed tion Obtained: □ In US □ In Oth ential Obtained: □Sec School Dip s	in NY State? her Country (make oloma □ HSE Dip	_ Last School Att one selection on oma □ Some Po	ended (If ly, indica st-second PreSchool	iting <u>highes</u> dary □ Post- I			
Is the student a parent or guardian of a child/children under 21? ☐ Yes ☐ N Is the Student a Single Parent? ☐ Yes ☐ No If yes to either question above, enter the <u>number</u> of children at each level: ——				Elementar JHS HS	TY			
Transportation/Child Care/Depende	ent Care Assistance: 🖵 Yes 🗓	□ No If yes,	which? 🗖 Trans	oort 🗖 C	Child Care 🗖	Depen	dent Cai	re
Barriers to Learning/Employment*: Self-reported by student. Definitions Homeless Already has HS Diploma or Equiv in US or US Territory (incl. Puerto Rico, Guam, etc.) Displaced Homemaker Disabled Low Income	 (Please answer all items Yes or Is available in the ISRF Instruction Guids available in the ISRF Instruction Guid	ide. on HSE Subtest(s) eaker ged out of System rning		Was the Check Ad on bust Ad on sub Social Me Radio ad	Ad for the loca ck all that appl s in	nl prog or y, minimu ok, Inst	a NYSED um one ai	 V/AEPP Ad? nswer.
☐ Migrant/Seasonal Worker ☐ Exhausting TANF within 2 years ☐ Learning Disabled ☐ Single Parent ☐ Runaway Youth ☐ Low Levels of Literacy ☐ English Language Learner Form Completed By: (Please Print):		Release of information: By participating in this state and/or federally funded adult education and/or family literacy program, I agree to the release of the information contained in my program records, including but not limited to, social security number, assessment results and attendance, to the New York state Department of Education (NYSED). Required information for learner participation is indicated with an asterisk (*). This information may include follow-up with employment data and other educational records and will be used in aggregated or						
Student Signature:			non-personally federal laws. T	identifiabl his inform	le form, for rep ation may also	oorting as	s required I for resea	d by state and arch and
Date:			analysis purpor Information pro NYSED, its aut exclusive acces	ovided will horized co	l remain secur ontractors or tl	e. Unles	s otherwi	se noted, only