

For office use only: Site: \_\_\_\_\_

ABLE staff: \_\_\_\_\_

Primary class: \_\_\_\_\_

**Cleveland Heights-University Heights**  
**STUDENT REGISTRATION**  
**FORM**  
**SFY 2011 (2010 - 2011)**

Date form is completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_  
**Last First M.I. Maiden or other former name**

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ Telephone: Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
**Month Day Year City State Country**

Emergency information: Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies or conditions we should know about: \_\_\_\_\_

1. Gender:  Male  Female

2a. Are you Hispanic/Latino?  
 Yes, Hispanic or Latino  
 No, not Hispanic or Latino

2b. What is your race?  
**MARK ALL THAT APPLY.**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

3. Are you a U.S. citizen?  Yes  No  
If no, do you have an F-1 Visa?  Yes  No

4. Are you a U.S. veteran?  Yes  No

5. Are you registered to vote?  Yes  No

6. Do you need special accommodations for a learning, ADD, ADHD, or physical disability?  
 Yes  No

7. Do you have:  
a driver's license?  Yes  No  
a library card?  Yes  No  
reliable transportation?  Yes  No  
reliable child care?  Yes  No  N/A

8. Did you pass the Ohio 9th grade proficiency test or Ohio Graduation Test?  
 Yes, all of the sections  
 Some of the sections. Specify \_\_\_\_\_  
 No  
 N/A

9. Number of children under 18 living in your home: \_\_\_\_\_

10. Are you a single custodial parent?  Yes  No

11. Do you receive public assistance?  Yes  No  
If yes, mark all types that apply:  
 TANF  
 Food stamps only  
 Subsidized housing  
 Medicaid #: \_\_\_\_\_  
 Other (Specify: \_\_\_\_\_)

12. Employment Status: **MARK ONLY ONE.**  
 Employed, full-time  
 Employed, part-time  
 Not employed, but looking for a job  
 Not employed, not looking for a job  
 Retired

13. Education:  
**Last full grade completed:** \_\_\_\_\_

**MARK ALL THAT APPLY.**  
 High school/GED graduate or equivalent in country of origin  
 Attended college/university/trade school  
 Graduated from college/university/trade school  
 Other (Specify: \_\_\_\_\_)  
 Name and location of last school attended:  
\_\_\_\_\_

14. What is your primary goal for coming to this program? \_\_\_\_\_

15. **(Optional)** What is your secondary goal for coming to this program?  
\_\_\_\_\_



**A. General** (Required of all students)

16. How did you find out about this program?

**MARK ALL THAT APPLY.**

- Employer
- Family member
- Friend
- I attended before
- Newspaper ad
- GED on TV Estimated \_\_\_\_\_ hours viewed
- Television/Radio ad
- Brochure/Flyer
- Department of Job and Family Services
- One-Stop System
- Internet
- Other (Specify: \_\_\_\_\_)

21. What languages do you speak?  
\_\_\_\_\_

22. Have you studied English before?  
 Yes How long? \_\_\_\_/\_\_\_\_/\_\_\_\_  No

23. Are you here to improve:  
 speaking  
 writing  
 reading  
 listening  
 knowledge of American culture

24. Are you here to prepare for the U.S. Citizenship Test?  Yes  No

**STAFF USE ONLY**

**Comprehensive Adult Student Assessment System (CASAS) results:**

Reading Appraisal Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Reading: Scale Score \_\_\_\_\_

Assessment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Type	Level	Form No.	Scale Score
Reading	<input type="radio"/> Beginning literacy <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**B. English for Speakers of Other Languages**

(ESOL) (Required of ESOL students)

18. Date when you entered the country: \_\_\_\_/\_\_\_\_/\_\_\_\_

19. Do you plan to stay in the US permanently?  
 Yes  No How long? \_\_\_\_\_

20. What is your native language?  
\_\_\_\_\_

**STAFF USE ONLY**

**Basic English Test (BEST) results:**

Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Type	Test Form	Scale Score
BEST Plus	<input type="radio"/> Computer	

**TABE CLAS-E results:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Type	Locator	Form	Scale Score
Writing			

**Test of Adult Basic Education (TABE) results:**

Locator Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reading \_\_\_\_\_ Math \_\_\_\_\_ Language \_\_\_\_\_

Test Type:  Battery  Survey Form:  9  10

Subject	Level	Scale Score
Reading		
Math Computation		
Applied Math		
<i>Total Math</i>		
Language		

**STAFF USE ONLY FOR INITIAL PLACEMENT RESULTS**

**MARK ALL THAT APPLY. \* Student status**

- Disabled
- Displaced homemaker
- Migrant farm worker
- Rural\*\* resident
- Dislocated worker
- Homeless

**Type of program where student is placed (if applicable)**

- Workplace Literacy
- Institutionalized settings
- Jail
- Homeless program
- Distance education
- Technical Certificate pilot
- Family Literacy
- Corrections facility
- Community corrections
- EL/Civics
- STAR Project
- Transitions program

Student signed FY 2011 ABE Release of Information Form?  Yes  No

**PLACEMENT LEVEL**

**Mark the ABE level:**

- Beginning ABE Literacy
- High Intermediate
- Beginning Basic Education
- Low Adult Secondary
- Low Intermediate
- High Adult Secondary

**Mark the ESOL level:**

- Beginning ESOL Literacy
- Low Intermediate ESOL
- Low Beginning ESOL
- High Intermediate ESOL
- High Beginning ESOL
- Advanced ESOL

\*See definitions in the O-PAS manual for clarification of categories \*\* Defined by NRS as places of less than 2,500 inhabitants and outside urbanized areas