

NYS INDIVIDUAL STUDENT RECORD FORM (REV 6/2022)

First Name*: _____ **M.I.:** _____ **Last Name*:** _____

Birth Date*: [][][][][][][][][] **Original Program Start Date*:** [][][][][][][][][]

Address: _____ **City:** _____ **State:** [][] **Zip:** [][][][][][][][]

Home Phone: [][][][][][][][][][][][][][][][][][][] **Mobile Phone:** [][][][][][][][][][][][][][][][][][][]

e-mail: _____

Emergency Contact: [][][][][][][][][][][][][][][][][][][] **Name/Relationship of Contact:** _____

Social Security #: [][][][][][][][][][][][][][][][][][][] **OR:** Student was asked for SS# and cannot/will not provide. _____ (Intake Staff print full name)

NOTE: Data matching for Employment-related outcomes will not be available if SS# is not recorded. Manual follow-up will be required after exit.

Gender* (Required):
 Male Female Non-Binary/Gender Non-Conforming

Race/Ethnic Identity* (Required):
 Choose ONE:
 Hispanic/Latino/a
 Non-Hispanic/Latino/a
 AND Choose **all that apply** (Must Choose AT LEAST ONE):

- Native Hawaiian
- Native American
- Alaskan Native
- Asian
- Pacific Islander
- African American
- Afro-Caribbean
- African
- Latino/a
- White (not Latino/a)

Employment Status* (Required):
 Employed Full Time
 Employed Part Time
 Employed but Received Notice of Termination
 Military Separation Pending
 Unemployed & Seeking Employment
 Not Available for Employment
 Inmate

Educational Background* (Required):
 Highest Grade **completed** in US _____
 Highest Grade completed in NY State? _____ Last School Attended (If NYS)? _____
 Highest Credential Obtained:
 Location Obtained: In US In Other Country
 Credential Obtained: Sec School Diploma HSE Diploma
 Some Post-secondary Post-Secondary or Professional Degree
 Years of Schooling in Other Countries _____

School-aged Children:
 Is the student a parent or guardian of a child/children under 21? Yes No
 Is the Student a Single Parent? Yes No
 If yes to either question above, enter the **number** of children at each level: _____

PreSchool	
Elementary	
JHS	
HS	

Barriers to Learning/Employment*: (Minimum of 1 Answer Required)
 Self-reported by student. Definitions available in the ISRF Instruction Guide.

Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Homeless	<input type="checkbox"/> <input type="checkbox"/> Unsuccessful Outcome on HSE Subtest(s)
<input type="checkbox"/> <input type="checkbox"/> U.S. HS Grad or Equivalent	<input type="checkbox"/> <input type="checkbox"/> Non Native English Speaker
<input type="checkbox"/> <input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> <input type="checkbox"/> Ex-Offender
<input type="checkbox"/> <input type="checkbox"/> Disabled	<input type="checkbox"/> <input type="checkbox"/> Youth in Foster Care/ Aged out of System
<input type="checkbox"/> <input type="checkbox"/> Low Income	<input type="checkbox"/> <input type="checkbox"/> Cultural Barriers to Learning
<input type="checkbox"/> <input type="checkbox"/> Migrant/Seasonal Worker	<input type="checkbox"/> <input type="checkbox"/> Long-Term Unemployed
<input type="checkbox"/> <input type="checkbox"/> Learning Disabled	<input type="checkbox"/> <input type="checkbox"/> Exhausting TANF within 2 years
<input type="checkbox"/> <input type="checkbox"/> Runaway Youth	<input type="checkbox"/> <input type="checkbox"/> Single Parent

Where did you hear about this program?* (Required):
Was the Ad for the local prog or a NYSED/AEPP Ad? Check all that apply, minimum one answer.

State	Local	
<input type="checkbox"/>	<input type="checkbox"/>	Ad on bus
<input type="checkbox"/>	<input type="checkbox"/>	Ad on train
<input type="checkbox"/>	<input type="checkbox"/>	Ad on subway
<input type="checkbox"/>	<input type="checkbox"/>	Social Media (Facebook, Instagram, Twitter)
<input type="checkbox"/>	<input type="checkbox"/>	Radio ad
<input type="checkbox"/>	<input type="checkbox"/>	Flyer
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify) _____

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 non-personally identifiable form, for reporting as required by state and federal laws. This information may also be used for research and analysis purposes during this year and/or subsequent years. Information provided will remain secure. Unless otherwise noted, only NYSED, its authorized contractors or the local program will have exclusive access to this information.

Form Completed By: (Please Print): _____
Student Signature: _____
Date: [][][][][][][][][]