

**NYS INDIVIDUAL STUDENT RECORD FORM (REV 5/2024)**

**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  Non-Binary/Gender Non-Conforming  
 Female  Did Not Answer

**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

**WIOA Co-Enrollment\* (Required):** (Definitions available in the ISRF Instruction Guide.) **Name of Co-enrolled Program(s):** \_\_\_\_\_  
 Student is currently receiving additional WIOA Services:  Yes  No  
 > If Yes, which type(s)?  Title 1 (e.g. DOL, Job Zone, UI)  Title 3 (e.g. Youth Empl)  Title 4 (e.g. ACCES-VR, TANF)

**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 (make one selection only, indicating **highest** credential obtained)  
 > Credential Obtained:  Sec School Diploma  HSE Diploma  Some Post-secondary  Post-Sec or Prof 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	

**Transportation/Child Care/Dependent Care Assistance:**  Yes  No **If yes, which?**  Transport  Child Care  Dependent Care

**Barriers to Learning/Employment\*:** (Please answer all items Yes or No)  
 Self-reported by student. Definitions available in the ISRF Instruction Guide.

<b>Y</b> <input type="checkbox"/> Homeless	<b>Y</b> <input type="checkbox"/> Unsuccessful Outcome on HSE Subtest(s)
<input type="checkbox"/> Already has HS Diploma or Equiv in US or US Territory (incl. Puerto Rico, Guam, etc.)	<input type="checkbox"/> Non Native English Speaker
<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Ex-Offender
<input type="checkbox"/> Disabled	<input type="checkbox"/> Youth in Foster Care/ Aged out of System
<input type="checkbox"/> Low Income	<input type="checkbox"/> Cultural Barriers to Learning
<input type="checkbox"/> Migrant/Seasonal Worker	<input type="checkbox"/> Long-Term Unemployed
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Exhausting TANF within 2 years
<input type="checkbox"/> Runaway Youth	<input type="checkbox"/> Single Parent
	<input type="checkbox"/> Low Levels of Literacy
	<input type="checkbox"/> English Language Learner

**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.*

<b>State</b> <input type="checkbox"/>	<b>Local</b> <input type="checkbox"/>	<input type="checkbox"/> Ad on bus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ad on train
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ad on subway
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Social Media (Facebook, Instagram, Twitter)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Radio ad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Flyer
<input type="checkbox"/>	<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:** [ ][ ][ ][ ][ ][ ][ ][ ][ ]