



# 2023-24 Adult Student Profile Document (ASPD)

Please provide the information below. All items with an asterisk (\*) are required.

\*INTAKE DATE: (mm/dd/yyyy) \_\_\_\_\_

## Contact Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_  
\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Best phone number to reach you: \_\_\_\_\_ Is this a cell number? ☐ Yes ☐ No If Yes, may we text you? ☐ Yes ☐ No  
Best time to reach you: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Demographic Information (Age, Gender, Ethnicity and Race)

\*Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ If you are under 18 years old, have you been released from compulsory attendance? ☐ Yes ☐ No  
\*Gender: (Select One) ☐ Female ☐ Male Preferred Identification: \_\_\_\_\_  
\*Are you Hispanic? ☐ Yes ☐ No  
\*Which best represents your racial origin? (Select all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American  
☐ Native Hawaiian/Other Pacific Islander ☐ White

## Emergency Contact

Name of Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Educational Attainment

\*Education: (Select One) ☐ U.S.-based Schooling ☐ Non U.S.-based Schooling  
\*Highest level of school completed or degree attained: (Select One)  
☐ Grades 1-5 (Last Grade completed \_\_\_\_\_) ☐ HS diploma/alternate credential ☐ College/Professional Degree  
☐ Grades 6-8 (Last Grade completed \_\_\_\_\_) ☐ High school equivalency ☐ No Schooling ☐ Unknown  
☐ Grades 9-12 - No Diploma (Last Grade completed \_\_\_\_\_) ☐ HS diploma/equivalency and Some college (no degree)

## How did you hear about this adult education program? (Select all that apply)

☐ Billboard ☐ Family Member/Friend ☐ Printed card/Flyer ☐ Social media  
☐ Child's school ☐ I am a returning student ☐ Newspaper/Magazine Ad ☐ Text message/Email  
☐ Church ☐ Internet search ☐ Television Ad ☐ VA Career Works Portal  
☐ Community College ☐ One-stop Center ☐ Radio Ad ☐ Other: \_\_\_\_\_

## Non-Title II WIOA Program Enrollment (Select all that apply)

Are you currently enrolled in any of the following? ☐ VA Career Works (Title I) ☐ VEC (Title III) ☐ DARS/DBVI (Title IV)

## Employment Status

\*What is your employment status at date of this intake? (Select one)  
☐ Employed ☐ Employed (**But received notice that employment is ending or separation from military is pending**)  
☐ Unemployed for 27 or more weeks ☐ Unemployed for less than 27 weeks ☐ Not in the labor force (not looking for a job)

## Employment Barriers

\*Do you have any employment barriers? (Select all that apply)  
☐ I have a disability ☐ I have no fixed address ☐ I am a migrant or seasonal farmworker  
☐ I am an ex-offender ☐ I am a single parent ☐ I am or used to be in the foster care system  
☐ I have a low income ☐ I am a displaced homemaker ☐ I have less than two years of TANF lifetime eligibility  
☐ None of the barriers indicated applies to me

## VA High School Equivalency Testing

\*Have you taken the GED® test? ☐ Yes ☐ No  
\*Do you plan to take the GED® test in the next 12 months? ☐ Yes ☐ No  
\*Are you enrolling to take advantage of the free test initiative promoted on GED.com? ☐ Yes ☐ No

## Release of Student Information Consent

I give consent to \_\_\_\_\_ (name of adult education provider) to release my directory information to workforce agencies at my local Virginia Career Works to determine if I qualify for additional workforce assistance, including occupation-specific training. The signed consent expires at the end of the program year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Use Only

\*Student Program Type: (Select One) ☐ ABE ☐ ASE ☐ ELA ☐ IELCE  
Program Participation: (Select all that apply) ☐ IET ☐ Family Literacy ☐ Workplace Adult Education & Literacy  
☐ Correctional Facility ☐ Community Correctional Program ☐ Other Institutional Setting  
\*Federal Funding Source: (Select One) ☐ AEFLA (Title II, Sec. 231) ☐ C&I (Title II, Sec. 225) ☐ IELCE (Title II, Sec. 243)  
State Funding Source: (Select one if applicable) ☐ GAE ☐ PIVA ☐ Race to GED® ☐ Local Match