**Data Collection Forms**

The following sample forms are provided to programs for data collection and reporting through CARS. Programs can customize these forms to their own needs. Care must be taken to ensure that required data elements are not excluded. Programs are advised not to print more forms than are immediately necessary. The forms vary in the information they collect, the frequency of their use and the sources for their information. The forms and the information they collect are listed below:

**Course Definition and Course Section Definition (Updated December 21, 2017)**

These forms collect the classroom information necessary to "create" a Course and a Course-Section. Each Course and its corresponding Course-Sections must be created before any student can be enrolled in those sections. (Please note that the concept of a "class" is split into two parts, a Course and a Course-Section. Providers will need to first define Courses, and then define the specific scheduled instances of those Courses i.e. the Course-Sections.)

**Student Information Form (Updated December 21, 2017)**

This form collects all demographic and appraisal test information on the student and can also be used to enroll the student in classes.

**Student Assessment/Achievement Information Form (Updated December 21, 2017)**

This form collects all assessment/achievement information on the student and can be completed throughout the duration of the Course-Section or when the student leaves the program.

**GED® Registration Form (Updated December 21, 2017)**

This form collects all demographic information on the GED test taker and must be used when registering any candidate for the GED® test(s).

**For the information to be entered into the system correctly, please remember that the forms must be completed as accurately as possible. The page(s) following each form provides instructions on completing the information on that form.**

It may be most efficient to organize the data-entry process as follows:

* enter all Course and Course-Section information first;
* enter all student information next;
* enroll the students into the appropriate Course-Sections; and
* complete the attendance, assessment, and outcome information on an as-needed basis.

|  |  |
| --- | --- |
| Course Definition Form | |
| Provider: | | Program Type: |
|  | | ABE – Adult Basic Education |
| Course Code: | | Americanization/Citizenship |
|  | | CDP – Credit Diploma Program |
| Course Title: | | NEDP – National External Diploma Program |
|  | | ESL – English as a 2nd Language |
| Course Description: | | GED Preparation |
| GED Spanish |
| Non-Mandated ONLY |
|  |
| Course Method (Primary Method of Instruction): | | **Course Level for all program areas:**  Survival  Beginner  Intermediate  Advanced  Multi-Level  Transition to Post-Secondary Education/Training |
| Combination | |
| Computer Assisted | |
| CT Adult Virtual H.S. | |
| Distance Learning | |
| Home Study | |
| Learning Lab | |
| Self-Paced | |
| Small Group | |
| Whole Group | |
| Work Experience | |
| **Course Intended for the following (if applicable):**  ***Federal Grants only***  Integrated English Literacy and Civics Education (IEL/Civics) Sec. 243  Integrated Education and Training (IET)  Family Literacy  Transition to Post-Secondary Education and/or Training  Non-Traditional/Corrections Education  Workforce Readiness | |
| ***CDP PROGRAMS ONLY:***  **Total Hours Required to Earn 1 CDP Credit:**  **(Cannot be less than 48 hours)**  **CDP Type:**  Classroom  Independent Study Project  Documentation Credit – Apprenticeship  Documentation Credit – Home Management  Documentation Credit – Job Training  Documentation Credit – Military Basic Training  Documentation Credit – Military Special Training  Documentation Credit – Occupational License  Documentation Credit – Volunteer / Comm. Service  Documentation Credit – Work Experience | | **CDP Subject:**  Electives  English  Math  Science  Social Studies - Civics  Social Studies - Other  Social Studies – US History  Vocational Ed. / Art |

**Courses**

A Course specifies the program area, content, method, levels and general focus of the instructional unit. Providers will need to first define Courses, and then define the specific scheduled instances of those Courses i.e. the Course Sections. Courses carry over from fiscal year to fiscal year whereas Course Sections are school year specific and will need to be created each new fiscal year. Users with Administrative Access of LIMITED or ALL will have the ability to create and modify Courses as defined below.

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Field Definition** | **Notes** |
| Course Code | Required Entry - Locally defined |  |
| Course Title | Required Entry - Locally defined |  |
| Course Description | Optional - Locally defined |  |
| Program Type | Select from Drop Down List | Once entered, this field cannot be changed. |
| Course Method | Select from Drop Down List. | “CT Adult Virtual High School” should only be selected by those programs for the Online Orientation course or the subject specific courses offered through the CT Adult Virtual High School system by the Connecticut Distance Learning Consortium. |
| Course Level | Select from Drop Down List. | Select Transition only for high school completion courses that are offered to prepare learners to transition into post-secondary education or training and where there is a formal partnership with a post-secondary institution. |
| Active | Select Radio Button – Yes or No | Default = Yes |
| IEL/Civics | Radio Button. Select Yes if this Course is offered as a component of a federally funded IEL/Civics AND the Program Type selected should be ESL | Default = No |
| Integrated Education and Training (IET) | Radio Button. Select Yes if this Course is offered as a component of a federally funded IET. | Default = No |
| Family Literacy | Radio Button. Select Yes if this Course is offered as a component of a federally funded family literacy program. | Default = No |
| Transition to Post-Secondary | Radio Button. Select Yes if this Course is offered as a component of a federally funded transition to Post-secondary education and/or training | Default = No |
| Non-Traditional/Corrections Education | Radio Button. Select Yes only if this Course is offered as a component of a federally funded non-traditional or corrections education program. | Default = No |
| Workforce Readiness | Radio Button. Select Yes if this Course is offered as a component of a federally funded Workforce Readiness program. | Default = No |
| **CDP Only** |  |  |
| CDP Hours | Required if Program Type = CDP | Enter the total instructional hours required by your program for a learner to earn 1 CDP credit (cannot be less than 48 hours). |
| CDP Type | Required if Program Type = CDP | Choose the appropriate CDP Type from the drop-down menu |
| CDP Subject | Required if Program Type = CDP | Choose the appropriate CDP Subject from the drop-down menu |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Section Definition Form | | | | | | | |
| **Provider:** | | | | | | | |
| **Course Code:** | | | | | | | |
| Building Name: Room Number: | | | | | | | |
| School Year: Instructor: | | | | | | | |
| Section Code: | | | **Course Section Length:**  Interim  Semester  Trimester  Full Year | | | | |
| **Total Hours of**  **Classroom Instruction:** | | | **Maximum CDP credits**  **for this Course-Section:** | | | | |
| **Course Section Start Date:** | | Course Section End Date: | | | | | |
| **Minimum # of Students:** | | **Maximum # of Students:** | | | **Allow Wait List?**  Yes  No | | |
| **Class Schedule:** | **Start Time:** | **AM or PM** | | **End Time:** | | **AM or PM** | **Instructional Hrs. per day:** |
| Monday |  |  | |  | |  |  |
| Tuesday |  |  | |  | |  |  |
| Wednesday |  |  | |  | |  |  |
| Thursday |  |  | |  | |  |  |
| Friday |  |  | |  | |  |  |
| Saturday |  |  | |  | |  |  |
| Sunday |  |  | |  | |  |  |

**Course Sections**

Course Sections are defined as scheduled instances of a specific Course. For example, you may create one “Beginning ABE Reading” Course which can be offered as one section on Monday and Wednesday and as another section on Tuesday and Thursday. The provider would therefore create two Course-Sections to define the individual sections of the Course. Courses carry over from fiscal year to fiscal year whereas Course Sections are school year specific and will need to be created each new fiscal year. Users with Administrative Access of LIMITED or ALL will have the ability to create and modify Course Sections as defined below.

|  |  |  |
| --- | --- | --- |
| **Field Name** | **Field Definition** | **Notes** |
| Course Code | Required Entry - Select from Active Courses |  |
| Building Name | Required Entry - Select from Active Buildings | Enter a separate building for each workplace literacy site. |
| Room Number | Required Entry - Select from Active Rooms in Building |  |
| School Year | Required Entry - Select from Drop Down List | Once entered, this field cannot be changed. For Course-Sections that start in June and end in July, the program has the option of assigning it to either school year. If a Course-Section starts in May, then assign it to the current year. If a Course-Section ends in August, then assign it to the next year. |
| Instructor | Select from list of Active Staff |  |
| Section Code | Required entry – locally defined |  |
| Course Length | Select from Drop Down List | Full year Course (150-365 calendar days); Semester Course (60-160 calendar days); Trimester Course (46-120 calendar days); Interim ABE/ESL Course (1-45 calendar days - a short session between semesters); |
| Total Instruct Hours | Required Entry | For all program areas, enter the total hours of classroom instruction offered for the Course. |
| Max CDP Credits | Required if Program Type = CDP | Specify the maximum number of CDP credits that a learner can earn in this Course-Section |
| Start Date | Required Entry | MM/DD/YYYY format |
| End Date | Required Entry | MM/DD/YYYY format |
| Minimum Students | Required Entry | Minimum number required to run this section |
| Maximum Students | Required Entry | Maximum number allowed for this section |
| Active | Select Radio Button – Yes or No | Default = Yes |
| Allow Wait List | Select Radio Button – Yes or No | Default = No |
| Days of Week | Check the box for each day of week the section is offered (required for daily attendance) | Default = Not Checked |
| Start Time | Required for daily attendance | HH:MM format |
| Start Time AM or PM | Select AM or PM (required for daily attendance) |  |
| End Time | Required for daily attendance | HH:MM format |
| Hours of Instruction | Required for daily attendance | Enter actual hours of instruction per day |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Information Form** | | | | | |
| **Returning Student**  **New Student** | | **Application Date :** | | | |
| Prefix First Name Middle Last Name Suffix | | | | | |
| Home Street Address City Zip | | | | | |
| Home Phone: Cell Phone: Email Address: | | | | | |
| Name of Employer Work Telephone | | | | | |
| Employer Street Address City Zip | | | | | |
| Name of Emergency Contact Emergency Telephone | | | | | |
| Emergency Street Address City Zip | | | | | |
| Birth Date\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ Month Day Year  **Gender:**  Male  Female | | | | **Secondary ID Type**  Driver’s License  Inmate No:  Military ID  Other ID  Passport  SASID  **Secondary ID Number:** | |
| Social Security Number: | | | | **Country Born:**  **Ethnicity (must select one)**  Hispanic or Latino  NOT Hispanic or Latino  **Race (check all that apply)**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White | |
| **Highest Educational Level/Degree Completed at Entry**  **(check ONLY one)**   |  |  | | --- | --- | | 0-no schooling  1  2  3  4  5  6 | 7  8  9  10  11  12-no diploma | | High School diploma or alternate credential  GED  Some college or university, no degree  College/university or Professional degree | | | | | |
| **Notes:** | |
| **Where was this highest educational level/degree attained? (check ONLY one)**  In USA  Not in USA | | | | Military Service (check ONLY one) Active Duty  National Guard  No Military Service Reserves  Veteran | |
| **Last High School Attended:** | | | | | |
| **Parent/Guardian of: (check all that apply)**   Child(ren) 5 years and younger   Child(ren) 6 to 10 years   Child(ren) 11 to 18 years  **Public Assistance (optional)**  General Assistance (SAGA)  Temporary Aid for Needy Families (TANF/TFA) or  equivalent public assistance  None | | | | **Employment Status (required, check ONLY one)**  Employed  Employed, but Received Notice of Termination of  Employment or Military Separation is pending  Unemployed – Seeking Employment  Unemployed – Not Seeking Employment/Retired  **Even Start Status (optional)**  Even Start Applicant | |
| **Barriers to Employment (check all that apply)**  Cultural Barriers  Disabled  Displaced Homemaker  English Language Learner  Ex-Offender  Youth in Foster Care or aged out  Homeless  Long-term Unemployed  Low-Income individual  Low Levels of Literacy  Migrant & Seasonal Farmworker  Single Parent (inc single pregnant women)  No TANF in 2 Years or Less | | | | **Miscellaneous Characteristics (check all that apply)**  Community/Alt. Corrections  Correctional Facility  Immigrant  Institutionalized  Mother Under 17- C.G.S.10-73d  Needs Child/Dependent Care  Needs Transportation  **Rural/Urban Status (optional)**  Rural  Urban/High Unemployment  Neither | |
| **REASONS FOR ENROLLMENT** | | | | | |
| **EDUCATION (check all that apply)**  Improve Basic Skills (ABE/ESL)  Earn a HS diploma  Enter College or Post-Secondary Training  Enter Training below Post-Secondary Level  Progress Toward HS diploma (GED, CDP, NEDP)  **EMPLOYMENT (check ONLY one)**  Enter Employment  Retain Employment  Neither  **COMMUNITY (check all that apply)**  Earn Citizenship  Use Community Services  Vote | | | | FAMILY (check all that apply) Increase Involvement in Children’s Education  Help more frequently with school  Increase contact with children’s teachers  More involved in children’s school activities  Increase Involvement in Children’s Literacy Activity  Reading to Children  Visiting Library  Purchasing books or magazine​ REQUIRED INSTRUCTION (check all that apply) Court Order  Required for Public Assistance  **MILITARY**  Enter Military | |
| **I understand that student information is confidential and will be used only for program administration, research and evaluation purposes.**  **Applicant Signature Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **FOR PROGRAM USE ONLY:** | | | | | |
| Appraisal Testing  |  |  |  |  | | --- | --- | --- | --- | | Test Type | Test Form # | Raw Score/Scale Score | Test Date | | Math |  |  |  | | Reading |  |  |  | | | | | | |
| Credits Transferred into the Adult Education Program:  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Transfer Credit Institution** | **Address** | **Course** | **Subject** | **Credit Type** | **Grade and P/F** | **Year Credit Earned** | **# of Credits** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | | | | |
| **Age Documented**:  Yes  No | | | Disability – Visible  Disability – Self-Disclosed (only if the applicant self-disclosed a hidden, non-visible disability)  Disability –Visible & Self-Disclosed  Neither | | |
| **Counselor** | | |
| **Exempt From Appraisal Tests**  Yes  No | | |
| NEDP Advisor | NEDP Assessor | | | |  |
| Notes | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Course Section Assignment** | **Funding**  **(State/Local or Federal)** | **Enrollment Date** | **Exempt from Assessment Y/N** | |  |  |  |  | |  |  |  |  | | | | | | |

**Student Information Form**

This form is designed to collect information on each learner entering mandated classes. Though learners can complete the form themselves, it is strongly recommended that an instructor/intake person complete this form with the learner.

|  |  |
| --- | --- |
| **Application Date** | Enter the date that the form is completed and signed by the applicant. This date does not change. |
| **City/Zip Code** | The applicant must live or work in Connecticut to be eligible for federal or state/local funded programming. If the person resides in another state and works in Connecticut, double-click Work and enter the work address. |
| **Social Security Number** | Programs are encouraged to enter the social security numbers for as many learners as possible. SSN is NOT the major identifier of the individual in CARS. |
| **Exempt from Appraisal Testing** | Select “Yes” for those applicants who, in the professional judgment of the staff, cannot be accurately appraised using the reading or math instrument (or) were administered a CASAS eTests locator. |
| **SASID** | As of July 1, 2007, individuals who are between the ages of 17 and 18, inclusive, who enter adult education for the first time, and who last attended a Connecticut public high school are required to have their 10-digit state assigned student identification (SASID) number entered in CARS. |
| **Highest Educational Level/Degree Completed at Program Entry** | This data is now required. It is self-reported by the learner at entry.  Note: It is not expected that U.S. high school graduates (who have already completed elementary and secondary school education) would be enrolled in the mandated program areas of ABE, GED, AHSCDP or NEDP.  Note: In many Spanish-speaking countries, the term “el colegio” may be considered the period of Kindergarten through Grade 12. To avoid confusion, “university” (instead of college) may be the better term for some ESL students to understand. |
| **Employment Status** | “Employed, but Received Notice of Termination of Employment or Military Separation is pending” refers to learners who (a) have received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement).  “Unemployed – Seeking Employment” refers to learners who are not employed at entry but are seeking employment, making specific efforts to find a job and available for work. |
| **C.G.S 10-73d**  **(P.A. 96-244)** | Please check only for applicants who are mothers under the age of 17 when enrolling in adult education. |
| **Even Start Status** | Please check this for all Even Start adults who have met the Even Start enrollment criteria. |
| **Public Assistance Status** | If applicable, select the type of welfare the applicant receives. Applicants on Welfare must select either SAGA (State Assisted General Assistance) or TANF/TFA (Temporary Family Assistance or Temporary Aid to Needy Families). |
|  |  |
| **Barriers to Employment** | **Cultural Barriers**-if the learner perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment  **Disabled**- if the learner indicates that s/he has any "disability”, as defined in the Americans with Disabilities Act of 1990. A "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.  **Displaced Homemaker**- if the learner has been providing unpaid services to family members in the home and who-has been dependent on the income of another family member but is no longer supported by that income, or Is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a permanent change of station, or the service-connected death or disability of the member  **And** is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.  **English Language Learner**- The learner is a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.  **Ex-Offender**- a person who either (a) has been subject to any stage of the criminal justice process for  committing a status offense or delinquent act, or (b) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.  **Youth in Foster Care or aged out**- a person who is currently in foster care or has aged out of the foster care system.  **Homeless:**  The individual:  (a) Lacks a fixed, regular, and adequate nighttime residence. This includes:  (i) Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;  (ii) Living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations  (iii) Living in an emergency or transitional shelter  (iv) Abandoned in a hospital  (v) Awaiting foster care placement  (b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground  (c) Is a migratory child who in the preceding 36 months was required to move from one school district to another  due to changes in the parent’s or parent’s spouse’s seasonal employment in agriculture, dairy, or fishing work (d) Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).  **Long-term Unemployed**-learner has been unemployed for 27 or more consecutive weeks at program entry.  **Low-Income individual**- The learner is a person who:  In the 6 months prior to application to the program has received, or is a member of a family that is receiving:   * Assistance through the supplemental nutrition assistance program under the Food and Nutrition Act * Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act * Assistance through the supplemental security income program under Title XVI of the Social Security Act or state or local income-based public assistance. * Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level * Is a foster child on behalf of whom State or local government payments are made * Is an individual with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement * Is a homeless individual or a homeless child or youth or runaway youth or * Is a youth living in a high-poverty area   **Low Levels of Literacy**-is unable to read, write, and speak in English; compute and solve problems at levels of proficiency necessary to function on the job, in the family of the participant, or in society.  **Migrant & seasonal Farmworker**  Migrant Seasonal Farmworker:  The participant is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. A dependent of the person described above.  Seasonal Farmworker:  The participant is a low-income individual (i) who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency. A dependent of the person described above.  **Single Parent**- single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).  **No TANF in 2 Years or Less**-if learner is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act. |
| **Applicant/Student Signature** | Each applicant must sign in the space provided in order for the information to be released. If the applicant does not wish to sign, information may not be transmitted. |
| **Appraisal Testing** | Record the form number and type of appraisal test taken. |
| **Disability** | * **Disability - Visible:** This means a person who has a visible disability whether or not it has been reported to the service provider (e.g., person in a wheelchair or one who is blind and uses a white cane or service dog). * **Disability - Self-Disclosed:** This means that the person has ONLY self-disclosed a hidden disability (e.g., Attention Deficit Hyperactivity Disorder/ADHD, learning disability, Traumatic Brain Injury). * **Disability - Visible & Self-Disclosed:** This means that the person has BOTH a visible disability AND has self-disclosed a hidden disability. * **Neither:** This is the default, indicating that the person neither has a visible disability nor self-disclosed a hidden disability. |
| **Enrollment Date** | Enter the date the learner actually begins the Course-Section. For many learners, this may be the same as the start date of the Course-Section. However, if open enrollment is allowed, different learners in the same Course-Section may have different enrollment dates. **Note: This date will continue to default to the date of data entry. CARS does include an option that the data entry staff may choose that automatically populates this field with the start date of the Course-Section.** |
| **Exempt From Testing** | Select Yes ONLY if the applicant is intentionally exempt from pre-post testing. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Assessment/Achievement Information Form** | | | | | | | | | | | | | |
| **ID Number** | | | | | **Course Section Code:** | | | | | | | | **Date Exited:** |
| **Applicant Name**: | | | | | **Course Section Title:** | | | | | | | |
| **Exempt from Testing:**  Yes No | **Assessment Given:**  Yes No | | | | | **No Show** | | | | **Hours Attended:** | | | **Treat as Elective\*:**  Yes No |
| Grade Earned:\* | | Credit Earned:\* | | | | | Status:\* Dropped Failed Incomplete Not Supplied Pass | | | | | | |
| **CCS Testing** | | | | | | | | | | | | | |
| **Test Type**  **(Reading, Math)** | | | **CASAS Test Form**  **(e.g. 81R, 31M)** | | | | | **Raw Score** | | | **Scale Score** | | **Test Date** |
|  | | |  | | | | |  | | |  | |  |
|  | | |  | | | | |  | | |  | |  |
|  | | |  | | | | |  | | |  | |  |
|  | | |  | | | | |  | | |  | |  |
| Achievements(check all that apply) | | | | | | | | | | | | | |
| **Community/Citizenship**  Used community services  Successfully completed Citizenship coursework  Voted  **Education**  Entered college or post-secondary training  Entered training below post-secondary level  Improved basic skills (ESL, ABE)  Progressed toward HS diploma (GED, CDP, NEDP)  **Earned a High School Diploma**  Earned CDP  Earned NEDP  Earned GED | | | | | | | | | **Employment**  Entered employment  Retained employment  Neither  **Family**  Increased Involvement in Children’s Education  Helped more frequently with school  Increased contact with children’s teachers  More involved in children’s school activities  Increased Involvement in Children’s Literacy Activity  Read to Children  Visited Library  Purchased books or magazine​  **Military**  Entered Military  **Required Instruction**  Fulfilled court order  Reduction in receipt of public assistance  Removed from Public Assistance | | | | |
| **National External Diploma (NEDP)** | | | | | | | | | | | | | |
| Continuing diagnostics  Attained candidate status | | | | **Completed the following competency areas**  **including Post Task Assessment (PTA):**  [ ] Cultural Literacy  [ ] Health Literacy  [ ] Civic Literacy & Community Participation  [ ] Consumer Awareness  [ ] Financial Literacy  [ ] 21st Century Workplace  [ ] Geography & History  [ ] Science | | | | | | | | Individual Assessment  Portfolio Review | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GED® Ready Practice Test | | | | | | |
| **Form** | **Lang.** | **Social Studies** | **Science** | **Reasoning Through Language Arts** | **Mathematical**  **Reasoning** | **Total** |
| **Test Scores** | |  |  |  |  |  |
| **Test Dates** | |  |  |  |  |  |
| **Check if Passed** | |  |  |  |  |  |

**Student Assessment/Achievement Information Form**

This form collects all assessment/achievement information on the learner and can be completed throughout the Course-Section, latest by the end of the semester or when the learner leaves the program.

|  |  |
| --- | --- |
| **ID Number** | The social security number is NOT the major identifier of the individual. You are encouraged to use the computer generated Student ID. |
| **Applicant Name** | Please be sure to use the same name that is on the Student Information Form. |
| **Course Section Code** | Write the complete Course-Section code to ensure that the applicant is enrolled in the appropriate class in the database. |
| **Course Section Title** | Write the Course-Section title to assist the data entry person in checking the accuracy of each enrollment. |
| **Exempt From Testing** | Select Yes ONLY if the applicant is intentionally exempt from pre-post testing. |
| **Assessment Given** | The default value for “Assessment Given” is Yes. Check No only, if the program is unable to obtain even a single assessment (pre/post-test) test score despite making an effort to test that learner. Checking No will prevent data verify error 131 (missing assessment). |
| **Hours Attended** | Enter the total number of hours that the learner attended *this Course-Section.* |
| **No Show** | Attendance hours must be entered or No-Show must be checked on the "Edit Enrollment" screen. Check this box for an enrollment that does not have any attendance hours for that Course-Section. Checking No-Show will prevent an error message from being generated for having no attendance hours. |
| **Achievements – AHSCDP** | This section should be completed for each applicant enrolled in the credit diploma program. See the three items below: |
| **Course Grade** | Enter the grade the learner received for this Course. |
| **Credit Earned** | Enter the amount of credit the learner has earned for this Course. |
| **Status** | Select from Dropped, Failed, Incomplete, Not Supplied, or Pass. |
| **Treat as Elective** | Check Yes for the enrollment to override the default “Subject” specified in the Course definition and treat the credit earned as an elective. |
| **CCS Testing** | Enter all CCS test scores earned in this class. |
| **Raw Score** | Enter the raw score (the number correct) for reading, math and listening assessments. |
| **Scale Score** | Enter the corresponding scale score. |
| **Achievements** | All “Achievements” are related to the student. Providers can continue to collect achievements from each teacher but will only have the option of reporting them once for a learner in the fiscal year. |
| **Student Diploma Awarded** | Select the type of diploma the applicant has earned in the program: AHSCDP – Adult High School Credit Diploma; NEDP- External Diploma. Default is Neither.  \*GED- General Educational Development is not available for selection, this was a previous selection from prior fiscal years that is no longer used to capture GED diplomas awarded. |
| **Achievements NEDP** | Select all appropriate outcomes for each NEDP learner in the program. |
| **GED Official Practice Testing Record** | Record test scores from the GED practice test and/or check the subtests passed. |

**GED® Registration Form (CBT)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Have you ever registered for or taken the GED Test?** 🞏 Yes 🞏 No   **If YES, Test Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Language in which GED Test was taken:** 🞏 English 🞏 Spanish | | | |
| **2. First Name:** | **3. Middle:** | **4. Last Name:** | |
| **5. Address:** | | **6. Apartment or Unit Number:** | |
| **7. City:** | **8**. **State:** | | **9. Zip Code:** |
| **10. E-mail:** | | | |
| **11. Home Phone:** | | **12. Cell Phone:** | |
| **13. Application Date:** | **14. Birthdate:** | | **15. Age Documented 🞏 Yes 🞏 No** |
| **16. Gender: 🞏 Male 🞏 Female** | | **17. Country Born:** | |
| **18. Social Security Number:** | | | |
| **19. ID Type:** 🞏 Driver’s License 🞏 Inmate 🞏 Military ID 🞏 Other 🞏 Passport 🞏 SASID  **SASID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **20. Ethnicity (must select one)**  🞏 Hispanic or Latino 🞏 NOT Hispanic or Latino  **Race (check all that apply)**  🞏 American Indian or Alaskan Native 🞏 Asian 🞏 Black or African American  🞏 Native Hawaiian or other Pacific Islander 🞏 White | | | |
| **21. Highest Grade Completed:** | | **22. Last Year of Traditional K-12: \_\_\_\_\_\_\_**  **yyyy** | |
| **23. Military Service:** 🞏 Active Duty 🞏 National Guard 🞏 Reserves 🞏 Veteran 🞏 None  **Military Branch:** 🞏 Air Force 🞏 Army 🞏 Coast Guard 🞏 Marines 🞏 Navy | | | |
| **24. Last High School Attended:** | | **25. Date Entered Ninth Grade: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  **mm dd yyyy** | |
| **26. Primary Language:** 🞏 English 🞏 Spanish 🞏 French 🞏 Other | | | |
| **27. Status at Testing (check all that apply)**  🞏 Correctional Facility  🞏 Emancipated Minor  🞏 Health Facility  🞏 Receiving public assistance  🞏 Single Parent | | **28. Your Current Employment Status**  🞏 Employed Full Time  🞏 Employed Part Time (20 or fewer hours per week)  🞏 Full-time student  🞏 Not in the labor force - by choice  🞏 Not in the labor force - not by choice  🞏 Part-time student  🞏 Permanent disability  🞏 Retired  🞏 Unemployed (seeking employment) | |
| **29. Reasons for Testing (check all that apply)**  🞏 Court Order  🞏 Early Release  🞏 Employer requirement  🞏 Enroll in Technical/Trade School  🞏 Enter 2-year college  🞏 Enter 4-year college/university  🞏 Get First Job  🞏 Job Training | | 🞏 Keep Current Job  🞏 Military Career  🞏 Military Entrance  🞏 Other  🞏 Personal Satisfaction  🞏 Public Assistance Requirement  🞏 Role Model for Family  🞏 Skills Certification | |

**GED® Registration Form (CBT) Page 2**

|  |  |  |
| --- | --- | --- |
| **30. How did you prepare for the GED Tests? (check all that apply)** | | |
| 🞏 Army “GED Plus”  🞏 Charter School  🞏 Church Program (Faith-based)  🞏 Community Based Organization  🞏 Community College Adult Education Class  🞏 Correctional Facility  🞏 Correspondence School  🞏 Distance Learning  🞏 Employment and/or Training Program  🞏 Family Literacy  🞏 GED Option  🞏 Home Schooling instead of K-12  🞏 Home Study  🞏 Homeless Program | 🞏 Internet/Computer  🞏 Job Corps  🞏 Library  🞏 Literacy Volunteer Program  🞏 Migrant Worker/HEP Program  🞏 Military Installation  🞏 None  🞏 Official Practice Tests  🞏 Private Tutor  🞏 Project Challenge  🞏 Public School Adult Education Program  🞏 Self-Taught  🞏 Television  🞏 Workplace Literacy Program | |
| **31. How did you learn about the GED? (check all that apply)** | | |
| 🞏 Brochure  🞏 Classmate  🞏 Education agency  🞏 Employer  🞏 Employment counselor  🞏 Family, neighbor or family member  🞏 Jail or prison official  🞏 Magazine | 🞏 Military recruiting officer  🞏 Newspaper  🞏 Other  🞏 Probation or parole officer  🞏 Radio  🞏 School guidance or teacher  🞏 Social worker  🞏 Television | |
| **32. Distance traveled in one direction to take the GED Test:**  🞏 1 to 10 miles 🞏 11 to 25 miles 🞏 26 to 50 miles 🞏 51 to 100 miles 🞏 more than 100 miles | | |
| **33. Hours preparing for the GED Test:** | | |
| **34. Please read and complete this section accurately. You must sign the form for it to be processed** | | |
| 1. I give permission to release my test results to my preparation site. | | 🞏 Yes 🞏 No |
| 1. I certify that the information on this form is correct and that I have met the eligibility requirements and that I have not earned a high school diploma. | | 🞏 Yes 🞏 No |
| 1. The State Department of Education may use information collected on this form and from the GED Test for research purposes only. | | 🞏 Yes 🞏 No |
| 1. The GED Testing Service may contact me for follow-up research. | | 🞏 Yes 🞏 No |
| **I have read and agreed to comply with all GED testing policies, including those related to the responsibilities of GED examinees, the ownership of tests, scores and other data, and data privacy.** | | |
| **Applicant’s Signature:** | | **Date:** |

**FOR OFFICE ONLY**

Registration Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARS Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_