

**Center for Empowerment and Employment Training  
(CEET)  
Intake Form**

Date: \_\_\_\_\_ Staff Person: \_\_\_\_\_

Ward \_\_\_\_\_

Are you a returning participant to this program:  Yes  No

Approximately Date(s) of previous enrollment: \_\_\_\_\_

Program:  ABE  ASE  ESL  Family Literacy  Workplace  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to call:  Yes  No

Work Phone: \_\_\_\_\_ Okay to call:  Yes  No

Cell Phone /Pager #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Native Language: \_\_\_\_\_  Speak  Write  Read

Gender:  Male  Female

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have children?  Yes  No Ages of children: \_\_\_\_\_

Are you a single parent?  Yes  No Need childcare?  Yes  No

How many years in school: \_\_\_\_\_ City/State/Country of last school: \_\_\_\_\_

If less than 12, please take the attached GED Survey

Tested for learning disabilities?  Yes  No  Unknown Findings of test: \_\_\_\_\_

Special education  Yes  No Age entered special education: \_\_\_\_\_

Vision Problems :  Yes  No  Unknown Need glasses, but doesn't have  Yes  No

Hearing Problems  Yes  No  Unknown Stroke or major head injury?  Yes  No

Member of counseling, residential, or other program (including educational) \_\_\_\_\_

Social / Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever taken the GED before?  Yes  No If yes, when? \_\_\_\_\_

Do you have, or have ever had a substance abuse problem:?  Yes  No

Need Transportation: ?  Yes  No  Metro  Bus  Car  Other

Demographic Information

U.S. Citizen

- Yes  No

Education

- Grades 0-4  
 Grades 5-8  
 Grades 9-11  
 High School Diploma  
 Some college  
 Not available

Employment Status

- Employed  
 Unemployed  
 Retired  
 Other: \_\_\_\_\_

Public Assistance Status

- Not Receiving Public Assistance  
 TANF Recipient  
 Food Stamps  
 Refugee Cash Assistance  
 Old-Age Assistance  
 General Assistance  
 Aid to the Blind  
 Totally Disabled

Disability Status

- Disabled  
 Not Disabled

Displace Homemaker

- Yes  
 No

**Occupation**

- Professional  
 Clerical  
 Technical  
 Agriculture  
 Homemaker  
 Sales  
 Student

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

Voting Behavior

- Registered to vote  
 Not registered to vote  
 Registered to vote, but never voted

Income

- \$ 5,000 and under  
 \$ 5,000 - \$9,999  
 \$10,000 - \$14,999  
 \$15,000 - \$19,999  
 \$20,000 - \$24,999  
 \$25,000 - \$40,999  
 \$ 41,000 or more  
 Public Assistance  
 SSI  
 Not Available

Ethnicity

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black, Not Hispanic Origin  
 White, Not Hispanic Origin  
 Multiple Ethnicity

Referral Source

- TV/Radio  
 DDS  
 Friend / Family  
 Employer / School  
 Library  
 Other Adult ed. Org. \_\_\_\_\_  
 Other agency: \_\_\_\_\_  
 Literacy Hotline  
 Church  
 Poster / ad  
 PR talk / presentation  
 Special event  
 Newspaper  
 Phone Book  
 Other  
 Not available

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

**WRITTEN SURVEY FORM**

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please answer the questions below:

1. What was the last grade you completed? \_\_\_\_\_

2. What factors were involved in your decision to leave school? \_\_\_\_\_

3. Have you had any further education or training since then: \_\_\_\_\_

4. Have you ever taken the GED test before? \_\_\_\_\_

5. What if you don't attain your GED on your first attempt. \_\_\_\_\_

6. Why do you want to participate in this program \_\_\_\_\_

7. Daily attendance and punctuality are required. How will you achieve this? \_\_\_\_\_

8. What are your goals after completing this program? \_\_\_\_\_

9. \_\_\_\_\_  
Have you ever used a computer before? Circle YES NO

10. If yes, what have you used the computer for and how do you rate skill?  
\_\_\_\_\_

