

# ADULT EDUCATION AND LITERACY STUDENT FORM



Previous TEAMS NAME Information

ID NUMBER

DOB

LAST NAME	FIRST NAME	MIDDLE INITIAL
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SSN / ID Verifier Initials	SOCIAL SECURITY NUMBER	OTHER DOCUMENT NUMBER	<input type="checkbox"/> LAN <input type="checkbox"/> TX DL/ID <input type="checkbox"/> Other _____
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<b>ETHNICITY</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race	<b>RACE » MUST CHECK AT LEAST ONE RACE</b>				
<input type="checkbox"/> American Indian or Alaskan Native Indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community. Including any Alaska Native Village.	<input type="checkbox"/> Asian Person having origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent.	<input type="checkbox"/> Black/African American American person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> Native Hawaiian or Pacific Island Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> White Person having origins in any of the original peoples of Europe, Middle East or North Africa.	

<b>DATE OF BIRTH</b>											
M	M	/	D	D	/	Y	Y	Y	Y		

<b>IDENTIFYING INFORMATION</b>		
STUDENT STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE		
CELL PHONE	WORK PHONE	
EMAIL ADDRESS		

<b>GENDER</b>		
<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> DID NOT DISCLOSE

<b>AGE OF STUDENT</b>		
<input type="checkbox"/> 16	<input type="checkbox"/> 17-18	<input type="checkbox"/> 19+

<b>Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental <input type="checkbox"/> Learning Disability <input type="checkbox"/> Vision <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Hearing <input type="checkbox"/> Did not disclose								
<b>Learning-Disabled Adult</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose								
<b>Veteran Status</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Eligible Veteran Status</b> <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> No <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person								
<b>Disabled Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, special disabled								
<b>Date of Actual Military Separation</b> <table style="width:100%"> <tr> <td style="width:3%">M</td><td style="width:3%">M</td><td style="width:3%">D</td><td style="width:3%">D</td><td style="width:3%">Y</td><td style="width:3%">Y</td><td style="width:3%">Y</td><td style="width:3%">Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y	
<b>Employment Information</b> Employed: YES <input type="checkbox"/> NO <input type="checkbox"/> Unemployed 27+ consecutive weeks YES <input type="checkbox"/> NO <input type="checkbox"/> Hours Employed per week _____								
<b>Reason for not looking for work</b> <input type="checkbox"/> Full-time caregiver/parent <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Disabled <input type="checkbox"/> Dependent <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other _____ <input type="checkbox"/> Institutionalized								

<b>Type of Community</b> <input type="checkbox"/> Rural <input type="checkbox"/> Urban
<b>School Status at Program Entry</b> <input type="checkbox"/> In-School, postsec. school <input type="checkbox"/> Not attend./Drop Out <input type="checkbox"/> Sec School or equivalent <input type="checkbox"/> Comp. Age of Atten.
<b>Type of Community</b> <input type="checkbox"/> Rural <input type="checkbox"/> Urban
<b>Education Information</b> <input type="checkbox"/> Enrolled in College or IET <input type="checkbox"/> Outside U.S. <input type="checkbox"/> Yrs of school without HS Diploma <input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained GED or Equivalent <input type="checkbox"/> Yrs of College/Vocational Completed <input type="checkbox"/> Associates Diploma or Degree <input type="checkbox"/> Bachelor's Degree or Equivalent <input type="checkbox"/> Certificate of Attendance/Completion <input type="checkbox"/> Post-Secondary Degree or Certification <input type="checkbox"/> No Educational Level Completed
<b>Migrant and Seasonal Farmworker Status</b> <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> No <input type="checkbox"/> Migrant and Seasonal Farmworker <input type="checkbox"/> Dependent of Farmworker
<b>On Public Assistance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose
<b>Expanded Eligibility for TANF</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose
<b>TANF Exhausting in two years</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

<b>Additional Characteristics</b> Yes   No <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Low Income <input type="checkbox"/> English Language Learner <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Immigrant <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Parent of ages 0-5 <input type="checkbox"/> Parent of ages 6-10 <input type="checkbox"/> Parent of ages 11-13 <input type="checkbox"/> Parent of ages 14-18 <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Did not disclose <input type="checkbox"/> Job Corps <input type="checkbox"/> Unknown <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Corrections <input type="checkbox"/> Other Institutionalized <input type="checkbox"/> On Parole <input type="checkbox"/> On Probation <input type="checkbox"/> Family Lit. Participant <input type="checkbox"/> Workplace Lit. Participant  <input type="checkbox"/> Participant in Job Training <input type="checkbox"/> One-Stop Center Referral <input type="checkbox"/> TANF Referral <input type="checkbox"/> College Referral
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PARTICIPANT GOALS			
<b>Primary</b>	<input type="checkbox"/> Obtain HS Diploma	<input type="checkbox"/> Obtain HS Equivalency	<input type="checkbox"/> Enrolled in College/Other
	<input type="checkbox"/> Obtain a Job	<input type="checkbox"/> Retain Job/Advance in Job	
<b>Secondary</b>	<input type="checkbox"/> Leave Public Assistance	<input type="checkbox"/> Obtain/Improve: Occupational Skills	<input type="checkbox"/> Make progress in English
	<input type="checkbox"/> Gtr. Involvement in Child's Education	<input type="checkbox"/> Obtain/Improve: Community Resources	<input type="checkbox"/> General Involvement
	<input type="checkbox"/> Gtr. Involvement in Community Activities	<input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain/Improve: HealthCare
	<input type="checkbox"/> Improve Basic Skills	<input type="checkbox"/> Achieve Citizenship Skills	<input type="checkbox"/> Obtain/Improve: Govt and Law
	<input type="checkbox"/> Obtain US Citizenship	<input type="checkbox"/> Gtr. Involvement in Child Lit. Activities	<input type="checkbox"/> Obtain/Improve: Consumer Economics
	<input type="checkbox"/> Obtain/Improve: Parenting	<input type="checkbox"/> Register to Vote/First time Vote	

Have you attended another Adult Education site? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>BEST PLUS</b>
If so, Where _____ When _____	DATE _____ SCALE SCORE _____
Test needed <input type="checkbox"/> No <input type="checkbox"/> Yes	

FOR OFFICE USE ONLY		BEST Literacy Form B C D (Circle One)		
SITE NAME	CLASS ID	DATE	SCALE SCORE	
INSTRUCTOR NAME	INSTRUMENT GROUP	<b>TABE</b> Form 9 10 11 12 (Circle One)	READING	
	<input type="checkbox"/> BEST PLUS <input type="checkbox"/> TABE	DATE	LEVEL	SCALE SCORE
FIRST DAY OF CLASS	DAY M T W T F S	MATH		
CLASS START TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CLASS END TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE	LEVEL	SCALE SCORE
REGISTRATION COMPLETED BY	ENROLLMENT DATE	LANGUAGE		
SUPERVISOR	DATA ENTRY	DATE	LEVEL	SCALE SCORE

Select Test Dated  Additional Registration with Class #

PARTICIPANT RELEASE OF INFORMATION AND PERMISSION TO PARTICIPATE IN THE PROGRAM	
<p>The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection on my application, withdrawal of acceptance, and cancellation of enrollment. Participants who are 16 years of age must have a court order. By signing this form, parents of 17 and 18 year old students give permission to participate in the program. I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained and field of study.</p>	
<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT	<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT
<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT	<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT

POST SECONDARY ENROLLMENT PARTICIPANT RELEASE OF INFORMATION	
<p>I hereby give my consent to release personal identifiable information regarding my enrollment in post secondary institutions as matched to the Texas Higher Education Coordinating Board (THECB) master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between Texas Education Agency (TEA) and THECB. Participants who are 16, 17 and 18 years of age must have parent or guardian permission to participate in the program.</p>	
<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT	<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT
<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT	<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT

EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION	
<p>I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the THECB and/or TEA for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.</p>	
<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT	<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT
<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT	<input type="checkbox"/> CHECK THIS BOX <b>NOT</b> AUTHORIZING CONSENT
STUDENT SIGNATURE _____ DATE _____	PARENT/GUARDIAN SIGNATURE _____ DATE _____

# ADULT EDUCATION AND LITERACY SELF-ATTESTATION



**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

**DATE OF BIRTH**

		/			/				
M	M		D	D		Y	Y	Y	Y

**SOCIAL SECURITY NUMBER**

			/			/				
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**LOCAL PHONE NUMBER**

		-			-		
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Purpose: To determine whether an individual who is 17 or 18 years of age and who cannot obtain a parent's or guardian's permission meets the criteria for receiving a qualified exemption under TEC 25.086.

**Form 1: To determine whether an AEL services candidate is already attending secondary school:**

Are you attending school? YES  NO

If YES, name of school: \_\_\_\_\_

If NO, what is the last date that you attended school? \_\_\_\_\_

Are you enrolled in public school for next semester? YES  NO

I, \_\_\_\_\_ verify that the information I have provided is true and correct.

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

**Staff Only: Please respond to the following questions.**

Do the candidates responses indicate that they are enrolled in secondary school? YES  NO

If YES, the candidate is NOT eligible for AEL services. If NO, candidate may be eligible for AEL services.

Is candidate potentially eligible for AEL services? YES  NO

**Form 2: To determine whether an AEL services candidate is living with a parent:**

Do you live in a home that your parent owns or rents? (Note: If yes, parental permission is required) YES  NO

Where do you usually sleep at night? (street address, apartment number, city, Zip code)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

How long have you been at that address? \_\_\_\_\_ Years/ \_\_\_\_\_ Months/ \_\_\_\_\_ Days

Do you pay or receive bills in your name? YES  NO

What bills do you pay or receive? Please list: \_\_\_\_\_

To what address are the bills delivered? Address: \_\_\_\_\_

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

What is your parents or guardians address, if different from where you sleep at night? Address: \_\_\_\_\_

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

When was the last time you slept at your parent's or guardian's address? \_\_\_\_\_

**Staff Only: Please respond to the following questions.**

Do the candidate's responses indicate that they are living with a parent? YES  NO

If YES, candidate is NOT eligible for AEL services without parent permission. If NO, candidate may be eligible for AEL services.

Is candidate potentially eligible for AEL services? YES  NO

**Form 3: To determine whether an AEL services candidate is homeless as defined in 42 USC §11302**

Do you live in a place that has no windows, doors, running water, heat, or electricity? YES  NO

Are you living in a place that is overcrowded? YES  NO

Are you staying with a friend or relative because of a loss of housing or economic hardship, or for a similar reason? (Examples include eviction, foreclosure, fire, flood, divorce, domestic violence, the loss of a job, being told to leave by your parent, and running away from home.) YES  NO

Are you living in a shelter? (Examples include a family shelter, a domestic violence shelter, a shelter for children or youth, and housing funded by the Federal Emergency Management Agency.) YES  NO

Are you living in an unsheltered location? (Examples include living in a tent, in a vehicle, in an abandoned building, at a campground, in a park, and in a bus or train station.) YES  NO

Are you living in a hotel or motel because of a loss of housing or economic hardship? (Examples include eviction, foreclosure, flood, fire, hurricane, and lack of money to pay deposits for a permanent home.) YES  NO

Are you living in transitional housing? (that is, housing that is available as part of a program, is offered for a specific length of time only, and is partly or completely paid for by a church, a nonprofit organization, a governmental agency, or another type of organization) YES  NO

**Staff Only: Please respond to the following questions.**

Do the candidate's responses indicate that they meet the criteria for homelessness? YES  NO

If YES, the candidate meets the criteria for homelessness and may enroll with or without the parent's or guardian's permission.

Is candidate potentially eligible for AEL services? YES  NO

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Name: \_\_\_\_\_



**Adult Education Center**  
**Subject: Mutual Rights & Responsibilities**  
*Applies to: All Programs*

**Consent to Services**

**Effective: 07/01/2019**

Our goal at Adult Education Center is to offer you the highest standard of professional service. In order to inform you about our services, the following mutual rights and responsibilities have been outlined for your review. These guidelines are intended to make our work together productive and beneficial. You have been given two copies of this agreement. Please keep one for your records. The other one is to be signed by you and the agency representative assigned to assist you.

Please do not hesitate to discuss any aspect of this information with your agency representative.

We welcome your participation in our program and look forward to working with you.

To learn more about how well the Adult Education Center’s programs are working, we routinely assess participants at the end of the session. For statistical purposes only, tests and/or surveys may be administered to collect non-identifying information. The information you provide will be combined with that from other Learners /clients and analyzed as a group, not by person or family. This information is used to evaluate and improve our programs. **This information will be kept confidential.**

I acknowledge that I have read (or received an explanation) and understand my rights as a learner/client, the grievance procedure, agency rules, and the terms under which my rights of confidentiality will be waived.

I also acknowledge that I am receiving a copy of this document. My signature below signifies my consent to abide by these terms and receive services as a learner/client of Adult Education Center. I understand that the Adult Education Center is an Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas Numbers: 1-800-735-2989 (TDD) 1-800-735-2988 (Voz) o 711.

Entiendo que el AEC as un Impleader/programmer de Igualdad de Oportunidades. Ayudas auxiliaries y servicios estan disponibles a peticion de personas para discapacidades. Numeros de Relay Texas: -800-735-2989 (TDD) 1-800-735-2988 (Voz) o 711.

**My signature below indicates my receipt and review of the Agency’s Mutual Rights and Responsibilities and Privacy Policies.**

\_\_\_\_\_  
Learner/Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**Business hours for the Adult Education Center located at 2246 N. Washington Avenue, Pearland, TX 77581 are: 8:30 a.m. to 8:30 p.m. Monday through Thursday. 8:30 a.m. to 2:00 p.m. on Friday.**



**Adult Education Center**  
**Subject: Mutual Rights & Responsibilities**  
*Applies to: All Programs*

**Learner/Client Rights**

**Effective: 07/01/2019**

## **MUTUAL RIGHTS AND RESPONSIBILITIES**

### **LEARNER/CLIENT RIGHTS**

1. You have the right to receive services without regard to race, religion, sex, ethnicity, age, disability, or socio-economic status.
2. You have a right to be treated with respect while receiving program services with your privacy and personal dignity recognized and respected at all times.
3. You have the right to receive adequate and compassionate services regardless of the source of financial support.
4. You have a right to request review of your case record(s) on agency premises.
5. You have a right to expect an adequate number of competent, qualified, and experienced staff to supervise and implement your individual plan of service.
6. You have the right to refuse services and to be advised of the consequences of such a decision.
7. You have the right to actively participate in the development and periodic review of your individual training education and career plan of service and to know the qualifications of staff providing services.
8. You have a right to request, either verbally or in writing, a statement regarding your concerns, problems, comments about services, or requests for services be placed in your record.
9. You have the right to a compassionate and safe environment free from abuse, neglect and harassment and exploitation.
10. You have the right to request the opinion of a consultant (at your own expense) or a review by the staff of Adult Reading Center of your individual plan of service.
11. You have the right to refuse to participate in research or videotaping without compromising access to services and programs.
12. You have a right to lodge a complaint and reach resolution.
13. You have the right to receive a complete explanation of your rights in clear, non-technical terms.



## **Adult Education Center**

### **Subject: Mutual Rights & Responsibilities**

*Applies to: All Programs*

## **Learner/Client Classroom Rules**

**Effective: 07/01/2019**

Adult Education Center provides our Learners /clients with a classroom environment designed for individuals to develop and thrive while pursuing their personal, educational, and career goals. The following rules have been established to ensure the instructional and programmatic atmosphere are progressive and not disruptive.

1. Learners /Clients must be on time for class and tutoring session (s).
2. Learners /Clients must attend class regularly. If you are going to be absent, inform your Teacher or Tutor. If your teacher or tutor could not be reached, contact the office at (281) 485-1000.
3. No more than three excused absences will be allowed. Failure to comply will result in Learners /clients being dropped from the class or termination of tutoring.
4. Dress appropriately. Clothing with offensive slogans, graphics are prohibited.
5. Learners /Clients must sign-in and sign-out for each class.
6. Permission is required to use the Computer Lab. No food or drinks are allowed.
7. Learners /Clients must complete progress tests during each semester.
8. Learners /Clients must keep the classroom and bathrooms clean.
9. No children are allowed during class or tutoring sessions.
10. No disturbances are allowed during class or tutoring sessions.
11. Learners /Clients cannot give money to teachers, volunteers or tutors.
12. Learners /Clients must use the recycle bins that are located in the Adult Education Center Locations.
13. Drinks (water, sodas, and coffee) & snacks are \$0.50 each.
14. All books must remain in the classrooms. No writing is allowed in books.



## **Adult Education Center**

### **Subject: Mutual Rights & Responsibilities**

*Applies to: All Programs*

## **Learner/Client Safety & Ethical Practices**

**Effective: 07/01/2019**

**Revised: 07/10/19**

**Weather Emergencies:** In the event of severe or inclement weather (hurricane, flooding, and power outages), the Adult Education Center may close to protect the safety of staff, volunteers, and Learners /clients. Please call (281) 485-1000 to determine if the Adult Education Center is open or closed.

### **As a learner/client of the Adult Education Center, you should not:**

1. Loan or give an employee, contractor, or tutor money, goods, or gifts.
2. Date an employee, contractor or tutor of the Adult Education Center.
3. Ask a teacher or a tutor to help with personal matters outside of instructional, training and career goals. If referrals are needed, Learners /clients should notify one of the Adult Education Center's staff.

### **Additional:**

1. If a teacher, tutor, employee or contactor makes you feel uncomfortable for any reason, you should report this to the Adult Education Center's Senior Staff (CEO, CFO or Director of Education and Programs) immediately.
2. The Adult Education Center recommends that Learners /clients should not visit a tutor's home nor should a tutor visit Learners /clients home for tutoring.
3. Learners /Clients are prohibited to ride with a tutor or offer your tutor a ride.
4. Learners /Clients should meet tutors in a public place such as the Adult Education Center, Library or church.
5. Learners /Clients are referred to the Adult Education Center through the Probation Department or ordered by a Court to obtain literacy training. Learners /Clients must sign a release form, providing consent to the Adult Education Center to share information related to their case, identified goals, or needs during the term of service.





## **Adult Education Center**

### **Subject: Mutual Rights & Responsibilities**

*Applies to: All Programs*

## **Learner/Client Responsibility**

**Effective: 07/01/2019**

**Revised: 7/30/2019**

### **Adult Education Center has the right to terminate services if Learners/clients violate any of the following:**

1. Physical violence or the threat of physical violence toward any family member, program learner/client, program staff member or tutor is not permitted.
2. Rude or offensive language or other inappropriate behavior (including approaching program learner/client, program staff member or tutor in an abusive, harassing, and exploitative manner).
3. Use of alcohol or other mind-altering substances before or during services is not permitted. You will be required to leave the premises if you smell of alcohol or appear to be impaired for any reason.
4. Weapons are not permitted on the premises of Adult Education Center.
5. Destruction of agency property will not be allowed.
6. Breaking of confidentiality by talking about other program Learners /clients outside of classes and tutoring sessions are not permitted.
7. Smoking in the building is not permitted.

Engaging in any of the above behavior will result in removal from the premises and/or discontinuation of services.



## **Adult Education Center**

**Subject: Mutual Rights & Responsibilities**

*Applies to: All Programs*

## **Non-Discrimination Policy & Grievance/Complaint Procedure**

**Effective: 07/01/2019**

**Revised: 10/31/2019**

**Equal Opportunity and Harassment Statement:** The Adult Education Center (AEC) is an Equal Opportunity Employer/Program and Prohibits Discrimination and Harassment of Any Kind: AEC is committed to the principle of equal employment opportunity for all adult learners with a learning environment free of discrimination and harassment. All program decisions at AEC are based on organizational needs and learner needs, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), age, physical, mental or sensory disability, marital, civil union or domestic partnership status, past or present military service, family medical history, family or parental status, political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program, or any other consideration prohibited by law for the purpose of service.

Harassment and intimidation includes abusive, foul or threatening language or behavior. The Adult Education Center is committed to maintaining a healthy and safe learning environment that is free of such harassment and will not tolerate discrimination against agency learners.

**Issues of discriminatory treatment, harassment, or intimidation on any of these bases should immediately be reported to the President & CEO or Director of Education and Programs in writing, and if substantiated, prompt action will be taken.**

### **Grievance Policy Procedure:**

1. You or your family may grieve directly to any staff member; however, if possible complaints should be made directly to the staff member's immediate supervisor by telephone or in writing.
2. If your complaint is about a staff member, you will be asked to discuss your concerns directly with that staff member and follow-up with a written complaint.
3. The immediate supervisor will discuss the complaint with the staff member and, at his/her discretion, may hold a joint meeting with you and the staff member.
4. If you are not satisfied with the outcome of the proceedings at the supervisory level you will be informed of your right to complain to the appropriate Senior Level Staff in writing.
5. If a resolution is not found at this time your complaint letter will be forwarded to the Quality Assurance/Compliance Team (involving members from senior staff and/or board of directors) within three working days.
6. Adult Education Center will acknowledge and document all complaints within twenty-four hours (or seventy-two hours if the complaint is lodged on a Friday). Any appeal will proceed as quickly as possible and forwarded to the President & CEO. You will be informed in writing of findings and recommendations within seven calendar days.
7. If you would like this procedure explained to you in simpler language. You may have it explained as often as you like.



**Adult Education Center**  
**Subject: Mutual Rights & Responsibilities**  
*Applies to: All Programs*

**Reasonable Accommodations Procedure**  
  
**Effective: 07/30/2019**  
Revised: 10.31.19

This procedure requires that learners with disabilities be afforded the same privileges and opportunities afforded learners without a disability. AEC programs does not exclude people with disabilities and must take reasonable accommodations to provide a person with a disability equal access.

The definition of a person with a disability for purposes of nondiscrimination is:

- A learner or individual who has a physical or mental impairment that substantially limits one or more life activities (e.g. blindness, deafness, cancer, heart disease, emotional or mental illness, and specific learning disabilities).
- A learner or individual who has a record of a physical or mental impairment that substantially limits a major life activity (e.g. recovered from mental or emotional illness, drug addition, heart disease, or cancer).
- A learner or individual who is regarded as having such a disability, regardless of whether they have the disability.

**Request for an Accommodation Statement & Process:** You have the right to request a reasonable accommodation at any time while enrolled in an AEC program. All request requesting a reasonable accommodation can be made in person or in writing to the attention of the Director of Education and Programs. A decision will be made within 3 to 5 business days of the request. Once you make a request for an accommodation, AEC staff may not ask the nature or severity of the disability in question. AEC staff need only consider whether or not the request is reasonable and within program parameters and standards. Program modifications will not be made.

**Applicable Accommodations at AEC include:** 1) Accessible Room and Auxiliary Aids and Services are permitted. You must secure these aids and services and responsible for payment. Caregivers are allowed to accompany you if that is indicated in the request for accommodation. Service animals are allowed.

**Disallowed Accommodations at AEC include:** 1) Companion animals.

**The Adult Education Center can deny reasonable accommodation requests which would require a fundamental alteration in the nature of the program or which represent an undue financial and/or administrative burden. Denials of request will be made in writing and discussed with learner in person or mailed to the home address in the event the learner is unable to be reached.**

**\*\*Auxiliary aids and services are available upon request to individuals with disabilities. Relay Texas: 711 | TDD: 1-800-735-2989 | Voice: 1-800- 735-2988.**

**I have a Reasonable Accommodation Request and would like to discuss it further. Next step include scheduling an appointment with the Director of Education and Programs.**

**I do not have a Reasonable Accommodation Request.**

\_\_\_\_\_  
Learner/Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



## Photo/Video Release Form

I, \_\_\_\_\_(please print),  
grant permission to the Adult Education Center and its agents and employees the  
unrestricted right to reproduce the photographs and/or video images taken of  
me for the purpose of publication, promotion, illustration, advertising in any  
manner or in any medium. I hereby release the Adult Education Center and its  
legal representatives for all claims and liability relating to said images or video.  
Furthermore, I grant permission to use my statements that were given during an  
interview, with or without my name, for the purpose of advertising and publicity  
without restriction. I waive my right to any compensation.

**I acknowledge that I am**

**over the age of 18**

**the legal guardian of the following**

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

**If legal guardian of model(s), please list name(s) here:**

Name(s): \_\_\_\_\_

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

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

\_\_\_\_\_

# ADULT EDUCATION AND LITERACY INDIVIDUAL TRAINING EDUCATION AND CAREER PLAN



**LAST NAME**

**FIRST NAME**

**MIDDLE INITIAL**

**DATE OF BIRTH**

<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M		D	D		Y	Y	Y	Y

**LOCAL PHONE NUMBER**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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**EDUCATION INFORMATION**

High School Diploma/Equivalent: YES  NO  If yes, year obtained: \_\_\_\_\_

GED Sections Completed: YES  NO  If yes, sections completed: \_\_\_\_\_

Training Course: YES  NO  Certificate Program: YES  NO

College: YES  NO  If YES, name of institution: \_\_\_\_\_

Degree:  Associates  Bachelors  Masters

**EMPLOYMENT INFORMATION**

Employed: YES  NO  Workforce Solutions Referral? YES  NO  Workforce Solutions Office: \_\_\_\_\_

If employed, how many hours a week? \_\_\_\_\_ Are you actively looking for work? YES  NO

AEL Course Enrollment:  ABE  ASE  IET  ESL  Civics  Other: \_\_\_\_\_

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

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

Teacher/Staff Signature: \_\_\_\_\_

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

LONG TERM GOALS: Educational, career, or personal goals I hope to accomplish within the next 3-5 years?		
Specific Goal	Steps I need to take to achieve my goal	I hope to achieve this goal by: (month/year)
1.		
2.		
3.		
4.		
5.		

**SHORT TERM GOALS: These are objectives I hope to accomplish within the next year.**

SPECIFIC OBJECTIVES: Educational objectives as well as goals related to training, employment or personal long term goals	How will objectives be measured?	Document progress toward objectives. Circle: <b>A</b> (Achieved objective), <b>P</b> (Progress made), <b>M</b> (Modified objective)	
		Rate Progress	Date Reviewed
1.		<b>A</b> <b>P</b> <b>M</b>	
2.		<b>A</b> <b>P</b> <b>M</b>	
3.		<b>A</b> <b>P</b> <b>M</b>	
4.		<b>A</b> <b>P</b> <b>M</b>	
5.		<b>A</b> <b>P</b> <b>M</b>	

List Career Counseling Services Needed (such as resume, interest inventory, job search, and interview skills):

List Potential Barriers to your Individual Training, Education, and Career Plan (such as childcare, transportation, work schedule, school schedule, criminal background):

1<sup>st</sup> Student ITEC Update    Phone    Email    Walk-in   Date: \_\_\_\_\_   Staff: \_\_\_\_\_

Notes:

2<sup>nd</sup> Student ITEC Update    Phone    Email    Walk-in   Date: \_\_\_\_\_   Staff: \_\_\_\_\_

Notes:

**GULF COAST WORKFORCE DEVELOPMENT BOARD  
ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM  
(29 CFR Part 38)**

**This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:**

**Workforce Innovation and Opportunity Act (WIOA)  
Temporary Assistance for Needy Families (TANF) / CHOICES  
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)  
Child Care Services (CC)  
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Gulf Coast Workforce Development Board  
3555 Timmons Lane  
Houston, TX 77227**

**Equal Opportunity (EO) Officer: Bobi Cook  
Telephone Number: (713) 627-3200  
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Gulf Coast Workforce Development Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)  
Equal Opportunity Monitoring  
101 E. 15<sup>th</sup> St., Room 504  
Austin, TX 78778-0001**

**Telephone Numbers:  
(512) 463-2400  
Relay Texas: 1-800-735-2989  
TTY 1-800-735-2988 (Voice)**

**EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

**What to do if you believe you have experienced discrimination.** If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**PROCEDURES ON HOW TO FILE A COMPLAINT**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**

If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**

If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**

If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

**Please do not sign this notice until you have read it and understand its contents.**

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the *Orientation to Discrimination Complaint Procedures Form* and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date