

Office use only:

Application taken by: \_\_\_\_\_

Student ID # \_\_\_\_\_

**San Bernardino Public Library**  
**Jack L. Hill Lifelong Learning Center**  
Student Enrollment Form

DATE: \_\_\_\_\_

**Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Gender:** Male: \_\_\_\_\_ Female: \_\_\_\_\_ Non-Binary: \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SSI #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Education:**

**Highest Year of School:** \_\_\_\_\_ **Was this outside the USA?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Highest Degree or Diploma:**

- |                              |                                 |
|------------------------------|---------------------------------|
| _____ None                   | _____ A.A./A.S. Degree          |
| _____ HSE Certificate        | _____ 4 yr. College Graduate    |
| _____ High School Diploma    | _____ Higher than a B.A./B.S.   |
| _____ Technical Certificate  | _____ Individual Education Plan |
| _____ Some college no degree | _____ Other Diploma/Degree      |

**Was this degree/diploma earned outside the USA?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnicity & Language:**

**Ethnicity:** \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

**Native Language:**

- |                |             |                |              |               |               |
|----------------|-------------|----------------|--------------|---------------|---------------|
| ___ N/A        | ___ Hmong   | ___ Urdu       | ___ Nepali   | ___ Cambodian | ___ Ukrainian |
| ___ English    | ___ Haitian | ___ French     | ___ Burmese  | ___ German    | ___ Lao       |
| ___ Spanish    | ___ Somali  | ___ Portuguese | ___ Hindi    | ___ Amharic   | ___ Swahili   |
| ___ Arabic     | ___ Russian | ___ Japanese   | ___ Karen    | ___ Navajo    | ___ Other     |
| ___ Chinese    | ___ Korean  | ___ Panjabi    | ___ Gujarati | ___ Polish    | _____         |
| ___ Vietnamese | ___ Tagalog | ___ Bengali    | ___ Farsi    | ___ Armenian  |               |

**Race:**

- White
- Asian
- Black or African American
- Filipino
- American Indian
- Alaskan Native
- Native Hawaiian
- Pacific Islander

**Address & Contact Information:**

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employment Barriers:**

- Cultural Barriers
- Person with Disability
- Displaced Homemaker
- English Language Learner
- Homeless
- Long Term Unemployment
- Low Income
- Low Levels of Literacy
- Migrant & Seasonal Farmworker
- Seasonal Farmworker
- Single Parent
- No TANF in 2 Years or Less

**Education & Other Goals:**

What are 2 goals that you want to reach within 1 year?

**[Please mark in order of importance #1 for Primary, #2 for Secondary]**

- Improve Basic Skills
- Improve English Skills
- High School Diploma or H.S.E
- Get a Job
- Retain Job
- Get a better job
- Enter College or training
- Work-based project
- Family Goal
- U.S. Citizenship
- Military
- Personal Goal
- Enter Short-term Training
- Get off TANF or other Public Assistance
- None
- Other Attainable Goal

**Labor Force Status:**

- Unemployed
- Employed
- Employed with notice
- Not in Labor Force (retired, full time student, stay at home parent)

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

# Student Technology Intake Survey \* indicates required fields

1. What school are you going to: \*

Jack L. Hill Lifelong Learning Center (San Bernardino Public Library)

2. What is your first and last name? \_\_\_\_\_  
First\* Last\*

3. If you attended our school in the past, what was your teacher's name?

\_\_\_\_\_

4. What classes or programs are you interested in? (Check all that apply) \*

Basic Skills

High School Diploma

High School Equivalency (GED, HiSET, TASC)

English as a Second Language

Citizenship Preparation

Career Technical Education

Workforce Preparation

5. What are your career, employment, or educational interests or goals? \_\_\_\_\_

\_\_\_\_\_

6. Do you use email at home or at school? \*  Yes  No

7. If you use email at home or at school, what is your email address?

\_\_\_\_\_

8. What is a cell phone number where you can be reached?

\_\_\_\_\_

9. Is your cell phone a smart phone? \*  Yes  No

10. Have you ever taken a class online? \*  Yes  No

11. What is your feeling about learning online?\*

I will continue to learn online.  I don't think I can learn online right now.

12. Which device(s) do you or can you use for online learning? (Check all that apply)

Cell Phone  Tablet  Laptop or Computer  None (I don't have a device)

Other \_\_\_\_\_

13. Do you share this computer, laptop, or other device with others at home? \*  Yes  No

14. How do you connect to the internet? \*

Through my phone  Wi-Fi/Internet connection in my home

Personal Hotspot  Wi-Fi in the community

Other \_\_\_\_\_

15. Do you have data limits at home or on your phone that would keep you from learning?\*

Yes  No  I don't know

16. Do you have a quiet place to study at home? \*  Yes  No

17. Please mark the items below that would help you to study online. (Check all that apply) \*

I do not need additional help

a device to help me study online

help to get on the internet like a mobile hotspot

help getting into my online textbooks and/or classes

technical help fixing or using online stuff

flexible study times

Other \_\_\_\_\_

18. How did you hear about our school?

Website

Catalog

Family or Friend

Advertisement

Other \_\_\_\_\_

\* indicates required fields

# Voluntary Authorization to Share Personally Identifiable Information and Records Form

## PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

## PLEASE READ THE FOLLOWING CAREFULLY

I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.

I understand that I have the right to decline this request and that I am not required to give my permission.

I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.

I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.

\_\_\_\_ (Initial) I consent and agree to provide my SSN and share my personally identifiable information and records:

I, (Print Name) \_\_\_\_\_ hereby consent and agree that the CDE may collect my SSN and share my personally identifiable information with the EDD. The EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

Or,

\_\_\_\_ (Initial) I do not consent to share my personally identifiable information and records:

I, (Print Name) \_\_\_\_\_ do not consent or agree that the CDE may collect my SSN and share my personally identifiable information with the EDD.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

\_\_\_\_\_  
SSN (if consent given)

\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date

# ROLES & GOALS

Learner Name \_\_\_\_\_



- The Roles & Goals form is not a checklist. Instead, use it to begin a conversation with the adult learner concerning what they would like to accomplish through their efforts in the program.
- Use this sheet to set learner goals initially, to update the status of previously set goals, or to set new goals to be worked on over the next few months.
- When updating previously set goals, use this form to indicate whether the learner is making progress, has met, or is no longer interested in a particular goal.
- You may also report additional information about unanticipated achievements by the learner.
- Use dates (month/year) to indicate date goals were set or updated. Previous goals may be reset by updating the "Date Making Progress" column.
- Also on a separate worksheet, please share what you and the learner have seen as real-life indicators (evidence) of goal achievement.
- For additional information, please see *Roles & Goals Instructions* and *FAQ* sheets.

 <b>My Goals as a Lifelong Learner</b>	Date Goal Set	Date Making Progress	Date Goal Met	 <b>My Goals as a Worker</b>	Date Goal Set	Date Making Progress	Date Goal Met
Learn the alphabet, letters, and sounds				Search for a job			
Learn math skills				Apply for a job			
Read a book				Interview for a job			
Read a more difficult book				Get a job or a better job			
Read news or a magazine				Perform current job tasks better			
Write a note, message, or text				Use work related technology			
Write a letter, poem, story, or essay				Read work-related material			
Fill out a form or application				Write work-related material			
Use new technology skills				Obtain a license or certificate			
Use the library							
Get a diploma							
<b>Other Goals in the Lifelong Learner Role</b>				<b>Other Goals in the Worker Role</b>			





# ROLES & GOALS

Continued



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

 <b>My Goals at Home and as a Family Member</b>	Date Goal Set	Date Making Progress	Date Goal Met	 <b>My Goals as a Community Member and Citizen</b>	Date Goal Set	Date Making Progress	Date Goal Met
Share a book with a family member				Access community resources			
Take a family member to a library program				Get involved in the community			
Help a family member with homework and studying				Speak to others about the library literacy program			
Read a medicine label				Get a driver license			
Pay my bills				Become a citizen			
Access help with family legal documents				Prepare to vote			
Communicate effectively with educators				Vote			
Communicate effectively with medical professionals							
Communicate effectively with family members							
Navigate systems and services							
<b>Other Goals in the Home and Family Member Role</b>				<b>Other Goals in the Community Member and Citizen Role</b>			

Unanticipated Achievements (other things I have accomplished since the last Roles & Goals review).



**PUBLICITY RELEASE**

I do hereby grant permission to the San Bernardino Public Library, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

I hereby release, discharge, and hold harmless the Library and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am of legal age, or possess full legal capacity to execute the foregoing authorization and release.       Yes       No

Signature of Authorization: \_\_\_\_\_ Date: \_\_\_\_\_