

# 2021-22 Adult Student Profile Document (ASPD)

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

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

## Contact Information

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

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

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

## Emergency Contact

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

## Educational Attainment

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

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

<input type="checkbox"/> Billboard	<input type="checkbox"/> Family Member/Friend	<input type="checkbox"/> Printed card/Flyer	<input type="checkbox"/> Social media
<input type="checkbox"/> Child's school	<input type="checkbox"/> I am a returning student	<input type="checkbox"/> Newspaper/Magazine Ad	<input type="checkbox"/> Text message/Email
<input type="checkbox"/> Church	<input type="checkbox"/> Internet search	<input type="checkbox"/> Television Ad	<input type="checkbox"/> VA Career Works Portal
<input type="checkbox"/> Community College	<input type="checkbox"/> One-stop Center	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Other: _____

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

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

## Employment Status

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

## Employment Barriers

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

## VA High School Equivalency Testing

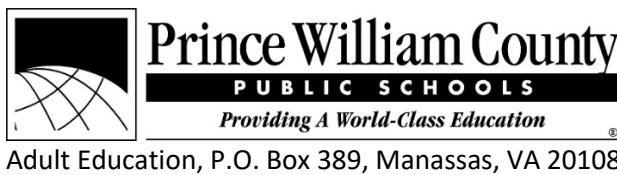
\*Have you taken the GED® test?  Yes  No  
 \*Do you plan to take the GED® test in the next 12 months?  Yes  No  
 \*Are you enrolling to take advantage of the free test initiative promoted on GED.com?  Yes  No

## Release of Student Information Consent

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

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

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



Adult Education, P.O. Box 389, Manassas, VA 20108

## The Family Educational Rights and Privacy Act (FERPA) Notification of Rights

The Family Educational Rights and Privacy Act (FERPA) affords students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records.

These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the Prince William County Public Schools Office of Adult Education receives a request for access.

Eligible students who wish to inspect their education records should submit to the Prince William County Public Schools Office of Adult Education a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Eligible students who wish to ask the Prince William County Public Schools Office of Adult Education to amend their education record should write the Prince William County Public Schools Office of Adult Education, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the eligible student, the school will notify the eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. The criteria for determining who constitutes a school official and what constitutes a legitimate educational interest must be set forth in the school's or school district's annual notification for FERPA rights. A school official typically includes a person employed by the school or school district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement

## **D – FERPA Notice (August 2020)**

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unit personnel) or a person serving on the school board. A school official also may include a volunteer, contractor, or consultant who, while not employed by the school, performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official typically has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request or if the disclosure is initiated by the eligible student, the Prince William County Public Schools Office of Adult Education will disclose education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Prince William County Public Schools Office of Adult Education to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Student Privacy Policy Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

FERPA permits the disclosure of PII from students' education records, without consent of the eligible student, if the disclosure meets certain conditions found in § 99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the eligible student, § 99.32 of the FERPA regulations requires the school to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. Additional exceptions that allow a school to disclose PII from the education records of a student without obtaining prior written consent of the eligible student may be found at <https://studentprivacy.ed.gov/resources/ferpa-general-guidance-students>.

**I acknowledge receipt of the Family Educational Rights and Privacy Act (FERPA) notice.**

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Printed Name of Participant

Signature of Participant

Date

To be completed along with the Adult Student Profile Document for Prince William County Schools GED applicants.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No      Are you a Prince William County resident?  Yes  No

Please check the category that best describes the employment challenges you have faced related to COVID-19:

- Laid-off       Furloughed       Difficulty finding employment       Leave of Absence  
 Currently underemployed (earning significantly less than previous wages OR earning insufficient wages for the region)  
 Other (please explain): \_\_\_\_\_

Are you Proficient in English?  Yes  No      If not, what language do you speak? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

*I certify that the information provided above is accurate. I understand I will need to provide verification of identity, right to work in the U.S., and residency in Prince William. I understand that I must provide confirmation of training completion and credential attainment if applicable.*

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

#### CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, authorize Virginia Career Works-Northern and the ELEVATE Program, funded through the American Rescue Plan Act, to exchange employment information and education/training information with the following agencies: ELEVATE funding agencies including Prince William County Department of Economic Development, Fairfax County Government, partner agencies/organizations of Virginia Career Worker-Northern, and training providers including Prince William County Public Schools and Northern Virginia Community College.

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

This authorization is good for one year after the completion of ELEVATE services unless otherwise requested in writing by the signatory.

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

## CONFIDENTIALITY POLICY

It is the policy of the Virginia Career Works Northern Board to protect the confidentiality of all customer's information.

**Maintenance and Release of Data:** Program Operators must collect data in order to document eligibility and provide services for ELEVATE. The Virginia Career Works Northern Board and its Program Operator and subcontractors will make every effort to collect and store data in a manner that ensures it will not be accessible to anyone without authorized access. Data collected will only be used to document eligibility or provide ELEVATE program services. Any other use of customer data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

**Access to Data:** Upon request, Program Operators shall make available to the designated funding agency and its designated agents, as well as to government authorities and its designated agents, access to all documents and working papers. Access includes the right of designated agents to obtain copies of working documents, as is reasonable and necessary to determine compliance with and ensure enforcement of the provisions of the Workforce Innovation and Opportunity Act.

**Disclosure of Individual Identity:** The identity of any individual who furnishes information relating to an investigation, compliance review, or customer satisfaction survey, including the identity of any individual who files a complaint, must be kept confidential to the extent possible, consistent with a fair determination of the issue. If it is deemed necessary to disclose an individual's identity, this individual must be protected from retaliation.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS POLICY. ANY QUESTIONS I HAVE REGARDING THIS POLICY HAVE BEEN ANSWERED.

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

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## EQUAL OPPORTUNITY (EO) RIGHTS NOTIFICATION

**IMPORTANT!** Below is **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Please contact your local Virginia Career Works – Northern Center for assistance in the translation and understanding of the information in this document.

### Equal Opportunity is the Law

This recipient is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in programs funded under the ELEVATE program in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with, any ELEVATE-funded program or activity. If you think that you may have been subjected to discrimination under the ELEVATE program or activity, you may file a complaint within 180 days from the date of the alleged violation with the recipient's Equal Opportunity Officer: David Hunn, Executive Director, Northern Virginia Workforce Development Board, 8300 Boone Avenue, Suite 450 Vienna, VA 22182 or you may file a complaint directly with the Director, Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW Room N-4123, Washington, DC 20219. If you elect to file your complaint with the recipient, you must wait for the recipient issues a decision or until 60 days have passed, whichever is sooner, before filing with DCR (see address above). If the recipient has not provided you with a written decision within 60 days of the filing of the complaint, you need not wait for a decision to be issued but may file a complaint with DCR within 30 days of the expiration of the 60 day period. If you are dissatisfied with the recipient's resolution of your complaint, you may file a complaint with the DCR. Such complaint must be filed within 20 days of the date you received notice of the recipient's proposed resolution.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE NOTIFICATION ABOVE. ANY QUESTIONS I HAVE REGARDING THIS NOTIFICATION HAVE BEEN ANSWERED.

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