



Literacy Volunteers  
OF MARICOPA COUNTY, INC.

# Registration

**Welcome!**

**We are glad that you are here.**

Thank you for your interest in continuing your education at Literacy Phoenix.

<b>Student's Full Legal Name</b> (As it is written on your photo ID)	First Name	
	Middle Name(s)	
	Last Name(s)	

<b>Choose a Program</b>	<b>ELL (English Language Learners program)</b> I want to learn and/or improve my <b>English</b> . My native language is not English. Instruction provided in English.	
	<b>ABE/GED (Adult Basic Education)</b> I want to obtain my High School Equivalency Diploma by passing the <b>GED®</b> test and/or improve my basic and secondary skills. Instruction provided in English.	

<b>Orientation</b>	Before you start with the registration process, take a moment to watch our orientation video to know better our programs and see how we can meet your educational expectations.	For ABE/GED: <a href="#">ABE Orientation</a> <a href="#">AZ Pathways to HSE Diploma</a> For ELL: <a href="#">ELL Orientation</a>
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<b>Acknowledge</b>	Do you have more questions after watching the video orientation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Please direct them to <a href="mailto:support@lvmc.net">support@lvmc.net</a> , call us or attend an in-person orientation and close this registration form.				
	Do you think this program is for you and you want to continue with the registration process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	To continue with registration, check the box below and sign to acknowledge the statement.				
	I have viewed the Orientation Video and I want to continue with the registration process.	<input type="checkbox"/>			

Student Name	Student Signature	Date
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Continuing...

# ...Continuing Registration

## Supporting Documents.

[Read more](#)

Attach your **Photo Id with your legal name:**and Date of Birth:  
(A picture of yourself **is not** a valid Id)

If you are **under 18** years old, attach your **Withdrawal Form:**

## Student's DOB and Original Nationality

Date of Birth

Original Nationality Country:

## Contact Information

Phone number	Primary Number	Best Time to Call			
		Morning	Evening	Anytime	
Home:					
Alternative:					
Cell:					
Cell Carrier:					
Verizon	Boost Mobile	T-Mobile	Cricket	Sprint	AT&T
US Cellular	Virgin Mobile	Straight Talk	Metro PCS	Unknown	

Primary email:

Alternative email:

## Emergency Information

Contact Name:

Phone Number:

Relationship:

## Choose a Location

Learning Center Hours  
Monday to Thursday 8am to 8pm  
Friday 8am – 5pm  
Saturday 8am – 1pm *by appointment*

[Central Phoenix Learning Center](#)

1616 East Indian School Rd. # 200 Phoenix, AZ 85020  
Phone Number: (602) 274-3430

Office hours  
Monday to Friday 9am to 5pm

[Sunnyslope Learning Center](#)

729 E Hatcher Rd. Phoenix, AZ 85020  
Phone Number: (602) 943-7332

Learning Center Hours  
Temporarily Closed

[Maryvale Learning Center](#)

1516 N. 35th Avenue Phoenix, AZ 85009  
Phone Number: (602) 274-3430



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## ...Continuing Registration

**How did you hear about us?**

**Please check the appropriate box and tell us about it.**

Billboard (provide location)

Referred by organization (specify ex. Arizona@Work, Fresh Start)

Search engine (ex. Google, Yahoo!)

Family, Friend, Employer, Coworker, another person (provide name)

Social Media (specify ex. Facebook, LinkedIn, Instagram)

Supermarket Advertisement

Our website

Other (specify)

**Weekly availability to study.**

**Allocate 8 hours per week.**

	Morning ____						Evening ____					
	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

**Classes Assigned**

**(For Instructor Use Only)**

Class assigned:		Start Date:	
Instructor:		Schedule:	
Class assigned:		Start Date:	
Instructor:		Schedule:	
Class assigned:		Start Date:	
Instructor:		Schedule:	
Class assigned:		Start Date:	
Instructor:		Schedule:	
Class assigned:		Start Date:	
Instructor:		Schedule:	





# LVMC Goals and Pathways

## CCN Services

### Goals

#### Mark all that apply

Personal Goals	Work Goals	Education Goal
Obtain my Citizenship* <input type="checkbox"/>	Enter employment <input type="checkbox"/>	Enter Training * <input type="checkbox"/>
Support your children's education * <input type="checkbox"/>	Retain or improve employment <input type="checkbox"/>	Enter Postsecondary Education * <input type="checkbox"/>
Vote for the first time * <input type="checkbox"/>	Leave Public Assistance * <input type="checkbox"/>	
Other (Specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### For ABE (GED®) students only

#### Main goal to enroll in the ABE program

Obtain my **High School Equivalency** (HSE) Diploma ☐

I have my High School Diploma, but I want to **improve** Adult Basic and Secondary Education ☐

#### Pathways to obtain your High School Equivalency (HSE) Diploma

- Click [here](#) to watch a video for more information.
- During your intake process, the LVMC College and Career Navigator (CCN) will give you more information about the different Pathways to obtain your HSE Diploma.
- The information provided in this section, will help the LVMC CCN to assist you better toward your goals.

#### Choose all the options may apply for you

*Click on Read more for information*

- |   |                              |
|---|------------------------------|
| 1. Pass the <b>GED test</b> <input type="checkbox"/>          | <a href="#">Read more...</a> |
| 2. I have some <b>College Credit</b> <input type="checkbox"/> | <a href="#">Read more...</a> |
| 3. HSE PLUS <b>Career Readiness</b> <input type="checkbox"/>  | <a href="#">Read more...</a> |

I have / have participated in:

College Credits ☐

IET/IBEST Program ☐

CTE Credits ☐

Career Readiness Credentials ☐

Employment or internship ☐

Industry Recognized Credentials ☐



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# LVMC Additional Services

## CCN Services

### Our Mission:

**Empowering adults to achieve literacy and improve their quality of life.**

LVMC partners with many social service organizations throughout the valley to help our students connect their education objectives with workplace, career, and higher education goals.

Concurrently with the educational programs, LVMC incorporates soft skills, digital literacy, and career and financial aid exploration.

### Job Training

Mark your preferred option

**Retail Industry Fundamentals**

Basic operations of retail services (customer service, sales, etc.)

Hybrid learning with online and in person instruction. (14 hrs.)

**Microsoft Office TOSA Certification**

How to use Word, Excel, Power Point. Online on your own pace. (6 weeks)

**Certified Nursing Assistant (CNA)**

Learn to help patients with direct health care needs, often under the supervision of a nurse. In person. (8 to 10 weeks)

**A training not listed above. Please specify.**

**Not interested in any job training.**

### Life Skills Training

**Financial Education (EVERFI)**

Gain knowledge with basic banking, budgeting, and managing debt and credit. This training is online.

**Computer Skills (NorthStar)**

Learn skills to use technology in school, work, and life.

This training is online.

### Additional Support Services

LVMC offers additional support to students receiving food stamps thanks to a partnership with the DES **SNAP CAN** program. [Read more about SNAP CAN.](#)

**If you are a current recipient of food stamps, you qualify to receive support towards your college and career goals.**

**Not interested in the SNAP CAN program**

**Currently receiving food stamps and want to participate in SNAP CAN**

[Submit the SNAP CAN Agreement Now](#)

**Note:** If you mark this option, you will be asked to sign the SNAP CAN forms.

**Low income not receiving food stamps and want to apply**



# Arizona Adult Education Participant Registration

## Eligibility for Services

A.R.S. §15-232(B) states that “*The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity or national origin.*”

Please **mark only one** eligibility option. If you are not sure about your eligibility, please consult program staff.

- ☐ I am a **citizen** of the United States of America.
- ☐ I am a **legal resident** of the United States of America.
- ☐ I am **lawfully present** in the United States of America for another reason.
- ☐ None of the above

I affirm under penalty of perjury that I am a citizen of the United States, a legal resident of the United States, or otherwise lawfully present in the United States. Should my status change, I understand that it is my responsibility to withdraw from classes until such a time that I am again lawfully present in the United States.

Printed Name as it appears on Identification presented\* \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
MM DD YYYY

Printed Name of Staff member witnessing Signature\* \_\_\_\_\_

Witness Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
MM DD YYYY

# Arizona Adult Education Participant Registration

Today's Date (Enrollment Date)\* \_\_\_\_\_  
MM DD YYYY

Program Type\*: **Adult Basic Education** ☐ **English Language Instruction** ☐

Arizona@Work Test Date \_\_\_\_\_

MM DD YYYY  
(Only applicable if workforce test date is prior to today's date and will replace enrollment date from above)

NOTE: Arizona@Work staff must be trained by ADE/AES for tests to be considered valid for adult education purposes.)

Have you, or are you currently, enrolled in another adult education program?

Yes ☐ No ☐

Name of program: \_\_\_\_\_

## PARTICIPANT NAME\*

Enter the participant's **LEGAL NAME** as it appears on the presented identification.

FIRST NAME\* \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME\* \_\_\_\_\_ PREFERRED NAME/NICKNAME \_\_\_\_\_

DATE OF BIRTH\* \_\_\_\_\_  
MM DD YYYY

GENDER/SEX\* (Required for Federal Reporting) ☐ Female ☐ Male

GENDER IDENTITY:

With which of the following gender identities do you most identify?

☐ Female ☐ Male ☐ Non-binary gender/non-conforming ☐ Prefer not to answer

PREFERRED PRONOUNS:

With which of the following gender pronouns do you most identify?

☐ she, her, hers ☐ he, him, his ☐ they, them, theirs ☐ other

## MAILING ADDRESS\*

Participant's full street address, including apartment number or "care of" (c/o) information. Please use abbreviations to make sure the information fits.

STREET ADDRESS, PO BOX, FPO, APO\* \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ COUNTY\* \_\_\_\_\_ ZIP CODE\* \_\_\_\_\_

PHONE NUMBERS\* **Primary Contact\*** \_\_\_\_\_ Emergency Contact \_\_\_\_\_

EMAIL\* \_\_\_\_\_

Do you have internet access? Yes ☐ No ☐

Which devices do you own? smartphone ☐ tablet ☐ laptop ☐ other ☐



PARTICIPANT SOCIAL SECURITY NUMBER

The US Department of Education requires that we report on the following demographic information:

**ETHNICITY\*** Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only **ONE**: ☐ **YES**, Hispanic/Latino ☐ **NO**, not Hispanic/Latino

**RACE\*** Please choose the best answer(s) from the choices below. If left unmarked, the program will choose for participant.

- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White

**NATIVE LANGUAGE\***

English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	French	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	German	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Do any of the following situations apply?\*** (Mark Yes or No to each question)

<b>Displaced Homemaker</b> (The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or under-employed and is experiencing difficulty in obtaining or upgrading employment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Long-term Unemployed</b> (The participant has been unemployed for 27 or more consecutive weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Cultural Barrier</b> (A perception of 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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Low Income</b> (The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income-based public assistance; (b) 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; (c) is a youth who receives, or is eligible to receive, a free or reduced-price lunch; (d) is a foster child on behalf of whom State or local government payments are made; (e) is a participant 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; (f) is a homeless participant or homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Ex-Offender</b> (The participant is 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 barriers to employment resulting from a record of arrest or conviction)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Migrant and Seasonal Farmworker</b> (The participant is a low-income individual who for 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 faces multiple barriers to economic self-sufficiency.)	Seasonal <input type="checkbox"/> Migrant & Seasonal <input type="checkbox"/> No <input type="checkbox"/>
<b>Homeless/Runaway Youth</b> (The participant lacks a fixed, regular, and adequate nighttime residence; 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; 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; or 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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Individual with a Disability, including a learning disability</b> (The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's life activities, as defined under the Americans with Disabilities Act of 1990)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Do any of the following situations apply?\*** (Mark Yes or No to each question)

<b>Youth in Foster Care/Aged Out of System</b> (The participant is a person who is currently in foster care or has aged out of the foster care system)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Exhausting TANF within 2 years</b> (The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Single Parent</b> (The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18, including single pregnant women.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Refugee</b> (A participant who has been forced to leave their country in order to escape war, persecution, or natural disaster.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Living in Rural Area</b> (any population, housing, or territory NOT in an urban area with less than 2,500 residents)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Children in Local School System</b> (A participant who has children in the local K-12 school system)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>In Correctional Facility</b> A participant that is located in a jail, prison, or other place of incarceration by government officials.) Applicable to programs receiving Sect. 225 funds only.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>In Community Correctional Program</b> (A participant that is either on probation or parole) Applicable to programs receiving Sect. 225 funds only.	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>On Public Assistance</b> <input checked="" type="checkbox"/> <b>Not on Public Assistance</b> <input type="checkbox"/>	<b>If On Public Assistance:</b> <b>Food Stamps</b> <input type="checkbox"/> <b>WIC</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>In Other Institutional Setting</b> (A participant that is required by court order to reside in an institutional setting other than a jail or prison.) Applicable to programs receiving Sect. 225 funds only.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>On Probation</b> (Granted by the court as part of the convicted offender's initial sentence. Probation may be granted in lieu of any jail time or after a short period of time in jail.)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Veteran of the Armed Forces</b> (any person who served honorably on active duty in the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) of the United States.)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

**Identify Your Primary Reason for Seeking Adult Education Services\*** (Mark Yes/No to each question. ONE or BOTH must be marked as Yes)

I want to learn English. (English Language Learner)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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I want to improve in Math, English Language Arts, Science and/or Social Studies. (Basic Skills Deficient/Low Levels of Literacy)	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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**EDUCATION AND EMPLOYMENT\***

Location of highest grade completed (Mark only ONE)\* **U.S. School** ☐ **Non – U.S. School** ☐

**Mark the highest grade range completed\*:**

No School Completed	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>	Grade 2	<input type="checkbox"/>	Grade 3	<input type="checkbox"/>
Grade 4	<input type="checkbox"/>	Grade 5	<input type="checkbox"/>	Grade 6	<input type="checkbox"/>	Grade 7	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	Grade 9	<input type="checkbox"/>	Grade 10	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>
Grade 12	<input type="checkbox"/>	Achieved HS Diploma	<input type="checkbox"/>	Achieved HS Equivalency	<input type="checkbox"/>	Completed Some College	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Beyond Bachelor's Degree	<input type="checkbox"/>		

**Mark current employment status\*:**

Employed	<input type="checkbox"/>	Employed but Received Notice of Termination of Employment or Military Separation is Pending	<input type="checkbox"/>
Not in the Labor Force	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>

**HOW DID YOU LEARN ABOUT THE ADULT EDUCATION PROGRAM? (Mark all that apply)**

ARIZONA@WORK	<input type="checkbox"/>	Military Recruiter	<input type="checkbox"/>	Social Media	Facebook	<input type="checkbox"/>	Instagram	<input type="checkbox"/>	
Court or Court Order	<input type="checkbox"/>	Online Advertisement	<input type="checkbox"/>		<input type="checkbox"/>	Snapchat	<input type="checkbox"/>	TikTok	<input type="checkbox"/>
					<input type="checkbox"/>	Twitter	<input type="checkbox"/>		
Education Agency	<input type="checkbox"/>	Pamphlet or Brochure	<input type="checkbox"/>	Social Worker				<input type="checkbox"/>	
Employer	<input type="checkbox"/>	Program website	<input type="checkbox"/>	Website				<input type="checkbox"/>	
Friend or Family Member	<input type="checkbox"/>	Radio or TV	<input type="checkbox"/>	None				<input type="checkbox"/>	
Jail/Probation/Parole Office	<input type="checkbox"/>	Returning Student	<input type="checkbox"/>	Other:					

**Annual Earnings\* (Mark only ONE)**

Less than \$2,500	<input type="checkbox"/>	\$2,500 to \$4,999	<input type="checkbox"/>	\$5,000 to \$7,499	<input type="checkbox"/>	\$7,500 to \$9,999	<input type="checkbox"/>
\$10,000 to \$12,499	<input type="checkbox"/>	\$12,500 to \$14,999	<input type="checkbox"/>	\$15,000 to \$17,499	<input type="checkbox"/>	\$18,000 to \$20,499	<input type="checkbox"/>
\$17,500 to \$19,999	<input type="checkbox"/>	\$20,000 to \$22,499	<input type="checkbox"/>	\$22,500 to \$24,999	<input type="checkbox"/>	\$25,000 to \$27,499	<input type="checkbox"/>
\$27,500 to \$29,999	<input type="checkbox"/>	\$30,000 to \$32,499	<input type="checkbox"/>	\$32,500 to \$34,999	<input type="checkbox"/>	\$35,000 to \$37,499	<input type="checkbox"/>
\$37,500 to \$39,999	<input type="checkbox"/>	\$40,000 to \$42,499	<input type="checkbox"/>	\$42,500 to \$44,999	<input type="checkbox"/>	More than \$45,000	<input type="checkbox"/>

### Validity of Information

By signing below, I represent that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false or misleading information or documents related to this declaration may subject me to expulsion from the program as well as other legal actions.

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

### Family Educational Rights and Privacy Act Release

To attend adult education programs funded through the Arizona Department of Education (ADE), the participant must allow his or her information to be entered into and shared with designated adult education data systems, including the state-mandated testing platform, and all Workforce Innovation and Opportunity Act (WIOA) Core Partners' data systems. This information will be shared with any ADE-funded adult education programs in which the participant enrolls, the participant's instructors, and the Arizona Department of Education. This information is used for program operations, student instruction, employment opportunities, and to compile federal and state reports of non-identifying aggregate student data.

Participant Printed Name \* \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

The adult education program is required to collect post-exit outcome data in the areas of employment, entry into postsecondary education or training, and attainment of secondary diplomas. This is typically done through data matching with State agencies and educational institutions. The alternative to gathering this information through data match is contacting former students directly, such as by phone or email. If you wish to opt out of data match and instead be contacted after exiting the adult education program, check this box: ☐

**FOR PROGRAM USE ONLY - AFTER INITIAL INTAKE**

Form verified - Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into AAEDMS - Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Returned for Revision - Returned to: \_\_\_\_\_ Date: \_\_\_\_\_

Approved in AAEDMS - Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**HSE PATHWAY INFORMATION**

Date program staff discussed pathways with student: \_\_\_\_\_

Which HSE pathway has this student chosen?

☐ Testing (GED\*)

☐ HSE Plus Career Readiness Pathway

☐ College Credit Pathway

GEDTS Candidate ID: \_\_\_\_\_

**IET INFORMATION**

Is this student in IET classes? Yes ☐ No ☐

If the student is in IET classes, add an IET registration into AAEDMS.

Date IET registration added: \_\_\_\_\_

Staff member that added IET registration in AAEDMS: \_\_\_\_\_

**WIOA CORE PARTNER INFORMATION**

Is student receiving services from any WIOA Core Partners? Yes ☐ No ☐

If yes, mark the appropriate partners.

☐ Title IB (Workforce Development)

☐ Title III Unemployment Services

☐ Title IV Voc Rehab

**AAEDMS ID**

Comments/Notes:



# LVMC Student Agreement

## Attendance

- Students are expected to commit to minimum of 8 hours per week, comprised of 3 hours of teacher-led instruction and 5 hours of computer-based learning using software that will be assigned to the student and/or other instructional activities.
- If the student is absent for two consecutive classes, LVMC will make a courtesy call, e-mail, or text message. After a third unjustified absence, you will be separated from the program.
- If the student falls below 75% attendance in one month or miss three consecutive days without contacting the instructor, student will be separated from the program.

***I agree to abide by these attendance expectations and understand the consequences of non-attendance.***

\_\_\_\_\_  
Initials

## Communication

I understand this program is voluntary and that text messaging rates and fees may apply as determined by my cellular provider. LVMC is not responsible for any fees charged to me by my cellular provider.

***I agree to receive information and notifications from LVMC via text messages.***

\_\_\_\_\_  
Initials

## Testing

Testing is required to measure your progress and to adjust your personal learning plan accordingly to your own needs. To opt out, notify LVMC in writing.

***I agree to be tested every 4 to 6 weeks and participate in the preparation provided by LVMC to be tested.***

\_\_\_\_\_  
Initials

## Weapons

No weapons are allowed in the LVMC Learning Center.

***I agree not to bring any weapons to the Learning Centers.***

\_\_\_\_\_  
Initials

## Program Expectations

LVMC is pleased to serve students from many different cultures and backgrounds. Please respect the different traditions, languages, and learning styles represented in our program.

***I agree to be respectful of others in person and when attending class at a distance.***

\_\_\_\_\_  
Initials

- Please wear clothing that is appropriate for the classroom. This includes both in-person classes in the Learning Center and virtual classes via web conferencing software like Zoom.
- Clothing with inappropriate messages or that is inappropriately revealing such as low-cut blouses, extremely short shorts, or low riding jeans are not allowed. Sunglasses should not be worn in the Learning Center unless required for a documented eye condition. Footwear must be closed-toe shoes.

***I agree to dress appropriately.***

\_\_\_\_\_  
Initials

All food and drink must be consumed outside of the Learning Center. Gum is not permitted in the Learning Center.

***I agree to keep all food and drink inside a backpack while in the Learning Center.***

\_\_\_\_\_  
Initials

***I agree to maintain a neat appearance observe proper personal hygiene.***

\_\_\_\_\_  
Initials

***I understand that I will not meet with Instructors or volunteers outside of the Learning Center and I agree to abide by the policies posted in the Learning Center.***

\_\_\_\_\_  
Initials

## Privacy and Statement of Understanding

I understand that ALL records are confidential. I understand that LVMC must obtain my written permission prior to releasing any of my education records.

\_\_\_\_\_  
Initials

Print Student Name

Student Signature

Date

# LVMC Release of Information

## Photo & Video Release

- I understand that my involvement in this project is voluntary, and I do not expect monetary compensation of any sort for my participation.
- I also give LVMC the right to use my name, image and/or likeness on internal and/or external public relations or marketing material, that may include, but is not limited to print and/or video advertising, pamphlets, the internet, LVMC website or any other uses LVMC deems appropriate.
- I also understand that my participation in this project does not guarantee that my name, image, or likeness will be used.

**I agree** to participate in the Literacy Volunteers of Maricopa County (LVMC) video and photo.

**I do not agree** to participate in the Literacy Volunteers of Maricopa County (LVMC) video and photo.

**Print Student Name**

**Student Signature /  
Parent or Guardian**

**Date**

## Permission to Release Information to a 3rd party verifier (Optional)

**Do you want to Release Information?**

**Yes** \_\_\_\_

**No** \_\_\_\_

I give permission to release information related to my education progress and records to third party verifiers for work, school, or other official purposes to:

**Agency Name**

**Name of Contact**

**Phone #**

**Print Student Name**

**Student Signature**

**Date**





Literacy Volunteers  
OF MARICOPA COUNTY, INC.

# LVMC Exit Form

## Student Information

Student Full Name:

Exit Date:

## Separation Reason

(Mark one)

Separation Reason			
Met Goals		Left Program Voluntarily	
Entered College or Training Program		Program did not meet student needs	
Entered Employment		Did not comply with the program policies	
Lack of Child Care		Unable to Contact	
Lack of Transportation		Program Year Ended	
Move		System Termination	
Family Circumstances Changed		Lost FIB Benefits	
Work Circumstances Changed		Prison Sentence Ended	
Tutor Ended Match		Other	
Health or Medical Reason – Self			

Admin Auto-Separate		Excluded from Table 4	
after 90 Days		Deceased	
after 120 Days		Determined NOT to Meet Eligibility Requirements for VR program	
after 180 Days		Called to Active Military Duty for at least 90 Days	
		Under Medical Treatment Expected to Last Longer than 90 Days	
		Entered 24-hours Support or Treatment Center	
		Became Incarcerated or Entered During Participation	

## Exit Outcomes

(Mark only if obtained  
with support documents  
included in file)

Outcome Indicators	Date	Secondary Achievements: Mark 2	
Obtained a GED/HSE		Achieved citizenship skills	
Entered Postsecondary Education or Training		Increased contact with child's teacher	
Entered Employment		Increased help for children's schoolwork	
Retained or Improve Employment		Increased involvement in children's school	
Attained Postsecondary Credentials		Increased involvement in community activities	
		Increased reading to children	
		Increased purchases of books or magazines for children	
		Increased visits to libraries	
		Public assistance eliminated	
		Public assistance reduced	
		Registered to vote for the first time	
		Voted for the first time	



## Student Information

## Notes

*Last Update:* 20230516



## Student Information

## Notes

*Last Update:* 20230516



## Student Information

## Notes

*Last Update:* 20230516