Information for New ESL Students

Thank you for your interest in English as a Second Language Classes at Central Wyoming College!

Please complete this Intake Paperwork Packet.

Scan the QR code or go to www.cwc.edu/jackson/esl/ for Spanish translation.

Please call us if you have any questions about the Intake Paperwork Packet.

- Jacqueline Vulcano  (307) 734-3429
- Theresa Brunker    (307) 200-6154

Return the Intake Paperwork Packet to the Central Wyoming College main office (Room 124) at the JH Center for the Arts (240 S. Glenwood St.). If the office is closed, please place the Intake Paperwork Packet in an envelope and slide it under the door.

You may also mail the Intake Paperwork Packet to this address:

Jacqueline Vulcano  
CWC-Jackson 
240 South Glenwood Street 
Jackson, Wyoming 83001

Once we have received your Intake Paperwork Packet, an instructor will contact you to schedule an appointment for assessment and class placement. Appointments will begin January 25.

ESL Spring 2021 Class Schedule: February 9 - April 29

- ESL Beginners T/W/Th 6:30-8:30 PM on Zoom
- ESL Intermediate/Advanced T/W/Th 6:30-8:30 PM on Zoom
**Checklist for College & Career Readiness Intake Paperwork (ESL)**

<table>
<thead>
<tr>
<th></th>
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<th>Completion Date:</th>
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<tbody>
<tr>
<td>1</td>
<td>ESL Tracking Form</td>
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</tr>
<tr>
<td>2</td>
<td>CWC Registration Form*</td>
<td></td>
</tr>
<tr>
<td>*Once registration is complete, please include Registration Statement in Student Folder.</td>
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<tr>
<td>3</td>
<td>WY Intake Form</td>
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<tr>
<td>4</td>
<td>WY Educational Goal Plan</td>
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<tr>
<td>5</td>
<td>CCR Education Contract</td>
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<td>6</td>
<td>CCR Technology Survey</td>
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<td>7</td>
<td>CWC ID Card Agreement Form</td>
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If applicable:

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<tr>
<td>8</td>
<td>WY Referral Form</td>
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<tr>
<td>9</td>
<td>CWC Release of Information Form</td>
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***Updated 1/14/2021***
1: ESL Tracking Form
**ESL Tracking Form**
*Use this form to update LACES*

**Name:** ____________________________

**Sex:** M F

**Last Name**

**First Name**

**Site:**

- [ ] Riverton ESL
- [ ] Lander ESL
- [ ] Jackson ESL
- [ ] Thermopolis ESL

**Phone Number:** ____________________________

**E-mail:** ____________________________

**Registration Dates & Levels:**

1) __ / __ / ___ Level ___
2) __ / __ / ___ Level ___
3) __ / __ / ___ Level ___
4) __ / __ / ___ Level ___
5) __ / __ / ___ Level ___
6) __ / __ / ___ Level ___
7) __ / __ / ___ Level ___
8) __ / __ / ___ Level ___
9) __ / __ / ___ Level ___
10) __ / __ / ___ Level ___

**City and Country of Origin:** ____________________________

**Language:** ____________________________

**Date arrived in United States:** ____________

**Date arrived in Wyoming:** ____________

**GENERAL GOAL:** To improve English skills. **Other information:** ____________________________

<table>
<thead>
<tr>
<th>Locator</th>
<th>Test Date</th>
<th>Points Obtained</th>
<th>Points Possible</th>
<th>Recommended Level</th>
<th>Date processed</th>
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<tr>
<td>Reading &amp; Writing (Part 1)</td>
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<td>Listening &amp; Speaking (Part 2)</td>
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<th>Test Date</th>
<th>Level &amp; Form</th>
<th>Points Possible</th>
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<th>Scale Score</th>
<th>NRS Level</th>
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**Total Reading/Writing**

**Total Listening/Speaking**

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</table>

**Total Reading/Writing**

**Total Listening/Speaking**

### National Reporting System (NRS)

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<th>Level</th>
<th>Description</th>
<th>Level</th>
<th>Description</th>
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<tr>
<td>1</td>
<td>Beginning ESL Literacy</td>
<td>4</td>
<td>Low Intermediate ESL</td>
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<tr>
<td>2</td>
<td>Low Beginning ESL</td>
<td>5</td>
<td>High Intermediate</td>
</tr>
<tr>
<td>3</td>
<td>High Beginning ESL</td>
<td>6</td>
<td>Advanced ESL</td>
</tr>
</tbody>
</table>

### Testing Times

**Locators:**
- Reading (15min.) / Listening (15min.)
- Reading - 25 min.
- Listening - 20 min.
- Writing - 47 min.
- Speaking - 15 min.
2: CWC Registration Form
CWC Registration For ESL Students

<table>
<thead>
<tr>
<th>Last Name(s)</th>
<th>First Names(s)</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address (PO Box)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</tbody>
</table>

Date of Birth: ___ / ___ / ___  Gender: Male / Female  SSN: _______________________

Phone Number: ___________________  Email: ______________________

Semester: (Check One)  Fall: ____  Spring: ____  Summer: ____  Year: _________

I give my permission to release/print directory information. Directory information includes: name, address, telephone number, email address, date and place of birth, program of study, degree or certificate awarded, date graduated or withdrawn, dates of attendance, full- or part-time status, and PHOTOS (for CWC use only). Directory information does not include student identification numbers or social security numbers.

(I understand that if I choose NO, my name will not be printed in any CWC publications or any newspapers including the Honor Roll.)  

_____ Yes  _____ No  (Please Check Either Yes or No)

I certify that the above information is true and accurate. I understand that I must submit a registration fee waiver or payment every semester that I enroll in the program.

Student Signature: ___________________________  Date: ____________

<table>
<thead>
<tr>
<th>For Official Use Only</th>
<th>Intake Person Initials</th>
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</thead>
<tbody>
<tr>
<td>Semester (Please circle):</td>
<td>Spring</td>
</tr>
<tr>
<td>Course (Please check appropriate course number / location)</td>
<td>Jackson</td>
</tr>
<tr>
<td>ESL-0800-01J</td>
<td>Jackson</td>
</tr>
<tr>
<td>ESL-0800-02J</td>
<td>Jackson</td>
</tr>
</tbody>
</table>

Registered in Datatel  □
3: WY Intake Form
WY Student Intake Form

**THIS TOP PORTION IS FOR OFFICE USE ONLY**

**EFFECTIVE October 9, 2017**

**Intake Date:**
**New Student:** □ Yes □ No
**PoP:** □ 1 □ 2 □ 3
**Former Program:**

**Intake Person:**
**Current Primary Program:**
□ Adult Education □ ELA
□ IET □ Corrections Facility

**Site:**
**College ID#:**
**LACES ID#:**
**NRS Pro Access Code#:**
**Other ID#:**

**Residence Area:** □ Rural □ Urban
**Transitions:** □ Other:

---

**Social Security #:** — — — —
**Birth Date:** — — — —
**Age at Enrollment:**

---

**Last Name:**
**Full Legal First Name:**
**Middle Initial:**
**Other Names:**

**Mailing Address:**
**City:**
**State:**
**Zip:**
**County:**

---

**Home Phone:**
**Work Phone:**
**Cell/Mobile Phone:**
**E-Mail Address:**

**Emergency Contact Person:**
**Phone #:**
**Relationship:**

---

**GENDER**
□ Female
□ Male

**ETHNICITY**
1) Choose only one (1):
□ Hispanic/Latino
□ Not Hispanic/Latino
□ American Indian or Alaskan Native
□ Asian
□ Black or African American
□ Native Hawaiian or other Pacific Islander
□ White

2) Check all that apply:
□ American Indian or Alaskan Native
□ African American
□ Asian
□ Black or African American
□ Native Hawaiian or other Pacific Islander
□ White

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**BARRIERS**
□ None
□ Cultural Barriers
□ Disabled (All ages)
□ Displaced Homemaker
□ Economic Disadvantage
□ English Language Learners
□ Ex Offender
□ Exiting TANF Within Two Years
□ Foster Care Youth (Inc. Aged out)
□ Long Term Unemployed
□ Low Literacy Levels
□ Migrant Farmworker
□ Seasonal Farmworker
□ Single Parent or Guardian
□ Homeless, (Inc. Runaway youth)
□ Homeless Site:

---

**WORK STATUS**
□ Employed:
□ Full-Time
□ Part-Time
□ Company: ____________________________
□ Occupation: ____________________________

Employed but:
□ Received notice
□ Military Separation
□ Unemployed and Actively Seeking Job
□ Dislocated Worker
Not in the Labor Force:
□ Stay-at-Home Parent
□ Retired
□ Institutionalized

---

**PUBLIC ASSISTANCE**
□ Student currently receives financial assistance from federal, state or local government agency
□ Total Disability or Aid to the Blind
□ SNAP (Food Stamps)
□ Refugee Cash Assistance
□ TANF/Cash Assistance
□ Old Age Assistance (Special Program)
□ Local (Housing, WIC, etc.)
□ None of the Above

---

**FAMILY INFO**
**Student’s Marital Status:**
□ Single
□ Married
□ Separated
□ Divorced
□ Widowed

**IMMIGRATION INFO**
□ Immigrant or Refugee
Country of Origin:

**FAMILY INCOME**
Family Income: __________ per month
___________ per year

---

**DISABILITY**
□ None
□ Learning Disability
□ Physical Disability
□ Is your disability documented?
□ Yes □ No

---

After reading the *Disability Statement* below, please answer the following question:

Would you like additional information about accommodations?
□ Yes □ No

---

**DISABILITY STATEMENT:** Accommodations can be provided to students with documented disabilities. Disclosure of a disability is voluntary and no negative treatment will result if a disability is not disclosed. All information is confidential, and accommodations are provided only to students who request them.

---

**REFERRAL SOURCE**
□ Referred to program by:
□ Advertisement (please specify): ____________________________
□ Workforce Center/Employment Service
□ Family Member □ Vocational Rehabilitation □ Friend □ Family Services □ Court/Probation & Parole □ Other: ____________________________

If referred by an agency, please list contact person’s name and phone number:

**Referred by (Name):**
**Phone:** ____________________________

---

*Disability Statement: Accommodations can be provided to students with documented disabilities. Disclosure of a disability is voluntary and no negative treatment will result if a disability is not disclosed. All information is confidential, and accommodations are provided only to students who request them.*
EDUCATION

***Enter the highest level of schooling or degree attained for each student in US or non-us-based schooling. Use the last year of schooling that was completed to identify if it is to be recorded as US Based or Non-US Based schooling.

<table>
<thead>
<tr>
<th>Highest Degree or Level of School Completed ***</th>
<th>US Based Schooling</th>
<th>Non-US Based Schooling</th>
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<tr>
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<tr>
<td>Grades 1-5</td>
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<td>Grades 6-8</td>
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<tr>
<td>Grades 9-12 (no diploma)</td>
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<tr>
<td>Secondary School Diploma or alternate credential</td>
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<tr>
<td>Secondary School Equivalent</td>
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<tr>
<td>Some Postsecondary education, no degree</td>
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<tr>
<td>Postsecondary or professional degree</td>
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<tr>
<td>Unknown</td>
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</tbody>
</table>

Last school attended: ____________________________________________________________________

In what city, state or country: ____________________________________________________________________

Reason for leaving: ____________________________________________________________________

REASON(S) FOR ATTENDING THIS PROGRAM

☐ Court Ordered  ☐ Obtain Citizenship Skills  ☐ Improve Employment Skills  ☐ Improve Math Skills
☐ Obtain a Job  ☐ Improve English Skills  ☐ Obtain Career Readiness Certificate  ☐ Improve Basic Literacy Skills
☐ Enter College  ☐ Get a Better Job  ☐ Enter Career or Technical Education  ☐ Improve Basic Computer Literacy Skills
☐ Retain Current Job  ☐ Improve Current Job  ☐ Increase Inv. in Child(ren)'s Educ.  ☐ Other: ____________________________________________________________________
☐ Obtain HSEC (High School Equivalency Certificate)

SURVEY FOLLOW-UP INFORMATION

Please check your preferred method of contact: ☐ Phone ☐ Mail ☐ E-Mail ☐ Personal Contact

NOTICE OF STATUS: ☐ J-1 Au Pair  ☐ F-1 Student Visa  ☐ My status is not one of these / Other: ____________________________________________________________________

RELEASE OF INFORMATION

I authorize the Wyoming Community College Commission (WCCC) and my local Adult Education (AE) program to use, report and release the Personally Identifiable Information (PII) contained in my AE program records, instructional plan, assessment outcomes, credential progress and attainment, and accommodation documentation (if any was provided) and to access, use, and report my Employment Data (unemployment and wage records) from the Department of Workforce Services and my local One-Stop service center, for purposes of education and/or employment research, planning, and reporting as required by state policy and federal regulations. This will include follow-up employment data and other educational records and information that will only be reported in aggregated form. I understand that state government files will be accessed to obtain this information and will only be used for the purposes mentioned herein without specific authorization for any other use. I acknowledge WCCC fully supports the mandates of the federal Family Educational Rights and Privacy Act and 20 CFR, Chapter V, 603.5(d)(2)(i). I understand these statements fully and authorize the use of my “program”, PII and employment data for official purposes only, as approved by my signature below.

Student Signature: ___________________________  Date: _____________
(Blue or Black Ink Only)

Parent/Guardian Signature: ___________________________  Date: _____________
(Blue or Black Ink Only)
Definitions Page for Wyoming Student Data:

ETHNICITY:

Hispanic / Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

American Indian or Alaskan Native: a member of an Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black / African American: a person having origins in any of the black racial groups of Africa.

Native Hawaiian / Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

More Than One Race: a person having origins in more than one racial category.

BARRIERS:

Cultural Barriers: an individual who perceives 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.

Disabled: a person who has any "disability" as defined in the Americans with Disabilities Act. A "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.

Displaced Homemaker: a person who has been providing unpaid services to family members in the home and who: has been dependent on the income of another family member but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Economic Disadvantage: (Low income status): an individual who:
(a) In the 6 months prior to application to the program has received: (i) Assistance through the supplemental nutrition assistance program (SNAP); (ii) Assistance through the temporary assistance for needy families (TANF) program; (iii) Assistance of supplemental security income program (SSI); or (iv) State or local income-based public assistance.
(b) total family income does not exceed 70% of the lower living standard income level;
(c) Is a youth who receives 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 a homeless child or youth or runaway youth; or
(g) Is a youth living in a high-poverty area.

English Language Learner: a person who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions (a) his or her native language is a language other than English, or (b) he or she lives in a family or community environment where a language other than English is the dominant language.

Ex Offender: 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.
Exiting TANF Within Two Years: if the participant, at program entry, is within 2 years of exhausting lifetime eligibility regardless of whether receiving these benefits at program entry.

Foster Care Youth (Inc. Aged out): a person who is currently in foster care or has aged out of the foster care system.

Long Term Unemployed: if, at program entry, he/she has been unemployed for 27 or more consecutive weeks.

Low Literacy Levels: if the participant is, at program entry:
A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or
B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant’s family, or in society.

Migrant Farmworker: 1. A low-income individual who: for 12 consecutive months out of 24 months prior to program entry, 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. 2 A seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. 3 A dependent of the individual described as a seasonal or migrant seasonal farmworker above.

Single Parent or Guardian: if single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

Homeless (Inc. Runaway youth): a person without a fixed, regular, and adequate nighttime residence; or runaway youth

WORK STATUS:

Employed: The participant, at program entry, (a) is currently performing any work at all as a paid employee, (b) is currently performing any work at all in his or her own business, profession, or farm, (c) is currently performing any work as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who is not working, but currently has a job or business from which he or she is temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Employed, but Received Notice of Termination of Employment or Military Separation is pending: The participant, at program entry, is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (i.e., within 12 months of separation or 24 months of retirement).

Not in the labor force: The participant, at program entry, is not in the labor force (i.e., those who are not employed and are not actively looking for work, including those who are incarcerated).

Unemployed: The participant, at program entry, is not employed but is seeking employment, makes specific effort to find a job, and is available for work.
4: WY Educational Goal Plan
Educational Goal Plan Revised June 2020

Directions: This form should be completed by the student to identify the reasons for enrollment and to set programmatic goals for enrollment into Adult Education (AE) programs in Wyoming. Once completed, the form must be submitted to the local AE center and the items will be reviewed and discussed with the student. Both student and instructor/director signatures are required. A copy of this signed plan must be given to the student for reference with another copy being retained by the local program.

I, ___________________, have selected to enroll in Adult Education for the following program of study: (check all that apply)

- Workplace Literacy
- Integrated Education and Training (IET)
- Integrated English Literacy and Civics Education (IECLE)
- High School Equivalency Certification Preparation (HSEC)
- English Language Acquisition (ELA)
- Work Experience/On-the-Job-training (OJT)/Internships/Apprenticeships
- Workforce Preparation
- Bridge Program
- Transitions to College
- General Adult Education
- Concurrent Enrollment

I have selected the following goal(s) as part of my justification for enrollment into the program:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Goal Definition</th>
<th>Date Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Literacy Skills</td>
<td>Improve literacy skills, numeracy skills, financial literacy, critical and analytical thinking abilities.</td>
<td></td>
</tr>
<tr>
<td>Obtain HSEC credential</td>
<td>Achieve sufficient skills to pass the High School Equivalency Credential assessments.</td>
<td></td>
</tr>
<tr>
<td>Enroll in college / training program</td>
<td>Enroll in postsecondary education/training program to earn an industry recognized credential.</td>
<td></td>
</tr>
<tr>
<td>Improve Digital Literacy</td>
<td>Obtain or increase basic computer operational skills as needed for education, employment, or for social needs.</td>
<td></td>
</tr>
<tr>
<td>Improve English Language Skills</td>
<td>Improve overall skills in the English language (e.g. listening, speaking, reading, writing), civics education, and numeracy.</td>
<td></td>
</tr>
<tr>
<td>Economic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Workforce Readiness Skills</td>
<td>Improve workplace productivity skills and employability skills such as communication, motivation &amp; initiative, leadership, reliability &amp; dependability, following instructions, team work, patience, and adaptability.</td>
<td></td>
</tr>
<tr>
<td>Obtain Employment</td>
<td>Obtain a job by the end of the second and/or fourth quarter after completing a program of study in Adult Education.</td>
<td></td>
</tr>
<tr>
<td>Participate in OJT's</td>
<td>Participate and/or be placed into any type of On-The-Job-Training program to develop the skills necessary for an identified career.</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain Citizenship Skills</td>
<td>Obtain skills to pass the U.S. citizenship test.</td>
<td></td>
</tr>
<tr>
<td>Reduce Dependency on Governmental Benefits</td>
<td>Improve employability skills to reduce dependency on governmental benefits, such as TANF, food stamps, WIC, etc.</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Literacy</td>
<td>Increase involvement in child(ren)’s education by assisting them with schoolwork, increasing contact with child(ren)’s teacher(ren), and becoming more involved with child(ren)’s school activities.</td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td>Any other goal related to instruction with a clearly defined outcome.</td>
<td></td>
</tr>
</tbody>
</table>

Please define your personal goal:

I understand that my goals must be obtainable within the program year.

Student Signature ___________________________ Date ______________

Instructor Signature ___________________________ Date ______________
5: CCR Education Contract
**Education Contract**

We believe that education must be a true partnership between students and instructors. This document serves as a contract between each student and all instructors. Our hope is to encourage each student to achieve their educational and career goals. We are excited to assist you on this journey!

**Student Agreement**

I will always do my best, ask questions, and complete all program requirements.

- I will ATTEND CLASS EVERY DAY and complete at least 50 hours.
- I will be on time for class.
- I will be positive, productive, and polite.
- I will Post-TABE after 50 hours and make a level gain.

**Instructor Agreement**

In order for students to achieve, we will do the following:

- Empower each student to learn, improve, and grow.
- Maintain regular, clear communication with each student.
- Use proven, innovative, and fun teaching methods.
- Create a safe, respectful, and positive learning environment.
- Celebrate diversity, promote equity, and embrace all cultures.
- Assist each student with future career and education goals.
- Prepare each student to complete Post-TABE and HISET tests.

---

Date ___________________________ Instructor Signature ___________________________

Student Name (Please Print) ___________________________ Instructor Signature ___________________________

Student Signature ___________________________ Director Signature ___________________________
6: CCR Technology Survey
College & Career Readiness – Technology Survey

In order to help each student succeed with remote instruction, we are asking each student to complete a technology survey.

Student Name:

Please Circle Your Location:

   Riverton / Lander / Dubois / Fort Washakie / Jackson / Thermopolis

1. Are you a returning student for one of our programs? YES NO
2. Do you have a CWC email? YES NO
3. Do you have a CWC Student ID? YES NO
4. Do you have a personal email account? YES NO
5. Do you own a laptop computer? YES NO
6. Do you own a desktop computer? YES NO
7. Do you own a cellphone? YES NO
8. Do you have WIFI at home? YES NO
9. Do you have internet access at home? YES NO
10. Is your cell phone on a pay-for-minutes plan or a monthly data plan? Minutes Monthly
11. Are you aware of CWC computer labs or CWC WIFI hotspots? YES NO
12. What devices do you own?

<table>
<thead>
<tr>
<th>Device</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smartphone: iPhone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smartphone Android: Samsung, LC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablet: iPad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablet: Samsung</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablet: Kindle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablet: Amazon Fire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laptop: PC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laptop: Macbook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chromebook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desktop: PC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desktop: Mac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Are there any technology obstacles that will affect your ability to study for this class? Can we assist you with anything related to technology? Please let us know if there is anything you need or if there is anything that is missing in our survey. Any feedback would be greatly appreciated!
7: CWC ID Card Agreement Form
Central Wyoming College Card Agreement

Date: _____________________  CWC ID Number: _____________________

Last Name: _____________________

First Name: _____________________

Circle one:  Student  Faculty  Staff

I agree to the following terms:

This is your official Campus ID and must be presented to any school representative upon request. Your original ID is free. If you need a new ID during the current school year, there will be a $15.00 replacement fee for your 2nd ID and a $25.00 fee for replacements thereafter.

The cardholder understands that the CWC ID is non-transferable and agrees to abide by all rules, regulations, policies, and procedures as specified by CWC. CWC ID photo may be used for the purpose of generating photo-based class rosters and may be used for official College identification purposes.

Future changes to the Terms and Conditions by CWC will apply to all cards in circulation and in use at that time and will supersede the Terms and Conditions in effect at the time the card was acquired and activated.

Signature: _____________________
8: WY Referral Form
**Adult Education**

**Request for Referral**

<table>
<thead>
<tr>
<th>Local Provider:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Casper College</td>
<td>□ Central Wyoming College</td>
<td>□ Eastern Wyoming College</td>
<td></td>
</tr>
<tr>
<td>□ LCCC: Cheyenne</td>
<td>□ Northwest College</td>
<td>□ NWCCD</td>
<td></td>
</tr>
<tr>
<td>□ LCCC: Laramie</td>
<td>□ Uinta: BOCES #1</td>
<td>□ Western Wyoming College</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Student:** ____________________________  **Date of Birth:** ____________________________

**Contact Number:** ____________________________  **Email:** ____________________________

I hereby request information for referrals to the following service provider(s):

- **Wyoming Department of Workforce Services** for: (please check all that apply)
  - □ Job Referrals
  - □ WY at Work Registration/Orientation
  - □ Preparing for an Interview
  - □ Resume/Cover Letter Writing
  - □ Other: ____________________________

- **Wyoming Department of Vocational Rehabilitation**: (please check all that apply)
  - □ Orientation
  - □ Accommodations Testing

- **Wyoming Department of Family Services** for: (please check all that apply)
  - □ Supplemental Nutrition Assistance Program
  - □ Weatherization Assistance Program
  - □ Low Income Energy Assistance
  - □ Cent$ible Nutrition Program
  - □ Child Care Assistance
  - □ Homeless Service
  - □ Juvenile Services
  - □ Telephone Assistance
  - □ Other: ____________________________

- **Medical/Dental**
  - □ Medical Care
  - □ Optometry (Vision)
  - □ Public Health
  - □ Dental Care
  - □ Audiology (Hearing)
  - □ Other: ____________________________

- **Educational Facility**
  - □ Postsecondary
  - □ Training Provider

- **Sexual Assault & Family Violence Services**
- □ Social Services
- □ (Pre) Apprenticeship Program
- □ Transportation
- □ Wraparound Services
  - □ Other: ____________________________

- □ By Checking This Box, I am choosing NOT to be referred.

*I give permission for the Adult Education Center at ____________________________ to contact me about these referrals & assist in notifying the agencies I requested by passing my name and contact information to the proper resources.*

**Signature:** ____________________________  **Date:** ____________________________

---

**For Office Use Only:**

**Referral(s) Made to:** ____________________________  **Date:** ____________________________
9: CWC Release of Information Form
STUDENT REQUEST FOR RELEASE OF INFORMATION

Please Print Legibly – Forms not completed with current/valid information will NOT be processed.

Students Full Name: ____________________________________________

CWC ID # or Social Security #: ____________________________ Birth Date: ___ / ___ / ___

What are you requesting?

☐ Acceptance Letter - Term: ________ ☐ Enrollment Verification ☐ Long-term Release

Specific records that may be released: [check all that apply – DO NOT write “everything”]

☐ # of Credit Hours Registered ☐ Class Schedule ☐ Registration Statement

☐ Billing / Payment Information ☐ Grades ☐ GPA

☐ Financial Aid ☐ Other: _______________

To whom are you releasing records to:

Name: _______________________________________________________

Relationship to you:

☐ Parent / Guardian ☐ Partner / Spouse ☐ Insurance

☐ Financial Aid / Scholarship ☐ Other: _______________________

Address or fax if necessary:

____________________________________________________________
Street or PO Box City State Zip

Fax: __________________________
(area code) --- / -------

Today’s Date: [Required] Date Release Expires: [Required]

Student Signature: [Required]

• Today’s Date is recorded as date consent becomes effective and Date Release Expires is when the consent is no longer valid. This expiration date can be changed at any time by the student contacting the Records Office.

• All requests MUST include Today’s Date, Date Release Expires and Student’s Signature.

Mail or fax completed form to: Central Wyoming College - Records Office
Fax: (307) 855-2092
2660 Peck Ave Phone: (307) 855-2115
Riverton, WY 82501

IMPORTANT INFORMATION: PLEASE READ & SIGN AT THE BOTTOM

• Under the Family Educational Rights and Privacy Act, students must consent to release of his or her educational records before CWC can share their records.

• FERPA applies to students attending any educational program at Central Wyoming College. Students are granted rights under FERPA if they are currently attending CWC or have been in attendance, regardless whether in a credit, no-credit, degree or non-degree credit program, (including high school dual credit, GED & ESL).

• Examples:
  o Parent/Guardian/Partner or Spouse may need your class schedule to know when to reach you in case of emergency.
  o Parent/Guardian/Partner or Spouse may need access to your billing & payment information so that they can check balance & submit payment.
  o Financial Aid/Scholarships or Insurance may want an enrollment verification & # of credits registered to determine discount or payment.
  o Students requesting CWC Faculty or Employee to be a reference when seeking employment or asking for letters of recommendation.
  o Other Relationship: May be child care or day care provider/ employer/ friend or other family member.