



Adult and Career Services Center – Student Services Adult Education Career Pathways

One-Stop Shop Promoting Education & Training Opportunities
Bridging the Gap between Adult Education, Postsecondary Training, and the Workforce

Educational career counseling and academic advising is available for free to assist students with enhancing their knowledge along with an alignment of resources to meet education and career objectives. Financial aid assistance, grant and agency funding resources are available.

Adult Education Programs

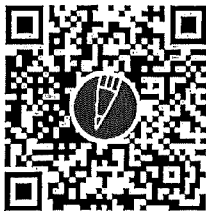
- ❖ Adult Basic Education (ABE)
- ❖ High School Credit
- ❖ General Education Diploma (GED)
- ❖ English for Speakers of Other Languages (ESOL)
- ❖ Family Literacy

Career Pathways for the Adult Education student provides career development standards, digital literacy, and workforce preparation activities designed to be integrated in the ABE, GED, and ESOL curriculum.

Technical College Programs

- ❖ Apprenticeship
- ❖ Business & Marketing Mgt
- ❖ Early Childhood Education
- ❖ Health Science
- ❖ Hospitality & Tourism
- ❖ Industrial Trade & Manufacturing
- ❖ Information Technology
- ❖ Public Service

Career Pathways for the potential Technical College student provides support services for students to transition into postsecondary education, apprenticeship programs and the workforce. Students learn to locate resources, navigate, organize, and plan for their educational and career goals



Use QRC code to send Request for Information form to be contacted by an ACSC Student Services Counselor/Advisor

Please call and ask to speak with a Counselor for more information. (813) 231-1907
5410 N. 20th Street – Tampa, FL – 33610 – Se habla Español



Centro de Servicios Profesionales: Para Estudiantes Adultos

Trayectorias profesionales y formación profesional postsecundaria

Cerrando la brecha entre la educación de adultos, la formación postsecundaria y la fuerza laboral

El asesoramiento sobre carreras educativas y el asesoramiento académico están disponibles de forma gratuita para ayudar a los estudiantes a mejorar su conocimiento junto con una alineación de recursos para cumplir con los objetivos educativos y profesionales. Se encuentran disponibles recursos de ayuda financiera, subvenciones y financiación de agencias.

Educación Para Adultos

- ❖ Educación básica de adultos (ABE)
- ❖ Créditos para la escuela secundaria
- ❖ Diploma de educación general (GED)
- ❖ Inglés como segundo lenguaje (ESOL)
- ❖ Alfabetización familiar

Career Pathways para el estudiante de educación para adultos proporciona estándares de desarrollo profesional, alfabetización digital y actividades de preparación para la fuerza laboral diseñadas para integrarse en el plan de estudios de ABE, GED y ESOL.

Programas Técnicos

- ❖ Aprendizaje
- ❖ Comercial y de marketing
- ❖ Educación Primera Infantil
- ❖ Ciencia de la Salud
- ❖ Hospitalidad y Turismo
- ❖ Comercio industrial y fabricación
- ❖ Tecnologías de la información
- ❖ Servicio público

Career Pathways para el estudiante potencial de Technical College brinda servicios de apoyo para que los estudiantes hagan la transición a la educación postsecundaria, los programas de aprendizaje y la fuerza laboral. Los estudiantes aprenden a ubicar recursos, navegar, organizar y planificar sus metas educativas y profesionales.



Use el código QRC para enviar el formulario de Solicitud de información para ser contactado por un Consejero / Asesor de Servicios Estudiantiles de ACSC

Por favor llame y pida hablar con la Sra. Druci Diaz, la Asesora del Programa del Distrito para obtener más información. (813) 231-1907 5410 N. 20th Street – Tampa, FL – 33610 – Se habla Español (813) 540-6604

Last Name		First Name		Middle Name		Jr. / Sr. / III	
Social Security Number		Date of Birth		Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male		Are you, your spouse, or your parent / legal guardian a law enforcement officer, firefighter or judge/justice? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address (Number and Street)				Apt. / Bldg.		City	
Permanent Address (if different from above)				Apt. / Bldg.		City	
Home Phone		Cell Phone		Email Address (Example: xxxxxxxx@xxxxx.xxx)			
Emergency Contact Name /		Phone Number		How did you hear about the course? <input type="checkbox"/> (1) Advertisement <input type="checkbox"/> (2) Employer / Union <input type="checkbox"/> (3) Court Order <input type="checkbox"/> (4) Internet / Facebook <input type="checkbox"/> (5) Friend / Relative <input type="checkbox"/> (6) Teacher / Counselor <input type="checkbox"/> (7) Drive By <input type="checkbox"/> (8) Other: _____			
Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO		Race (Check All That Apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White					

What is your residency status?							
Coenrolled (High School):		<input type="checkbox"/> (3) In-County Resident		<input type="checkbox"/> (2) Out-of-State Resident		<input type="checkbox"/> (B) Out-of-County Resident	
Postsecondary (Adult):		<input type="checkbox"/> (4) Florida Resident		<input type="checkbox"/> (5) Out-of-State Resident		<input type="checkbox"/> (6) In-State Evacuee	
In what Florida county do you reside? <input type="checkbox"/> Hillsborough <input type="checkbox"/> Other: _____							
What is your citizenship status? <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> (A) Nonresident Alien <input type="checkbox"/> (X) Unknown or Not Reported							

What is your highest level of schooling? (Check One)							
<input type="checkbox"/> (ZZ) No school grades completed		<input type="checkbox"/> (16) Completed some college, but did not earn a certificate or degree					
<input type="checkbox"/> Completed at least part of 1st through 11th grade Highest Grade Completed (Enter 1 - 11) _____		<input type="checkbox"/> (17) Earned a career certificate					
<input type="checkbox"/> (12) Completed 12th grade, but did not earn a diploma or equivalency		<input type="checkbox"/> (18) Earned an associate of applied sciences degree					
<input type="checkbox"/> (D1) Earned a high school diploma		<input type="checkbox"/> (19) Earned an associate of science degree					
<input type="checkbox"/> (G1) Earned a high school equivalency		<input type="checkbox"/> (20) Earned an associate of arts degree					
<input type="checkbox"/> (15) Earned a special diploma / special certificate of completion		<input type="checkbox"/> (21) Earned a bachelor's degree					
<input type="checkbox"/> (22) Attained beyond a bachelor's degree		Where did you receive your highest level of schooling? <input type="checkbox"/> U.S. (including U.S. territories, U.S. military schools, or American schools overseas) <input type="checkbox"/> Non-U.S. school					
Name and City/State of Last School Attended				Date of Last Attendance			

Please check all that apply.							
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you most frequently speak a language other than English and/or need assistance to read, understand, speak, or write English?		<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Receiving assistance under the W.A.G.E.S. Act		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have your rights been restored?					
What is your current military status?							
<input type="checkbox"/> (Y) No Military History		Active: <input type="checkbox"/> (A) Active Duty Personnel <input type="checkbox"/> (N) National Guard		<input type="checkbox"/> (R) Reserves			
<input type="checkbox"/> (D) Eligible Dependent		Veteran: <input type="checkbox"/> (V) Served prior to 9/11/2001 <input type="checkbox"/> (W) Served on or after 9/11/2001		<input type="checkbox"/> (E) Prior Service, Dates Unknown			

THE SCHOOL SYSTEM PROVIDES SERVICES FOR PERSONS WITH DISABILITIES. IF YOU NEED ASSISTANCE IN THE COURSE OF YOUR STUDIES, PLEASE CONTACT A SCHOOL ADMINISTRATOR.

TUITION REFUND POLICY, PRIVACY ACT NOTICE, NON-DISCRIMINATION POLICY, AND STUDENT ACKNOWLEDGEMENT							
ADULT EDUCATION BLOCK TUITION - Refunds will not be given if the student has attended class. CONTINUING EDUCATION COURSE TUITION - Refunds will be given only if class is cancelled.							
POSTSECONDARY ADULT VOCATIONAL (PSAV) AND APPLIED TECHNOLOGY DIPLOMA (ATD) PROGRAM TUITION - A student who withdraws from one of these programs will receive a refund of prorated tuition if the student withdraws on or before 10 percent of the scheduled course hours have commenced. After 10 percent of the scheduled course hours have commenced, no refund will be provided.							
PRIVACY ACT NOTICE - Federal law requires you to give your correct Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to the school district for the purpose of filing information returns with the IRS. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Failure to comply may result in an IRS penalty (Section 6109 of the Internal Revenue Code).							
All information given is true and correct to the best of my knowledge, and I understand the refund information as stated above.							
Student Signature _____				Date _____			

The School District of Hillsborough County does not discriminate nor tolerate harassment on the basis of race, color, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, marital status, genetic information or pregnancy in its educational programs, services or activities, or in its hiring or employment practices; and it will take immediate action to eliminate such harassment, prevent its recurrence, and address its effects. The following person has been designated to handle inquiries regarding non-discrimination policies: Dr. Pansy Houghton, Executive Officer, Compliance. 813-272-4000; pansy.houghton@sdhc.k12.fl.us; Office of the Chief of Staff, 901 E. Kennedy Blvd., Tampa, Florida 33602.

Office Use		BLOCK 1 TUITION		BLOCK 2 TUITION		Primary Exceptionality		District Student Number		CTE ONLY		Site No.	
Date Paid _____		Date Paid 01/27/2022		Date Paid _____		Disaster Affected Student? <input type="checkbox"/> Specify: _____		First-Time Student?		<input type="checkbox"/> (Y) 1st Time/Not Dual Enrolled		Subsite No.	
Tuition _____		Tuition Welfare Transition		Tuition _____		CREDIT STUDENTS ONLY		<input type="checkbox"/> (D) 1st Time/Dual Enrolled		<input type="checkbox"/> (N) Not first-time student			
Receipt No. _____		Receipt No. Fees Exempted		Receipt No. _____		Pgm of Studies: _____ Stu Grad Cohort (YY-YY): _____ - _____							

STUDENT DATA SUMMARY

(Not for use by community education or coenrolled students)

Last Name	First Name	Middle Name	Jr. / Sr. / III	District Student Number
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The following questions are requested by federal and state agencies supplying education funding. Please be assured that any information provided will not prevent your enrollment or participation in the course or program.

Employment

EMPLOYMENT STATUS (Select One)

- (E) Employed
- (S) Employed but with Notice of Termination or in transition out of military service
- (U) Not Employed (looking and eligible for employment)
- (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated)

For the remaining questions, please select all that apply.

SINGLE PARENT / SINGLE PREGNANT WOMAN

- (S) Single Parent
- (W) Single Pregnant Woman
- (B) Both a single parent and a single pregnant woman

INCOME STATUS

- (A) Student currently eligible to receive assistance from TANF (formerly AFDC) but will become ineligible within the next two years
- (B) Student unemployed for 27 or more consecutive weeks at time of program entry (this school year)
- (C) Student self-identifies as having a low income at the time of program entry (this school year) under any of the following:
 - Student or member of immediate family receives benefits through SNAP/TANF, SSI, or other state public assistance
 - Student is in foster care
 - Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level
 - Student has a disability and has personal income at or below the poverty line (regardless of family income)
 - Student is a youth living in a high-poverty area

DISPLACED HOMEMAKER

- (A) Previously unemployed or underemployed while caring for home and family (unpaid)
- (B) Previously supported by public assistance or family and now unemployed or underemployed
- (C) Parent whose youngest child will become ineligible to receive assistance from TANF (formerly AFDC) within the next two years and who is unemployed or underemployed
- (D) Unemployed dependent spouse of a member of the Armed Forces who is on active duty or is deceased or disabled as a result of military service

MIGRANT / SEASONAL FARMWORKER

- (A) Low-income individual (or their dependent) employed primarily in agriculture or fish farming for 12 months out of the last two years, currently unemployed or underemployed
- (B) Seasonal farmworker (or their dependent) whose agricultural labor requires travel such that the farmworker is unable to return to a permanent place of residence within the same day

HOMELESS

- (A) Homeless without a fixed, regular nighttime residence
- (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station)
- (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment

OTHER

- (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices.
- (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act
- (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless)

Student Background Information

Confirmation

I have reviewed this form. Student Initials: _____ Date: _____

Lennard Adult student recruitment at Gibsonton Elementary school. Tuition exempted based on Welfare Transition coding. Approved by district office. D. Diaz 01272022

Office Use

- Office Use Only -

Presented to student for review; no changes since prior survey.

Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.

Survey	Staff Signature	Date
Survey	Staff Signature	Date

Last Name (Apellido)		First Name (Nombre)		Middle Name (Segundo Nombre)		Jr. / Sr. / III	
Social Security Number (Numero de Seguro Social)		Date of Birth (Fecha de Nacimiento)		Gender (Check One) <input type="checkbox"/> Female (Mujer) <input type="checkbox"/> Male (Hombre)		Are you, your spouse, or your parent / legal guardian a law enforcement officer, firefighter or judge/justice? (Es ud., su esposo(a), o sus padres un oficial de la ley, bombero o juez de justicia?) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address (Number and Street) (Direccion)				Apt. / Bldg.	City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)
Permanent Address (if different from above) (Direccion Permanente-si es diferente)				Apt. / Bldg.	City (Ciudad)	State (Estado)	Zip Code (Codigo Postal)
Home Phone (Telefono-Casa)		Cell Phone (Celular)		Email Address (Example: xxxxxxxx@xxxxx.xxx) (Correo Electronico)			
Emergency Contact Name / Phone Number (Nombre y numero de un persona en caso de emergencia)				How did you hear about the course? (Como escucho de este curso?) <input type="checkbox"/> (1) Advertisement <input type="checkbox"/> (2) Employer / Union <input type="checkbox"/> (3) Court Order <input type="checkbox"/> (4) Internet / Facebook <input type="checkbox"/> (5) Friend / Relative <input type="checkbox"/> (6) Teacher / Counselor <input type="checkbox"/> (7) Drive By <input type="checkbox"/> (8) Other: _____			
Are you of Hispanic or Latino ethnicity? (Es ud. de origen Hispano o Latino?) <input type="checkbox"/> YES <input type="checkbox"/> NO		Race (Check All That Apply) (Raza - Marque todas las que aplican) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White					

What is your residency status? (Cual es su estado de residencia?)									
Coenrolled (High School):		<input type="checkbox"/> (3) In-County Resident		<input type="checkbox"/> (2) Out-of-State Resident		<input type="checkbox"/> (B) Out-of-County Resident		<input type="checkbox"/> (0) Foreign Exchange Student	
Postsecondary (Adult):		<input type="checkbox"/> (4) Florida Resident		<input type="checkbox"/> (5) Out-of-State Resident		<input type="checkbox"/> (6) In-State Evacuee		<input type="checkbox"/> (7) Out-of-State Evacuee	
In what Florida county do you reside? (Cual es su condado de residencia en la Florida?) <input type="checkbox"/> Hillsborough <input type="checkbox"/> Other: (Otro) _____									
What is your citizenship status? (Cual es su estatus migratorio?) <input type="checkbox"/> (C) U.S. Citizen (Ciudadano de los Estados Unidos) <input type="checkbox"/> (P) Permanent Resident Alien (Residente Permanente) <input type="checkbox"/> (A) Nonresident Alien (Extranjero no Residente) <input type="checkbox"/> (X) Unknown or Not Reported (Desconocido)									

What is your highest level of schooling? (Check One) (Cual es su nivel mas alto de estudio (escuela)? Seleccione Una)							
<input type="checkbox"/> (ZZ) No school grades completed (Ningun grado terminado)				<input type="checkbox"/> (16) Completed some college, but did not earn a certificate or degree (Termine algunos anos de Universidad per no me gradue)			
<input type="checkbox"/> Completed at least part of 1st through 11th grade Highest Grade Completed (Enter 1 - 11) _____ (Grado mas alto terminado. Del 1 - 11 Grado)				<input type="checkbox"/> (17) Earned a career certificate (Certificado de Carrera)			
<input type="checkbox"/> (12) Completed 12th grade, but did not earn a diploma or equivalency (Termine el 12 grado pero no obtuve diploma)				<input type="checkbox"/> (18) Earned an associate of applied sciences degree (Asociado en Ciencias Aplicadas)			
<input type="checkbox"/> (D1) Earned a high school diploma (Diploma de 12 grado terminado)				<input type="checkbox"/> (19) Earned an associate of science degree (Asociado en Ciencias)			
<input type="checkbox"/> (G1) Earned a high school equivalency (Obtuve lo equivalente a 12 grado)				<input type="checkbox"/> (20) Earned an associate of arts degree (Asociado en Artes)			
<input type="checkbox"/> (15) Earned a special diploma / special certificate of completion (Diploma de especializacion)				<input type="checkbox"/> (21) Earned a bachelor's degree (Titulo de Licenciatura)			
<input type="checkbox"/> (22) Attained beyond a bachelor's degree (Mas alla de la Licenciatura)							
Where did you receive your highest level of schooling? (Donde recibiste el mayor nivel de educacion?) <input type="checkbox"/> U.S. (including U.S. territories, U.S. military schools, or American schools overseas) (Estados Unidos (Incluyendo sus territorios, escuelas militares o escuelas americanas en el extranjero)) <input type="checkbox"/> Non-U.S. school (Fuera de USA)							
Name and City/State of Last School Attended (Nombre de ciudad/estado de la ultima escuela que usted atendio)						Date of Last Attendance (Fecha de ultima asistencia)	

Please check all that apply. (Seleccione todas las respuestas que le aplican)							
<input type="checkbox"/> Yes <input type="checkbox"/> No (Y) English not native or primary language - need assistance to read, understand, speak, or write English (Ingles no es mi primer idioma-necesito asistencia para leer, escribir y hablar Ingles)				<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? (Alguna vez has sido condenado por un delito grave?)			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Y) Receiving assistance under the W.A.G.E.S. Act (Recibo asistencia de W.A.G.E.S Act)				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have your rights been restored? (Si la respuesta es Si, sus derechos han sido restaurados?)			
What is your current military status? (Cual es su estatus militar en los Estados Unidos)							
<input type="checkbox"/> (Y) No Military History (No Historia Militar)		Active: <input type="checkbox"/> (A) Active Duty Personnel (Servicio Activo)		<input type="checkbox"/> (N) National Guard (Guardia Nacional)		<input type="checkbox"/> (R) Reserves (Reservas)	
<input type="checkbox"/> (D) Eligible Dependent (Dependientes Elegibles)		Veteran: <input type="checkbox"/> (V) Served prior to 9/11/2001 (Veterano: (Servi antes del 9/11/2001)		<input type="checkbox"/> (W) Served on or after 9/11/2001 (Servi durante o despues del 9/11/2001)		<input type="checkbox"/> (E) Prior Service, Dates Unknown (Servicio Anterior, Fechas Desconocidas)	

THE SCHOOL SYSTEM PROVIDES SERVICES FOR PERSONS WITH DISABILITIES. IF YOU NEED ASSISTANCE IN THE COURSE OF YOUR STUDIES, PLEASE CONTACT A SCHOOL ADMINISTRATOR.

TUITION REFUND POLICY, NON-DISCRIMINATION POLICY, AND STUDENT ACKNOWLEDGEMENT	
ADULT EDUCATION BLOCK TUITION - Refunds will not be given if the student has attended class. CONTINUING EDUCATION COURSE TUITION - Refunds will be given only if class is cancelled. POSTSECONDARY ADULT VOCATIONAL (PSAV) AND APPLIED TECHNOLOGY DIPLOMA (ATD) PROGRAM TUITION - A student who withdraws from one of these programs will receive a refund of prorated tuition if the student withdraws on or before 10 percent of the scheduled course hours have commenced. After 10 percent of the scheduled course hours have commenced, no refund will be provided. (La informacion porporcionada es verdadera y correcta , y tambien entiendo la informacion relacionada con el reembolso)	
All information given is true and correct to the best of my knowledge, and I understand the refund information as stated above.	
Student Signature (Firma)	Date (Fecha)

The School District of Hillsborough County does not discriminate nor tolerate harassment on the basis of race, color, ethnicity, national origin, religion, gender, gender identity, sexual orientation, age, disability, marital status, genetic information or pregnancy in its educational programs, services or activities, or in its hiring or employment practices; and it will take immediate action to eliminate such harassment, prevent its recurrence, and address its effects. The following person has been designated to handle inquiries regarding non-discrimination policies: Dr. Pansy Houghton, Executive Officer, Compliance. 813-272-4000; pansy.houghton@sdhc.k12.fl.us; Office of the Chief of Staff, 901 E. Kennedy Blvd., Tampa, Florida 33602.

Office Use	BLOCK 1 TUITION	BLOCK 2 TUITION	Primary Exceptionality	District Student Number	CTE ONLY	Site No.	
	Date Paid _____	Date Paid _____			First-Time Student?		
	Tuition _____	Tuition _____	CREDIT STUDENTS ONLY			<input type="checkbox"/> (Y) 1st Time/Not Dual Enrolled	
	Receipt No. _____	Receipt No. _____	Program of Studies: _____	Student's Graduation Cohort (YY-YY): _____ - _____	<input type="checkbox"/> (D) 1st Time/Dual Enrolled	Subsite No.	
					<input type="checkbox"/> (N) Not first-time student		

STUDENT DATA SUMMARY
(Not for use by community education or coenrolled students)

Last Name (Apellido)	First Name (Nombre)	Middle Name (Segundo Nombre)	Jr. / Sr. / III	District Student No. (Numero del Distrito Escolar)
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The following questions are requested by federal and state agencies supplying education funding. Please be assured that any information provided will not prevent your enrollment or participation in the course or program. (Las siguientes preguntas son requeridas por las agencias federales que nos proporcionan fondos. Queremos asegurarles que la informacion que usted nos proporciona no va a prevenir su inscripcion o participacion en los cursos o programas.)

Employment	EMPLOYMENT STATUS (Select One) (Estado de Empleo - Seleccione una opcion)
	<input type="checkbox"/> (E) Employed (Empleado(a))
	<input type="checkbox"/> (S) Employed but with Notice of Termination or in transition out of military service (Empleado con aviso de terminacion o en proceso de asistir al servicio militar)
	<input type="checkbox"/> (U) Not Employed (looking and eligible for employment) (En busca de empleo y elegible para trabajar)
	<input type="checkbox"/> (N) Not in Labor Force (not seeking employment, not eligible for employment, or incarcerated) (No busco trabajo, no soy elegible, o estoy en la carcel)

For the remaining questions, please select all that apply. (Para las siguientes preguntas, seleccione todas las respuestas que le aplican)

Student Background Information	SINGLE PARENT / SINGLE PREGNANT WOMAN (Padre Soltero(a) / Madre Soltera Embarazada)
	<input type="checkbox"/> (S) Single Parent (Padre Soltero (a))
	<input type="checkbox"/> (W) Single Pregnant Woman (Madre Soltera Embarazada)
	<input type="checkbox"/> (B) Both a single parent and a single pregnant woman (Mujer Soltera y Embarazada)
	DISPLACED HOMEMAKER (Ama de Casa Desplazada)
	<input type="checkbox"/> (A) Previously unemployed or underemployed while caring for home and family (unpaid) (Previamente desempleada y a cargo del hogar y familia)
	<input type="checkbox"/> (B) Previously supported by public assistance or family and now unemployed or underemployed (Previamente recibí asistencia pública y hoy estoy desempleada(o))
	<input type="checkbox"/> (C) Parent whose youngest child will become ineligible to receive assistance from TANF (formerly AFDC) within the next two years and who is unemployed or underemployed (Padres desempleados a quien su hijo(a) va a ser ineligible a recibir asistencia de TANF en los proximos dos años)
	<input type="checkbox"/> (D) Unemployed dependent spouse of a member of the Armed Forces who is on active duty or is deceased or disabled as a result of military service (Madre/padre desempleado que depende de su esposo(a) un miembro activo en las Fuerzas Armadas (el ejército) o que murlo/fue deshabilitado como resultado de un servicio militar)
	MIGRANT / SEASONAL FARMWORKER (Trabajador Migrante / Agricola Temporal)
	<input type="checkbox"/> (A) Low-income individual (or their dependent) employed primarily in agriculture or fish farming for 12 months out of the last two years, currently unemployed or underemployed (Individuo de bajos recursos (o sus dependes) trabajador agricola y que trabajo 12 meses en los ultimos 2 años o esta desempleado)
	<input type="checkbox"/> (B) Seasonal farmworker (or their dependent) whose agricultural labor requires travel such that the farmworker is unable to return to a permanent place of residence within the same day (Trabajador agricola temporal (o sus dependes) que requiere que su trabajo le impida regresar a su hogar el mismo día)
	HOMELESS (Persona sin hogar)
	<input type="checkbox"/> (A) Homeless without a fixed, regular nighttime residence (Persona sin hogar / lugar fijo para dormir)
	<input type="checkbox"/> (B) Homeless but staying in nontraditional housing (Example: park, abandoned building, or bus station) (Se hospeda en un edificio vacío/un parque)
<input type="checkbox"/> (C) Migratory child who has changed school districts in the last 3 years due to parent's seasonal employment (Niño(a) de padres migrantes que ha cambiado de distrito escolar en los últimos 3 años por causa de trabajo (agricola temporal) de los padres)	
OTHER (Otro)	
<input type="checkbox"/> (C) Perceived employment barrier(s) due to the student's attitudes, beliefs, customs, or practices. (Aparenta tener una barrera ante un empleo)	
<input type="checkbox"/> (E) Previously or currently subject to any stage of the criminal justice process for committing a crime or delinquent act (Sujeto a un acto criminal)	
<input type="checkbox"/> (A) Currently a patient or resident of a medical or special institution (but not incarcerated or homeless) (Actualmente paciente de un Instituto medico)	

Confirmation	I have reviewed this form. Student Initials: _____ Date: _____ (He revisado este formulario.) (Iniciales:) (Fecha:)
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Office Use	- Office Use Only -			
	Presented to student for review; no changes since prior survey.	_____	_____	
	Note: If the student has changes to report, please have them complete a new Student Data Summary form and attach to this document.	Survey	Staff Signature	Date
		_____	_____	_____
	Survey	Staff Signature	Date	
	_____	_____	_____	