

STAFF MEMBER ONLY

UTopia ID: _____

Enrollment Date: _____

Offender Number: _____

Other ID: _____

GEDTS Candidate ID: _____

DEMOGRAPHIC INFORMATION

LEGAL FIRST
NAME: _____MIDDLE
NAME: _____LEGAL LAST
NAME: _____DATE OF
BIRTH: _____

GENDER:

☐ Male☐ Female

SSN: _____

ADDRESS: _____

CITY: _____

STATE: _____

COUNTY: _____

ZIP CODE: _____

PRIMARY
PHONE: _____

EMERGENCY PHONE: _____

EMAIL: _____

ETHNICITY:

☐ Hispanic/Latino☐ Not Hispanic/Latino

RACE:

☐ Asian☐ Pacific Islander☐ Black☐ Alaska Native☐ White☐ American Indian

TRIBAL AFFILIATION:

☐ Navajo☐ Ute☐ Piute☐ Goshute☐ NW Band of
Shoshone☐ Other

REFUGEE TYPE:

☐ Refugee☐ Asylee☐ Cuban/Haitian☐ Amerasian☐ Trafficking☐ Special VisaREFUGEE
DATE: _____ALIEN
NUMBER: _____NATIVE
LANGUAGE:☐ English☐ German☐ Cambodian☐ Spanish☐ Other: _____☐ Chinese☐ Somali☐ French☐ Korean

MIGRANT STATUS:

☐ None☐ Migrant and Seasonal Farm Worker☐ Seasonal Farm Worker☐ Dependent of Migrant/Seasonal Worker

EDUCATION INFORMATION

HIGHEST GRADE COMPLETED AT PROGRAM ENTRY:

☐ No Schooling Completed☐ Grade 1☐ Grade 2☐ Grade 3☐ Grade 4☐ Grade 5☐ Grade 6☐ Grade 7☐ Grade 8☐ Grade 9☐ Grade 10☐ Grade 11☐ Grade 12☐ Achieved HS
Diploma☐ Achieved HS
Equivalency (GED)☐ Disability and achieved
Individual Education
Plan (IEP)☐ Completed
Some College☐ Associates
Degree☐ Bachelor's
Degree☐ Beyond Bachelor's
DegreeLOCATION OF HIGHEST
GRADE COMPLETED:☐ US School☐ Non-US School

HAD IEP?

☐ Yes☐ No

LAST K-12

DISTRICT TYPE:

☐ Public☐ Charter

SSID: _____

LAST K-12 UTAH
DISTRICT: _____LAST K-12
SCHOOL: _____

GOALS/STATUSES

CURRENT EMPLOYMENT STATUS:

- ☐ Employed
- ☐ Employed, received termination notice/military separation
- ☐ Not in Labor Force, not seeking employment
- ☐ Unemployed, seeking employment

LONG-TERM UNEMPLOYED:

- ☐ Yes, Unemployed > 27 consecutive weeks
- ☐ No

CULTURAL BARRIER:

- ☐ Yes
- ☐ No

EX-OFFENDER:

- ☐ Yes
- ☐ No

INDIVIDUAL WITH A DISABILITY (INCLUDING A LEARNING DISABILITY):

- ☐ Yes
- ☐ No

EXHAUSTING TANF WITHIN 2 YEARS:

- ☐ Yes
- ☐ No

IN CORRECTIONAL FACILITY:

- ☐ Yes
- ☐ No

IN OTHER INSTITUTIONAL SETTING:

- ☐ Yes
- ☐ No

ON PUBLIC ASSISTANCE:

- ☐ On Public Assistance
- ☐ Not on Public Assistance

DISABILITY STATUS

- ☐ None
- ☐ Physically Impaired
- ☐ Mentally Impaired
- ☐ Specific Learning Disabled

DISPLACED HOMEMAKER:

- ☐ Yes
- ☐ No

LOW INCOME:

- ☐ Yes
- ☐ No

HOMELESS/RUNAWAY YOUTH:

- ☐ Yes
- ☐ No

YOUTH IN FOSTER CARE/AGED OUT OF SYSTEM:

- ☐ Yes
- ☐ No

SINGLE PARENT:

- ☐ Yes
- ☐ No

IN COMMUNITY CORRECTIONAL PROGRAM:

- ☐ Yes
- ☐ No

ON PROBATION:

- ☐ Yes
- ☐ No

IF "On Public Assistance," WHICH SERVICES?

- ☐ Food Stamps
- ☐ WIC
- ☐ Other

PARTNER AGENCIES

Are you working with any of the following agencies?

- DEPARTMENT OF WORKFORCE SERVICES: ☐ Yes ☐ No
- UTAH STATE OFFICE OF REHABILITATION: ☐ Yes ☐ No
- UTAH DEPARTMENT OF CORRECTIONS: ☐ Yes ☐ No

RELEASE WAIVER

I release all personal data (including social security number), Plan for College and Career Readiness information and GED scores, if applicable, to the Utah State Board of Education and other state agencies for client counseling and data matching purposes, in addition to any additional Adult Education program that I may choose to attend.

Parents must sign if student is under 18.

☐ I give permission to release my data

☐ I refuse to release my data

SIGNATURE: _____

DATE: _____

PARENT
SIGNATURE: _____

DATE: _____

GRIEVANCE POLICY

All incarcerated students should follow grievance procedures as outlined by the correctional facility.
I understand and agree to the program grievance policy.

STUDENT
SIGNATURE: _____

DATE: _____

PROGRAM STAFF
REPRESENTATIVE
SIGNATURE: _____

DATE: _____