

# New Life Learning Center

## Registration Form

YOUR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMERGENCY CONTACT & PH#: \_\_\_\_\_

EMAIL ADDRESS (if any): \_\_\_\_\_

HIGHEST GRADE COMPLETED \_\_\_\_\_

YEAR COMPLETED \_\_\_\_\_

Mail to Program Coordinator:

New Life Learning Center

P.O. Box 4499

Gallup, NM. 87305

Tel: (505) 722-8973

Returning Student

**Intake Form EFFECTIVE JULY 1, 2011**

Intake Date

☐ No ☐ Yes

Program: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Name:

Last

First

MI

Home Address:

(Mailing Address / PO Box)

City

State

Zip

Home Phone

Work/Emergency Phone

Cell/Mobile Phone

Email Address

**Follow-Up Survey Information**  
(select preferred method of contact)☐ Phone☐ Mail☐ Email☐ Personal Contact

Previously enrolled in Adult Education Classes?

☐ NO☐ YES

If yes, where? \_\_\_\_\_

GENDER	ETHNICITY AND RACE	WORK STATUS	PUBLIC ASSISTANCE	FAMILY INFO	DISABILITY
<input type="checkbox"/> Male	<b>1) Choose only one:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>2) Check all that apply:</b> <input type="checkbox"/> American Indian or Alaska 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	<input type="checkbox"/> Employed <i>Full-time job</i> <i>Part-time job</i> <input type="checkbox"/> Unemployed <i>Actively seeking job</i> <input type="checkbox"/> Not in Labor Force <i>Retired</i> <i>Housewife</i> <i>Not seeking job</i> <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Disability or Aid to the Blind <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI / Unemployment Insurance <input type="checkbox"/> TANF / Cash Assistance <input type="checkbox"/> None	<input type="checkbox"/> Single Parent/Guardian <input type="checkbox"/> Homeless  _____ Number of people in your family	<input type="checkbox"/> None <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical Disability Is the disability documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Female					

Did you graduate from High School?	Last School Attended (K - 12)	Highest Grade Completed	State / Country	NM School District
<input type="checkbox"/> No <input type="checkbox"/> Yes				

Referred by: (check box)

☐ Friend / Family☐ Advertisement☐ Agency / Social Service☐ Other: \_\_\_\_\_

Family Income: (check box)

☐ \$0-10,890☐ \$10,891-14,710☐ \$14,711-18,530☐ \$18,531-22,350☐ \$22,351-26,170☐ \$26,171-29,990☐ \$29,991-33,810☐ \$33,811-37,630☐ \$37,631-40,000☐ > \$40,000**Release of Information**

I authorize the New Mexico Higher Education Department and the local ABE program to release my Social Security Number, assessment results and/or scores of the General Education Development Exam (GED) for purposes of education or employment research/reporting.

Student Signature (Pen Only)

Date

Program Use Only:

Population: (check box)

☐ Rural (≤ 49,999)☐ Urban (50,000+)

2016

Exhibit A



# New Life Learning Center

Native American New Life Ministries, Inc. sponsors The 'New Life Learning Center' program with financial assistance from the New Mexico Coalition for Literacy, private sponsorship donations, and institution / agency partnerships.

## New Life Learning Center

New Life Learning Center staff provides program registration, academic assessment and advisement, goal setting, multi levels of instruction, learning gains assessment, family learning activities, and practice GED testing, Adult Equivalent High School Diplomas and developmental college preparation instruction.

### Participant Commitment Statement

#### I Purpose for Participation

I \_\_\_\_\_ state that my purpose for participation in the New Life Learning Center program is to participate as a new life learner, gaining academic advancement by implementing positive life changing behavior to improve the quality of life for myself, family and community.

#### II Participation

I \_\_\_\_\_ will fulfill my commitment to myself and those working to assist me in fulfilling my academic goals by following the advice of my instructor in regards to: attending class instruction, group and/or individual tutor instruction and computer assisted instruction as available. I understand and should appreciate that this program is offered at a financial cost to others and through the sacrifice of others because they believe in me and want to assist me in achieving my goals.

#### III Academic Advancement

I \_\_\_\_\_ understand that it is my responsibility to fully participate in the instruction offered in order to achieve academic advancement. I understand that it is the responsibility of the staff to assist me in striving toward self-reliance as I pursue academic advancement and that enabling behavior on the part of the staff or counter productive behavior on my part is unacceptable.

#### IV Ability to Benefit

I \_\_\_\_\_ understand that if I am not making academic advancement due to my lack of attendance and/or inability to properly participate in the program instructional offerings that I will be dropped from the program and asked to return if and when I am better able to benefit from instruction. I understand that academic advancement is determined by periodic assessment testing, practice or official GED testing.

\_\_\_\_\_  
Participant name

\_\_\_\_\_  
Date

**'READ TO UNDERSTAND, WRITE TO BE UNDERSTOOD'**



# New Life Learning Center

Name \_\_\_\_\_

Date \_\_\_\_\_

## Success & Motivation Survey

### I Previous Experience in Adult Education

1. Have you ever studied with an Adult Education program? Yes / No
2. If you answered yes:
  - a. which program(s) \_\_\_\_\_
  - b. how many times have you enrolled in an Adult Education program? \_\_\_\_\_
  - c. what years(s) \_\_\_\_\_
  - d. did you ever take a program assessment Yes / No
  - e. did you ever take the GED practice test Yes / No
  - f. did you ever take the Official GED Exam Yes / No  
if yes, where \_\_\_\_\_

### II Assistance Program

1. Have you ever received any kind of assistance for a work / training / study or general assistance program? Yes / No
2. If you answered yes:
  - a. list all programs \_\_\_\_\_
3. Are you with an assistance program now? Yes / No
  - b. if yes, name: \_\_\_\_\_  
caseworker: \_\_\_\_\_  
address & phone: \_\_\_\_\_

### III License / Registration

1. Do you have a valid driver's license? Yes / No
2. Are you registered to vote?  
County \_\_\_\_\_ Navajo Nation Yes / No
3. Library Card Yes / No
4. Children have library card Yes / No

### IV Life & Learning Style

1. Circle your strengths: fixing things mechanics reading writing math  
sports bread making silversmith weaving music  
painting fishing leadership telling stories
2. Circle your weaknesses: fixing things mechanics reading writing math  
sports bread making silversmith weaving music  
painting fishing leadership telling stories
3. Easiest way to learn: listening reading doing watching
4. Hardest way to learn: listening reading doing watching



## New Life Learning Center

### V Goals & Achievements

1. Are you currently employed? Yes / No      for how long \_\_\_\_\_
  - a. If yes, where \_\_\_\_\_
  - b. what are some jobs you have had \_\_\_\_\_
  - c. would you ever like to be a manager / supervisor? Yes / No
  - c. what is your dream job \_\_\_\_\_
2. On a scale from 1 to 10 rate your motivation. \_\_\_\_\_  
When are you most alert and productive: \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening
3. List some important goals to you.
4. Have you already accomplished any of these goals? If so, which ones.
5. Are there some things you have achieved that you would like to share? List them.
6. Would you like to be trained as a tutor to help other students with things you know? \_\_\_\_
7. Do you want to study to pass the GED Exam and earn a High School Diploma? Yes / No
8. Upon earning your High School Diploma, what are your future plans?
9. Are you interested in college? \_\_\_\_ Would you like help with financial aid papers? \_\_\_\_
10. Explain why you think now is the time for you to pursue your High school Diploma?

# New Life Learning Center

## Goal Sheet

Directions: Select realistic and obtainable goal(s) you want to achieve by Dec.2016. You may select more then one CORE Goal.

<b>CORE Goals</b>
Date Goal(s) Set:
<input type="checkbox"/> Advance an Educational Level
What educational functional level would you like to advance your skills in?
<input type="checkbox"/> Reading <input type="checkbox"/> Mathematics <input type="checkbox"/> Writing Skills
<input type="checkbox"/> Obtain or get a job
<input type="checkbox"/> Retain current employment
Complete GED Practice Exam(s) before selecting goals below. Test scores are used as a tool for selecting the following goals.
<input type="checkbox"/> Earn a High School Diploma by passing GED Official Exam.
<input type="checkbox"/> Place in Post Secondary Education or Training.

Directions: Select appropriate goals. You may select more than one goal.

<b>Other Student Goals</b>
Date Goal(s) Set:
<input type="checkbox"/> Improve Basic Literacy Skills
<input type="checkbox"/> Improve English Language
<input type="checkbox"/> Reduce Public Assistance
<input type="checkbox"/> Achieve Citizenship Skills
<input type="checkbox"/> Read more to your Children/Visit the Library
<input type="checkbox"/> Get involved in Children's Literacy Activities <ul style="list-style-type: none"> <li>▪ Reading to Children</li> <li>▪ Visiting Library</li> <li>▪ Purchasing Books or Magazines</li> </ul>
<input type="checkbox"/> Get Involved in Children's Education <ul style="list-style-type: none"> <li>▪ Help more frequently with school</li> <li>▪ Increase contact w/children's teachers</li> <li>▪ More involved w/ children's school activities</li> </ul>
<input type="checkbox"/> Get Involved in Community Activities
<input type="checkbox"/> Register to vote or Vote for the First Time

\_\_\_\_\_  
Student Name  
(Print Please)

\_\_\_\_\_  
Student Signature

revised

**Gamerco**

\_\_\_\_\_  
New Life Learning Center  
(Print Please)

\_\_\_\_\_  
Date

**'READ TO UNDERSTAND, WRITE TO BE UNDERSTOOD'**