

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

☐

Black

☐

White

☐ Pacific Islander

☐

Alaska Native

☐

American Indian

TRIBAL AFFILIATION:

- ☐ Navajo ☐ Ute
☐ Goshute ☐ NW Band of Shoshone

- ☐ Piute
☐ Other

REFUGEE TYPE:

- ☐ Refugee ☐ Asylee ☐ Cuban/Haitian
☐ Amerasian ☐ Trafficking ☐ Special Visa

REFUGEE
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 Degree

LOCATION 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: _____

Ashley Valley Adult Education

Student Orientation Information

Welcome to the adult education program at Ashley Valley Education Center. We are committed to helping you reach your educational goals. As a state and federally funded entity, there are requirements that we must meet enabling us to offer our adult education programs. Many of those requirements come into play during the enrollment process. Please be aware that we ask for only the minimum amount of information required by law and attempt to make this process as easy as legally possible.

Fees

- \$20 enrollment fee must be payed before testing and enrollment
- \$60 enrollment fee for high school students whose class has not yet graduated
- \$120 for full GED test, or \$30 per test topic. GED registration must be completed and testing fees must be payed online at the www.ged.com.

Enrollment Requirements

1. If you are under the age of 19 (16-18 years of age), you and your parent or guardian must meet with your school counselor (last K-12 public/private school attended) and complete a form called the *Adult Education Enrollment and GED Registration Form*. It is state law, and we cannot proceed with the application nor GED process without it.
2. You must show proof of Utah residency (Utah driver's license, a bill addressed to the student, Utah ID card, a pay stub, rental agreement, library card, etc.). We will make a photocopy and return the original to you.
3. We need your Social Security number if you have one. The state uses your social security number for data matching purposes. Once entered into the state adult education website, your social security number will be whited out on all registration paperwork to ensure your privacy and security. (The state website shows only the last four digits of your Social Security number.)
4. Complete registration paperwork including Adult Education SEOP Application, Grievance Policy, Request for Student Records, Internet Acceptable Use Agreement, and the Program Rules forms.
5. Take a CASAS pretest, which takes 1 to 2.5 hours.

Adult Education Programs

The **GED preparation** program provides self-study packets and practice tests. Once a student successfully passes the GED exam, he or she will receive a high school completion diploma.

The **adult high school diploma** program offers core and elective courses through computer based classes, packet material, or a combination of both. Courses completed at UBTech or USU can be applied to an adult education transcript via official documentation from that school.

Contact information for adult education staff

Anna Dockins, Teacher
435-781-4675 ext. 2843
anna.dockins@uintah.net
435-790-4712 – text only

Kristin Huber, Teacher
435-781-4675 ext. 2842
kristin.huber@uintah.net
435-709-2228 – text only

Becky Dastrup, Secretary
435-781-4675 ext. 2841
becky.dastrup@uintah.net
435-790-9846

Programs Requirements (initial each box)

	I understand that Adult Education students are not allowed to visit with, seek out, mingle with, nor take off campus any high school students who are not in the adult education program.
	I understand that it is illegal to smoke on school grounds, including the parking areas, and that I cannot share cigarettes with other students.
	I understand that children are not allowed in the classroom. If I chose to use the on campus day care, I will provide immunization records and a birth certificate for my child or children.
	I understand that cell phone use and personal conversations should take place outside of the classroom.
	I understand that adult education students are expected to follow the policies in place by the Uintah School District, including but not limited to, a modest dress code, acceptable computer use, and appropriate behavior and language.
	I understand that if I am in the classroom, I am to be working on school related activities or career and college readiness activities.
	I understand that failure to comply with any of these rules may result in being asked to leave the school grounds, loss of access to the AVEC campus facilities, or complete removal from the AVEC Adult Education program.
	I have provided proof of Utah residency.
	I have provided my Social Security number (if I have one).

Distance Learning Contract (initial each box)

	I agree to spend a minimum of 12 hours per week on my coursework (auto-tracked on APEX).
	I agree to track my distance learning hours on the attendance calendar and turn it in every other week via email, text, fax, clear phone picture, or in person (GED students and diploma packet students).
	I agree to come on campus to complete all necessary post-test or final exams as required.
	I agree to study and learn to ensure that my post-testing scores may reach a level of 5 or 6 before completing my graduation certificate or completing GED testing.
	I understand that as an adult ed student, it is my responsibility to maintain a high rate of progress and completion rates, and that this program will drop me from school for a lack of progress or attendance.
	I agree to respond to any communication sent to me, i.e. emails, texts, etc. If my contact information changes, I will notify adult ed.

Student Name _____

College or Career Goal _____

Email address _____

Cell phone number _____

I prefer texts: Yes No

Signature_____
Date

ASHLEY VALLEY EDUCATION CENTER

559 North 1700 West • Vernal, Utah 84078

Phone: 435-781-3100 Ext. 2841 • Fax: 435-781-4679

Alternative High School • Adult Education • GED • Night School • ESL • Corrections Education

REQUEST FOR STUDENT RECORDS

School: _____ 1st Request Date _____ Fax Mail

City: _____ 2nd Request Date _____ Fax Mail

State: _____ 3rd Request Date _____ Fax Mail

Attn: Registrar

School Fax: _____

School Phone: _____

Student Name: _____

Name used while enrolled: _____

Date of Birth: _____

The above student has enrolled in our school. The following checked information is needed:

X Transcripts showing Student graduated in the year _____

Courses completed

Student WOULD HAVE

Grades

graduated in the year _____

Credit earned

Highest grade attended _____

_____ IEP (if applicable and student is currently under the age of 22)

_____ Utah SSID # and District LEA #

_____ Other: _____

*Student signature: _____ Date: _____

Please fax the full transcript and this form to 435-781-4679 as soon as possible or email it to becky.dastrup@uintah.net. Thank you for your assistance in helping this student achieve his or her academic goals.

Adult Education Staff Signature

*Student signature is not required for educational records to be sent to another educational agency.
Family Education, Rights & Privacy Act of 1974, 20 USC 1232G;34 CFR 99.31

Adult Education Program Grievance Policy

Written 2.24.17 Effective 3.14.17

The Adult Education Program gives group or 1:1 education to qualified youths and adults. The program teaches English Language, basic reading, writing and math, and/or high school completion or GED® preparation. The program wants all students to succeed. Sometimes students and teachers have different opinions or ideas about what education should look like.

Any problems between students and teachers, or unhappiness with the education the student receives, is a grievance. Grievances are dealt with in different ways, depending on how serious the grievance is.

1. If a student does not like the teaching style, the student should tell the teacher, either in person or in writing. The student should then meet with the teacher to talk about the grievance so the teacher can make changes that will help the situation. Teachers will try to teach in the best way to meet the student's learning needs.
2. Some problems cannot be fixed with the teacher (such as discrimination). In these cases, the student should meet with the program director/coordinator and the teacher to talk about and fix the problems. If the director/coordinator is also the teacher, then the student should talk to someone at the district or agency. The student, teacher, and program director/coordinator will write a plan to fix the problem quickly and helpfully so the student can keep learning.
3. If problems continue, and if the problem doesn't get fixed, the student can change adult education programs, or contact the Utah State Board of Education (USBE) for help.

Students who do steps 1 and 2, and the problem is not fixed, can get a refund.

Student Fees Refund Policy

If a program charges fees, the student must pay all fees before classes start.

Refunds (Note: students must request a refund):

1. Refunds for Withdrawal First Day of Class
 - a. Students who quit before or on the first day of class will get a full refund.
 - b. The program will pay the student a refund within 30 days of the start of class.
2. Refunds for Classes Cancelled by the Program:
 - a. All fees paid before the first class will be refunded within 30 days of the planned first class.
3. Failure to attend:
 - a. Students who do not come to class after the first day of class will not get a refund.

Signatures

I understand and agree to the program grievance policy. This signed document lasts for the program year that it is signed in and must be renewed annually.

Student Signature

Date

Program Staff Representative Signature

Date

STUDENT SECTION

Student Name _____ Grade _____
(Last) (First) (Middle)

School AVEC Adult Ed District Uintah

School Address 559 N 1700 W School Phone No. 435-781-4675

Purpose(s) for which you wish to use Uintah School District/UtahLINK:

I have read the Acceptable Use Policy and Student Guidelines, and agree to abide by their provisions. I understand that violation of the use provisions stated in the policy may constitute suspension or revocation of network privileges.

Student's Signature _____ Date _____

SPONSORING PARENT or GUARDIAN (Required)

I have read the Acceptable Use Policy and Student Guidelines for Uintah School District/UtahLINK. I understand that administrators of the Uintah School District/UtahLINK's network have taken reasonable precautions to ensure that controversial material is eliminated on Utah's Public Education Network. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Parent's Signature Date

Home Address (street, city, zip) Home Phone No.

SPONSORING TEACHER(S) (Required)

I agree to sponsor the above student and to supervise his/her responsible use of the network as defined by the Acceptable Use Policy and Student Guidelines while in my classes.

Teacher's(s) Signature(s) Date(s)

Uintah School District Internet Acceptable Use Agreement

Dear Parent and Student:

Although the Uintah School District has taken precautions to restrict access to inappropriate materials, it is impossible, on a global network, to control all access. The School District cannot be responsible for supervising or restricting access to inappropriate materials on the network. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or offensive. In addition, it is possible to purchase certain goods and services via the Internet which could result in unwanted financial obligations for which a student, parent, or guardian could be liable. While the District's intent is to make Internet access available in order to further educational goals and objectives, students may find ways to access other materials as well. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using these resources. It is requested and recommended that the parents and students carefully review and discuss the School District Acceptable Use Policy (<http://www.uintah.net/Modified%20policy/010/0100600.htm>) prior to signing the application for an account. In particular, students should be cautioned: (a) never to write or share password information; (b) not to reveal personal information about oneself or others, i.e., address, phone number, financial information, social security numbers, etc.; (c) to immediately tell teachers and parents if the student comes across information that makes them feel uncomfortable; (d) never to agree to get together with someone met on-line without first checking with parents and, even if parents agree to the meeting to make sure that the meeting is in a public place with a trusted adult in attendance; (e) never to send to another person a personal picture or anything else without first checking with parents; (f) not to respond to any messages that are mean or in any way make the student feel uncomfortable.

Before any student will be given access to the School District's computer resources, the student must present the User Application Waiver from properly signed by the student, a parent or guardian and a sponsoring teacher which acknowledges that the School District is not responsible for unauthorized or improper access or use of the School District's computer network communications.

If you have any questions concerning this policy or use of School District computer resources by students, please contact your student's school or the District Technology Department at 435.781.3100 Ext 2800.

Acceptable Use

Use of a district computer and/or network, whether on or off school premises, for purposes that are illegal, inappropriate, or obscene or to access materials that are illegal, inappropriate or obscene, or in support of such activities is prohibited. Use of any computer or network on school premises for purposes that are illegal or inappropriate is prohibited.

1. Illegal activities include violation of state, federal or local law.
2. Inappropriate use includes but is not limited to:
3. Use or playing of games, chat lines, and chain letters that are not educationally driven during school or work hours.
4. Using a computer or computer network to harass or threaten individuals or groups.
5. Vandalizing computers, computer systems, or computer networks. Vandalism is defined as any malicious attempt to harm or destroy property of the user, another user or of any other agencies or networks that are connected to the network, or the Internet system. Vandalism also includes, but is not limited to abusive overloading of data on the server, or the uploading, downloading or creation of computer viruses.
6. The unauthorized examination or copying of files or data files belonging to others.
7. Violating copyright law, including using unauthorized copies of software and making, transmitting, receiving, exchanging and/or distributing unauthorized copies of software.
8. Impersonation of another person while sending e-mail messages, using a false or anonymous name, age, gender, or identifier and the unauthorized reading, deleting, copying or modifying of any other person's electronic mail.
9. Gaining or attempting to gain unauthorized access to computer, computer networks or computer files or data. This includes evading or attempting to evade software designed to prevent or monitor inappropriate access to the Internet.
10. Gaining or attempting to gain unauthorized access to a personal account or file of another individual.
11. Unauthorized changing or modifying computer or internet/network settings with regards to individual computer identification.
12. Commercial use, product advertisement, or political activities.
13. Knowingly introducing, accessing, or distributing materials forbidden by the Uintah School District onto Uintah School District computers and/or systems including any indecent, obscene, racist, sexist, pervasively vulgar, defamatory, offensive, or illegal materials promoting harm to self or others. Such obscene activities include, but are not limited to, vulgar language and sexually explicit materials, including nudity and other graphic or textural depictions of sexually explicit activities.
14. Uintah School District shall be the final authority on the use of the network and the issuance of public education user accounts.

Adult Education Enrollment and GED® Registration Form

Section 1

This form must be completed in its entirety prior to 16-18-year-old non-graduates enrolling in an adult education program or scheduling to take a High School Equivalency (HSE) test, which is currently the GED® in Utah. The completed form must be submitted to an adult education center to schedule an HSE test.

Applicant's Name: _____ Social Security Number: _____
Date of Birth: _____ Student Number (SSID): _____

The above named applicant has been counseled by school personnel and understands and accepts the consequences and educational choices with the decision to enroll in Adult Education and/or take the HSE test.

Last School District Code _____ Student's District Number _____
Last School Number _____ Applicant's Signature _____ Date _____

To be completed by school personnel.

Verification of K-12 Withdrawal

School District _____	Withdrawal Date _____	Last grade completed: _____
Charter School _____	Withdrawal Date _____	Total credits earned: _____
Special Purpose School _____	Withdrawal Date _____	
(Not associated with a school district)		

Homeschooled: Yes No
Date of Exemption: _____

The following signatures acknowledge:

1. That counseling has been provided to the applicant regarding the consequences of the applicant's educational choices.
2. Verification of the applicant's withdrawal from a K-12 program of instruction.

School Counselor (print name): _____

Signature: _____

Date: _____

and

School Principal, Student Services Representative, or Designee (print name): _____

Position: _____ Signature: _____

Date: _____

As the applicant's parent/guardian, I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in an adult education program of instruction.

Parent/guardian signature: _____

Date: _____

Section 2

In order to clear the alerts found on the applicant's HSE account, the 16-18-year-old non-graduate applicant, whose class has not graduated, seeking admission to an HSE testing center must bring this completed document to an adult education program along with a government-issued picture ID.

As an HSE testing applicant, I understand and accept the consequences associated with my decision to complete the HSE, including:

1. If I pass the HSE test according to the Utah state standard (minimum score of 145 on each of the four test modules), I cannot return to a K-12 program of instruction unless I have an IEP and then only until age 22 for FAPE.
2. If I pass the HSE test, I will be issued a Utah High School Completion Diploma.
3. If I do not pass the HSE test, I may return to a K-12 program of instruction and will be required to complete all necessary graduation requirements for a traditional K-12 diploma, or I may enroll in an adult education program to continue with the graduation requirements necessary for an Adult Education Secondary Diploma.

Applicant's Signature _____ Date _____

As the applicant's parent/guardian, I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in HSE testing.

Parent/guardian signature: _____

Date: _____

(Note: If the applicant is married, a marriage certificate may be presented at an adult education program in lieu of having a parent/guardian signature on this document.)

Section 3

Additional permission required for 16-year-olds seeking to register and take the HSE Test:

16-year-olds seeking admission to an HSE Testing Center must access a Utah state-sponsored adult education program for academic testing verification that they have the academic readiness skills necessary to take the HSE test.

To be completed by an Adult Education Program Director/Designee: The above named applicant demonstrates academic readiness to take the HSE Test. My signature is not a guarantee that the applicant will pass the HSE Test.

Name of Adult Education Program: _____ Date: _____

Name and Position (print): _____ Signature: _____

Original signed copy is given to student. Copies should be kept by school counselor and adult education program.

For additional forms contact the USBE Alternative and Adult Education Services at 801-538-7509.

Revised 8/6/2019