




Adult Career and Continuing Education Services (ACCES)
Adult Education Program & Policy (AEPP)
89 Washington Avenue
Room 460 EBA
Albany, NY 12234
(518) 474-8940
<http://www.acces.nysed.gov/aepp/>

June 27, 2023

TO: All AEPP Funded Programs

FROM: Fiormelissa Johnson, Director of Adult Education Program and Policy (AEPP) 

SUBJECT: Individual Student Record Form (ISRF) and Barriers to Employment Script - FY24

The purpose of this memo is to provide AEPP funded programs the updated ISRF form for FY24 and accompanying Barriers to employment script (Script) to help guide programs to accurately capture student data for reporting. The script is not all inclusive and can be adapted to better serve your programs. Within the intake process, programs must make every effort to engage students in meaningful conversations that are not intrusive but lead to the capturing of student's needs. Programs may not provide students with the ISRF form itself, but rather through conversations aimed at capturing student data.

Individual Student Record Form (ISRF) - Sections

The ISRF has 12 sections defined below. In the Barriers to Learning and Employment Script, each section will be addressed to indicate questions or prompts to guide in the capturing of the student data. All 12 sections require responses:

1. Student Demographics
2. Data Matching: Social Security Number
3. Gender
4. Employment Status
5. Race/Ethnicity
6. WIOA Co-Enrollment: Student receiving additional WIOA services
7. Educational Background
8. School-aged Children: Is the student a parent
9. Barriers to Learning and Employment
10. Student Signature
11. Marketing
12. Release of Information

Barriers to Learning and Employment Script

*You will find the definition to the Barriers to Learning and Employment, as described by OCTAE under sections that may apply. The full list of barriers will also accompany this document.

Section 1 - Student Demographics

- *Welcome to _____ Program, how may I help you?*



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- *Glad to hear that you are interested in Adult Education Services, let's get you started. I will need some personal information from you, is that alright? This information will help me register you and understand what additional supportive services you would benefit from.*
- *Please tell me your name, address, phone number, email, and an emergency contact. Do you have stable housing? Are you living in a shelter, hotel or transitioning housing?*

HOMELESS: Adults lacking a fixed, regular, and adequate nighttime residence or adults having a primary nighttime residence that is: (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. The term "homeless adult" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

RUNAWAY YOUTH: Participant is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family.

YOUTH IN FOSTER CARE/AGED OUT OF SYSTEM: participant, at program entry, is a person who is currently in foster care or has aged out of the foster care system.

Section 2 – Data Matching: Social Security

- *May I please have your social security number, this will help to capture employment data after program completion. If you cannot provide the information, or will not, it is alright, let's move on to the next section.*

Section 3 – Gender

- *How would you identify yourself, male, female, or Non-Binary/Gender Non-Conforming?*

Section 4 – Employment Status

- *Please tell me about your work history. Are you employed Full-Time or PT? Are you employed but received notice of termination? Are you pending a military separation? Are you un-employed and seeking work? Are you not available to work? Are you incarcerated?*

LONG TERM UNEMPLOYED: The participant has been unemployed for 27 or more consecutive weeks.

DISPLACED HOMEMAKER: participant, at program entry, has been providing unpaid services to family members in the home and who: (A)(i) has been dependent on the income of another family member but is no longer supported by that income; or (ii) is the dependent spouse of a member of the Armed Forces on active duty (as defined in sec. 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101 (a)(13)(B) of title 10, United States Code,



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a permanent change of station, or the service-connected (as defined in sec. 101(16) of title 38, United States Code) death or disability of the member; and (B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

LOW INCOME: Participant, at program entry, is a person who:

(a) Receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received:

- (i) Assistance through the supplemental nutrition assistance program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.);
 - (ii) Assistance through the temporary assistance for needy families program under part A of Title IV of the Social Security Act (42 USC 601 et seq.);
 - (iii) Assistance through the supplemental security income program under Title XVI of the Social Security Act (42 USC 1381); or
 - (iv) State or local income-based public assistance.
- (b) Is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level;
- (c) Is a youth who receives, or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (42 USC 1751 et seq.);
- (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.

MIGRANT/SEASONAL WORKER: Participant, at program entry, is 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.

Section 5 – Race/Ethnicity

- *What is your race/ethnicity? Would you consider yourself, Native Hawaiian, Native American, Alaskan Native, Asian, Pacific Islander, African American, Afro-American, Afro-Caribbean, African, Latino/a, or White (not Latino/a)?*

CULTURAL BARRIERS TO LEARNING: participant, at program entry, 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.

Section 6 – WIOA Co-Enrollment: Student receiving additional WIOA services

- *Are you currently receiving any supportive services?*
- *Title 1 (DOL, UI): Are you receiving un-employment benefits? Have you been receiving services by the On Stop Career Centers?*
- *Title 3 (Youth Employment): Are you participating in the Summer Youth Employment Program?*



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- *Title 4 (ACCES-VR, TANF): Do you receive ACCES-VR services? ACCES-VR helps individuals with disabilities achieve and maintain employment. How about TANF services? TANF is, Temporary Assistance for Needy Families, which provides cash for families for minor child living expenses and parent care expenses. That cash comes in the way of an EBT card that you may use for food or clothing at local stores.*

DISABLED: Participant has any type of physical or mental disability that substantially impairs or restricts one or more major life activities including walking, seeing, hearing, speaking, working, learning. This definition includes adults who are alcohol or drug abusers, mentally retarded, hearing impaired, adults with exceptional learning disabilities and other health impairments. (Specification of disability is optional and may be described on reverse side of form.)

- *Were you given help when you were in school? Extra reading classes or individual assistance in subject areas?*

EXHAUSTING TANF WITHIN 2 YEARS: The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.

Section 7 – Educational Background

- *Can you please tell me a little bit about your education? What is your highest grade level completed in the US and in NYS? What was the name of the last school you attended in NYS? What was the last credential or degree that you obtained? Was the credential/degree obtained in the US or in another country? What was the credential/degree that you obtained? How many years of schooling did you complete in another country?*

NON NATIVE ENGLISH SPEAKER: Adults for whom English is not their first language.

EX-OFFENDER: Participant, at program entry, is 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.

UNSUCCESSFUL OUTCOME ON HSE SUBTEST(S): The participant has previously taken and failed one or more parts of the HSE subtests and is specifically seeking assistance to pass the HSE Test.

LEARNING DISABLED: Participant has physical, mental, or learning disability restricting life activity.

HIGH SCHOOL GRADUATE OR EQUIVALENT: Adults who have received a regular high school diploma or an equivalency diploma (HSE), from the U.S. or one of the American territories, such as Puerto Rico.

Section 8 – School-aged Children: Is the student a parent

- *Are you a parent or guardian? Are the child/children under 21 years of age? Are you a single parent?*



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SINGLE PARENT: The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).

Section 9 – Barriers to Learning and Employment

- ✓ Select all learning and employment barriers identified. See the Barriers to Employment OCTAE document for the complete definitions.

Section 10 – Student Signature

- ✓ Please be sure have the student review the fully completed ISRF form and sign the document.

Section 11 – Marketing

- *Where did you see or hear about this program? Was the advertisement for the local program or was it an AEPP advertisement? Did you see the advertisement on the bus, train, subway, social media, radio, flyer or other? Please describe.*

Section 12 – Release of Information

- *This section indicates that with your consent to participate in this federally or state funded program, you agree to the release of your information to the New York State Education Department (NYSED) and its contractors.*

Should you have questions, please be sure to contact your respective Regional for assistance.

Cc: AEPP Regional Staff
Upstate and Downstate STAC
RAEN Directors
ASISTS