

North Carolina Community College System
Literacy Education Information System (LEIS) (OFFICE USE ONLY: To be completed by faculty/staff)

Provider Name _____ ADVANSYS ID # _____ Colleague # _____
Enrollment Date: _____ Program Year _____ Period of Participation ____ 1st ____ 2nd ____ 3rd

STUDENT BIO

1. **First Name:** _____
Middle Name: _____
Last Name: _____
Preferred Name: _____
Previous Last/Maiden Name: _____
2. **Date of Birth:** _____
(MM/DD/YYYY)
3. **Gender/Sex** ____ Female ____ Male
4. **Mailing Address** _____
Address Line 2 _____
City _____ **State** _____ (postal abbreviation)
County _____ **Zip Code** _____
5. **Primary Contact Phone:** (____) _____ - _____
Emergency Phone: (____) _____ - _____
Work Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
6. **Email:** _____
7. **Social Security Number** _____
EIN/ITIN _____
8. **Ethnicity (Select One)** ____ Hispanic/Latino ____ Non-Hispanic/Latino
9. **Race**
____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ More than One Race

PROGRAM TYPE

10. **Enrollment Date:** ____/____/____
11. **Program Type:**
____ Adult High School Student (AHS)
____ Co-Enrollment in College Program
____ Integrated Education and Training Program (IET)
____ Integrated English Literacy & Civics Education (IELCE)
____ Multiple Pathways to High School Equivalency (MPHSE)
____ NRS Registration *(a student must have an NRS Registration)
____ Work-Based Learning Program

12. Registration Date _____
(MM/DD/YYYY)

13. Last Secondary/Elementary School attended: _____

14. Last Date Attended: _____

15. Country of Last School Attended: _____

16. Educational Level at entry (check one)

- ☐ No Schooling
- ☐ No diploma (Enter 1-11 for last grade completed)
- ☐ High school graduate/Grade 12 completed
- ☐ High School Equivalency graduate
- ☐ Adult High School graduate
- ☐ Certificate of attendance/completion as a result of completing an IEP
- ☐ Some Postsecondary education, no degree
- ☐ Post high school vocational diploma
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Master degree or higher
- ☐ Unknown

17. Contact Type ☐ ABE/ASE ☐ ESL

18. Employment Status

- ☐ Employed
- ☐ Employed, but Received Notice of Termination of Employment or Military Separation is pending.
- ☐ Not in the Labor Force
- ☐ Unemployed

DMV status (complete if you are an NC resident under age 18 [Community College attendee only])

Driver's License Number _____
Issue Date _____
State Issued _____

19. Special Programs

Basic Skills Plus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Correctional Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Community Correctional Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In Other Institutional Setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inmate Type _____

Inmate Release Date _____

20. Student Data

Displaced Homemaker	___ Yes	___ No
Long-term Unemployed	___ Yes	___ No
Cultural Barrier	___ Yes	___ No
Low Income	___ Yes	___ No
Ex-offender	___ Yes	___ No
Migrant and Seasonal Farmwork	___ Seasonal Farmworker ___ Migrant & Seasonal Farmworker ___ No	
Homeless/Runaway Youth	___ Yes	___ No
Youth in foster care/aged out of system	___ Yes	___ No
Exhausting TANF within 2 years	___ Yes	___ No
Single Parent	___ Yes	___ No
Refugee	___ Yes	___ No
Living in a rural area	___ Urban	___ Rural
On Public Assistance	___ Yes	___ No
	<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Other	

21. Disabilities

Has Disability? (Select specific type below)	___ Yes	___ No
English Language Learner	___ Yes	___ No
Basic Skills deficient/low levels of literacy	___ Yes	___ No
Other Disability?	___ Yes	___ No
Learning Disability?	___ Yes	___ No
Intellectual Disability?	___ Yes	___ No

22. Other Data

Youthbuild	___ Yes	___ No
	<input type="checkbox"/> Yes, Local Formula <input type="checkbox"/> Yes, Statewide <input type="checkbox"/> Yes, Both Local and Statewide	
In Family Literacy Program?	___ Yes	___ No
In Workplace Literacy Location?	___ Yes	___ No
In WorkReady Program?	___ Yes	___ No
Dislocated Worker?	___ Yes	___ No
Distance Learner	___ Yes	___ No
Project IDEAL	___ Yes	___ No

IF REQUIRED BY YOUR COLLEGE/ORGANIZATION:

Form Completed by: _____

Student Signature: _____ Date: _____

High School Equivalency Information
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Adult High School Only (update #25 - #27 each program year)

- | | |
|--|------------|
| 23. HS credits required to graduate | _____ |
| 24. # AHS credits transferred in | _____ |
| 25. # AHS credits earned this program year (July 1- June 30) | _____ |
| 26. Date first AHS course was attempted this program year | __/__/____ |
| 27. Date first AHS course was completed this program year | __/__/____ |
| 28. Date AHS diploma was earned | __/__/____ |

High School Equivalency

- | | |
|--|------------|
| 29. Date HSE earned | __/__/____ |
| 30. HSE earned through GED/HISET/MPHSE | _____ |
| 31. HSE ID _____ | |

32. Placement and Progress Test Scores – NRS-Approved Tests Only

Date	Test	Component	Scale	Level/Form	EFL
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____
__/__/____	_____	_____	_____	_____	_____

33. Future Service (Students must sign below confirming intent to return at scheduled date of service)
Date of Future Service: __/__/____ Student Signature: _____

Supplemental Questions

WIOA Core Partner Information

With WIOA requirements for interagency partnering and joint accountability requirements, all partner agencies have an interest in identifying shared participants. Please answer the following supplemental questions.

A. Is the student receiving services from Title I? ☐ YES ☐ NO

If YES, please specify: _____

B. Is the student receiving services from Title III? ☐ YES ☐ NO

If YES, please specify: _____

C. Is the student receiving services from Title IV? ☐ YES ☐ NO

If YES, please specify: _____

Title I	Title III	Title IV
Adult & Dislocated Worker Program	Employment Services	Vocational Rehabilitation Services ¹
Youth Program	Trade Adjustment Assistance (TAA)	Services for the Blind
Job Corps	Jobs for Veterans State Grants Program (JVSG)	Services for the Deaf & Hard of Hearing
National Farmworkers Jobs Program (NFJP)	Unemployment Compensation Program (UC)	
Native American Programs		
Youth Build		

¹ In North Carolina, this service was renamed Employment and Independence for People with Disabilities.