

Introduction to Healthcare Professions

Prospective Student Intake Form

Date of meeting: _____

Last Name: _____ First Name: _____

SS# _____ Datatel ID # _____ DOB: ____/____/____

Is English a second language? ___yes ___no If yes, what is native language? _____

Are you a U.S. citizen? ___yes ___no

Address: _____ Apt.# _____

City: _____ Zip: _____ Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Employed? ___F/T ___PT ___Unemployed ___Not in labor force Hrs. per week: _____

Occupation: _____ Place of employment _____

Highest Degree Earned:

___ Less than high school diploma/GED

___ Associate Degree

___ High School Graduate

___ Bachelor's Degree

___ Successfully passed at least one college course

___ Master's Degree

___ Certificate

___ Other

How did you learn about this course?

___ class presentation ___orientation ___brochure or poster ___another student___

___my teacher ___other

What previous ESL or ABE instructor at ECC may we contact for further information or recommendation? _____

What course(s) are you enrolled in for Fall Semester 2009?

GED ___ ESL _____(please list level and number) ___other

Checklist of Topics for Discussion for Screening Interview

1. Issues of eligibility

- a. Drug testing**
- b. Criminal background check**
- c. Concurrent enrollment in GED or ESL (current TABE and CELSA on file)**
- d. Legal documentation**
- e. Immunization**

2. Availability for attendance

- a. Class meets M-W 12:15 -1:45 pm, 9/21-12/16/09, Fountain Square Campus**
- b. Child care issues**
- c. Work hours**
- d. Previous course history and attendance record**

3. Readiness for future academic commitment

- a. Personal health (mental and physical)**
- b. Child care issues**
- c. Family support for the full journey**
- d. Financial support/planning**
- e. Work life**
 - i. current hours; overtime**
 - ii. fall/spring/summer schedule changes**
 - iii. employer support**
 - iv. unemployment**

- f. Study habits
 - g. Time management (work outside of the classroom will be required)
4. Computer access and literacy
- a. Computer at home
 - b. Email account
 - c. Present skills (online, WORD)
5. Students with degrees, certificates in native countries
- a. Formal transcript evaluation
 - b. Interpretation/implication for US employment, education, certification
6. Fluency in conversational English
- a. Easily understood; clear pronunciation; adequate vocabulary; confident
 - b. Easily understood despite some pronunciation difficulties and hesitation; adequate vocabulary; confident
 - c. Able to communicate in the conversation; some pronunciation difficulties; some need for clarification or repetition; developing vocabulary ; somewhat confident
 - d. Difficulty communicating; pronunciation difficulties prevent understanding; insufficient vocabulary; frequent need for clarification and repetition

All students may be further assessed by ESL instructor to determine correlating proficiencies in reading and writing.

Students assessed with:

A rating—eligible candidate

B rating---eligible

C rating—should be assessed by ESL instructor for eligibility

D rating—lack sufficient fluency; ineligible

Please see Mary Lloyd, FSQ rm. 365-B

Permit to register for Introduction to Healthcare Professions

ESL 117, M-W, 12:15 pm, 9/21-12/16/09, Fountain Square Campus

Date of meeting with Judy Burman _____

Signature of Judy Burman _____

Last Name: _____ First Name: _____

SS# _____ Datatel ID # _____ DOB: ____/____/____

Is English a second language? ___yes ___no If yes, what is native language? _____

Address: _____ Apt.# _____

City: _____ Zip: _____ Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

To be completed by registrant Mary Lloyd:

GED registration information for Fall 2009:

ESL registration information for Fall 2009:

Valid test scores on file:

Second version: less information; printed on colored paper; half sheet

Please see Mary Lloyd, FSQ rm. 365-B

Permit to register for Introduction to Healthcare Professions

ESL 117, M-W, 12:15 pm, 9/21-12/16/09, Fountain Square Campus

Date of meeting with Judy Burman _____

Signature of Judy Burman _____

Last Name: _____ First Name: _____

SS# _____ Datatel ID # _____ DOB: ____/____/____

Email: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

To be completed by registrant Mary Lloyd:

GED registration information for Fall 2009:

ESL registration information for Fall 2009:

Valid test scores on file: