



**ATM** | **EDUCATION**  
& HUMAN DEVELOPMENT  
TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**

# Secure Remote Intake Process Using DocuSign

---

Keeping PII safe while getting PIRL  
information, participant signature, and  
required identification



# Introduction

- Ashley Trevino, Director of Adult Education and Literacy
- Grayson College
  - Serves Cooke, Grayson, and Fannin counties
    - Total population ~ 200,000
  - Also serves Collin county
    - Total population ~ 1,035,000



# Remote Intake Process Goals

- Information security (PII)
- Collect all grant-required documentation
- Simple as possible for team and participants
- Create PASES Policy and Procedure document as a step by step “one stop shop”
- Create framework of support for team



# Zoom Virtual Office

- Staffed M-Th 8am-8pm
- Lobby
- Breakout rooms
- Intake/Assessment appointments
- Leadership/IT help
- Meetings
- Classes



# Remote Intake Process Overview

- Participant contact
  - Pre-screened for remote intake
  - Scheduled for intake and/or assessment
  - Given information about intake process
  - Sent intake appointment reminder e-mail
- Intake
  - Send email with Zoom link and intake process reminders
  - Zoom “virtual office”
  - Intake done through DocuSign
  - Assessment completed, or appointment made



# Remote Intake Process Overview II

- After assessment
  - Participant class assignment
  - Results sent to data coordinator/instructor, encrypted by 7zip
  - Teacher sends “Welcome” email
- Data collected
  - PIRL sent by DocuSign
    - Includes signature, ID, and staff determined eligibility
    - Minors only: court order, ISD withdrawal form, guardian signature lines



# Remote Intake Screening

- 19 years or older
  - If no, schedule appt with guardian, check for ISD withdrawal form
- Technology
  - Laptop, desktop, phone\*, or tablet\*?
    - \*Cannot be used for TABE or CASAS
- Internet
  - If no, refer to free community wifi list
- Email address
  - If no, help participant create @gmail.com account



# Intake Preparation Information

- Participant-Given Information
  - SSN or ITIN
  - Picture of ID ready
  - Computer on
  - Email pulled up
- Information provided 3 times
  - When scheduling intake
  - On intake appointment reminder email
  - On Zoom link email



**ATM** | **EDUCATION**  
 & HUMAN DEVELOPMENT  
 TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**

# Intake Schedule – Google Doc

Intakes 8/31 -- Monday <a href="http://intake.gcael.com/">http://intake.gcael.com/</a>
Please include: Time; IS name; participant name, phone number, and email; and service needed (intake, BPO, CASAS, TABE, ect)
9:30 AM Carmen & Gisell- ESL Intake+BPO- Elsa C [REDACTED] - 469 [REDACTED] <a href="mailto:elsa[REDACTED]@gmail.com">elsa[REDACTED]@gmail.com</a> DocuSign Sent.Rescheduled for 11 am today NO SHOW x2
9:30 AM Fatima(no show) - Saira - ESL Intake+BPO- Sherien S [REDACTED] - sherien [REDACTED]@gmail.com -214 436 7055 DocuSign Sent
9:45 am (TEXOMA-Debbie-GED)- Angel [REDACTED] (903 [REDACTED] - [REDACTED]@gmail.com)--no show
10:00 AM Saira (switched with Carmen) -ESL Intake+BPO-Xia ( Sophia, [REDACTED] - [REDACTED]@yahoo.com -214 [REDACTED] DocuSign Sent
11:15 am (TEXOMA-Debbie)- Michelle [REDACTED] (817 [REDACTED] [REDACTED]@gmail.com Just needs to test GED)-- ✓ Gainesville ABE AM/PM
12:00 PM - Fatima (Gisell took the appointment) TABE-Keumyong [REDACTED] 469 [REDACTED]@gmail.com
12:00 PM Mariella/Plereah - Vallejo [REDACTED] Rocio [REDACTED] TABE Reading Only - <a href="mailto:rocio[REDACTED]@gmail.com">rocio [REDACTED]@gmail.com</a> - 469 [REDACTED] Canceled
1:15 pm (TEXOMA-Esmeralda)-ESL Azucena [REDACTED] (214-[REDACTED] - [REDACTED]@gmail.com) Cancelled appt on 8/27/20 due to a computer part not arriving on time. * ✓ SHA Bridge AM
2:45 pm (TEXOMA-Esmeralda)-Math TSI Ashley [REDACTED] (903 [REDACTED] [REDACTED]@gmail.com) She rescheduled due to a teacher conference with her child's teacher last Thursday. *--Completed paperwork but had to abort test due to internet connection
3:00 Angela Aguirre - Intake + BPO - Zonia [REDACTED] - zonia [REDACTED]@gmail.com - DocuSign Sent *
5- Saira- TABE READING Only- Fei Yu- [REDACTED]@gmail.com-[REDACTED] 1019
6:00 pm - Fatima-TABE Only - Erla [REDACTED] 469 [REDACTED]@gmail.com ELAZO4 SOAP5793
5:45 pm Beatriz - Intake + HSE Francisco [REDACTED]@yahoo.com 214-[REDACTED] DocuSign Sent
Helpful link(s): <a href="https://wbte.drctdirect.com/TABE/#portal/tabe/595219/adminId=59521">https://wbte.drctdirect.com/TABE/#portal/tabe/595219/adminId=59521</a> *Beatriz will start Intakes, BPO & TABE @ 5:45pm * Fatima will be out today



# Intake Process

- Intake appointment reminder sent
  - Day and time
  - Prep information
  - Program contact information
- Zoom link to registration/assessment
  - Instructions for Zoom
  - Prep information
  - Zoom virtual office



# Intake Process, II

- DocuSign link ready
- Put in Zoom breakout room
- Before starting, verify participant has picture of ID and SSN/ITIN available
- PIRL, staff determined eligibility completed
  - Intake Specialist
- Signature, ID uploaded
  - Participant
- Sent to Data Coordinator



# DocuSign Templates

## Templates

- 19+ and minor
- Both include:
  - PIRL
  - Staff determined eligibility
  - Participant ID upload
- Participant signature

## Minor includes:

- Court order upload
- ISD withdrawal form upload
- Guardian signature



ADULT EDUCATION AND LITERACY ENROLLMENT FORM														
Day of First Class: <input type="text"/>			Former Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				Location: <input type="text"/>							
<b>STUDENT NAME</b>				<b>DOCUMENT TYPE/NUMBER</b>			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
LAST NAME (FAMILY NAME)		FIRST NAME		MI	SSN (preferred) LAN OTHER	MM	DD	YYYY	Female Male					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
STREET ADDRESS			CITY	STATE	ZIP CODE	MOBILE TEL. #		HOME TEL. #						
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>						
ETHNICITY			RACE (CHECK ALL THAT APPLY)											
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No			American Indian or Alaska Native <input type="checkbox"/> Yes <input type="checkbox"/> No		Asian <input type="checkbox"/> Yes <input type="checkbox"/> No		Black/African American <input type="checkbox"/> Yes <input type="checkbox"/> No		Native Hawaiian/Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>PARTICIPANT STATUS UPON ENTRY INTO THE PROGRAM</b>														
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure <b>Category of Disability (select all that apply):</b> <input type="checkbox"/> Physical/Chronic Health condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose Learning Disabled Adult? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure			<b>Veteran Characteristics:</b> Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Veteran Status: <input type="checkbox"/> Yes, ≤ 180 days <input type="checkbox"/> Yes, eligible veteran <input type="checkbox"/> Yes, other eligible person Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Actual Military Separation (mm/dd/yyyy): <input type="text"/>			<b>Employment Status (Check one only):</b> <input type="checkbox"/> Employed <input type="text"/> Hours per week <input type="checkbox"/> Employed but received notice of termination of employment or Military separation. <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Not Employed <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Yes <input type="checkbox"/> No (≥ 27 consecutive weeks) <b>Reason NOT in labor force (required):</b> <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other <input type="text"/> <b>Type of Community:</b> <input type="checkbox"/> Living in Urban Area <input type="checkbox"/> Living in Rural Area			<b>School Status at Program Entry:</b> <input type="checkbox"/> In school, Postsecondary school <input type="checkbox"/> Not attending school or Secondary School dropout <input type="checkbox"/> Not attending school; secondary school grad. or equiv. <input type="checkbox"/> Not attending school; within age of compulsory school attendance <b>Highest School Grade Completed:</b> Highest Grade completed: <input type="text"/> Select 1st – 12th grades or No school grades <b>Highest Education Level Completed:</b> <input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> Participant with a disability receives a certificate of attendance/completion as a result of successfully completing an IEP <input type="checkbox"/> Completed one or more years of postsecondary education <input type="checkbox"/> Attained post-secondary technical or vocational certification (non-degree) <input type="checkbox"/> Attained Associate's Degree <input type="checkbox"/> Attained Bachelor's Degree <input type="checkbox"/> Attained a Degree beyond Bachelor's Degree <input type="checkbox"/> No Educational Level Completed <input type="checkbox"/> Completed IN the U.S. <input type="checkbox"/> Completed OUTSIDE the U.S.			<b>Migrant &amp; Seasonal Farm worker Status:</b> <input type="checkbox"/> Seasonal Farm worker <input type="checkbox"/> Migrant & Seasonal Farm worker <input type="checkbox"/> Dependent of Seasonal/Migrant & Seasonal Farm worker <b>Public Assistance Information:</b> On Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure Expanded Eligibility for TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure Exhaustive TANF within 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Add'l. Youth Characteristics:</b> <input type="checkbox"/> Foster Care Youth <b>Add'l. Reportable Characteristics:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Low-income Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure <input type="checkbox"/> English Lang. Learner <input type="checkbox"/> Cultural Barriers			<b>Add'l. Reportable Characteristics (cont.):</b> <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker Parent of Child(ren) ages: <input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 13 <input type="checkbox"/> 14 – 18 <input type="checkbox"/> No Disclosure Ex-Offender Status at Program Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure <b>One-Stop Program Participation:</b> Received services under Job Corps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<b>For Corrections and Institutional Funded Programs:</b> In Correctional Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No In Center Institutionalized Setting: <input type="checkbox"/> Yes <input type="checkbox"/> No In Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Special Program Type:</b> Family Literacy: <input type="checkbox"/> Yes <input type="checkbox"/> No Homeless Job & Training Program: <input type="checkbox"/> Yes <input type="checkbox"/> No In Community Corrections: <input type="checkbox"/> Yes <input type="checkbox"/> No On Parole: <input type="checkbox"/> Yes <input type="checkbox"/> No In Workforce Literacy Program(s): <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Referral Type:</b> <input type="checkbox"/> One-Stop Center Referral <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure <input type="checkbox"/> TANF Referral <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To Disclosure <input type="checkbox"/> Referral from College					



PARTICIPANT GOALS		PARTICIPANT ACHIEVEMENTS	
<b>Primary</b> <input type="checkbox"/> Obtain HS Diploma <input type="checkbox"/> Obtain GED <input type="checkbox"/> Obtain a Job <input type="checkbox"/> Retain Job or Advance in Job <input type="checkbox"/> Enrollment in College or Other Training <b>Secondary</b> <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Achieve Citizenship Skills <input type="checkbox"/> Gtr. Involvement in Children's Education <input type="checkbox"/> Gtr. Involvement in Children's Literacy Activities <input type="checkbox"/> Gtr. Involvement in Community Activities	<input type="checkbox"/> Register to Vote for First Time <input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Make Progress in English (LEP) <input type="checkbox"/> Obtain U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtain/Improve: Parenting <input type="checkbox"/> Obtain/Improve: Health Care <input type="checkbox"/> Obtain/Improve: Occupational Skills <input type="checkbox"/> Obtain/Improve: Government and Law <input type="checkbox"/> Obtain/Improve: Community Resource <input type="checkbox"/> Obtain/Improve: Consumer Economics <input type="checkbox"/> Other _____	<b>Primary</b> <input type="checkbox"/> Obtained HS Diploma <input type="checkbox"/> Obtained GED <input type="checkbox"/> Obtained Employment <input type="checkbox"/> Retained Job or Advanced in Job <input type="checkbox"/> Enrolled in College or Other Training <b>Secondary</b> <input type="checkbox"/> Left Public Assistance <input type="checkbox"/> Achieved Citizenship Skills <input type="checkbox"/> Gtr. Involvement in Children's Education <input type="checkbox"/> Gtr. Involvement in Children's Literacy Activities <input type="checkbox"/> Gtr. Involvement in Community Activities	<input type="checkbox"/> Registered to Vote for First Time <input type="checkbox"/> Improved Basic Skills <input type="checkbox"/> Made Progress in English (LEP) <input type="checkbox"/> Received U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtained/Improved: Parenting <input type="checkbox"/> Obtained/Improved: Health Care <input type="checkbox"/> Obtained/Improved: Occupational Knowledge <input type="checkbox"/> Obtained/Improved: Government and Law <input type="checkbox"/> Obtained/Improved: Community Resource <input type="checkbox"/> Obtained/Improved: Consumer Economics <input type="checkbox"/> Achieved Reason for Enrollment
<b>PARTICIPANT ACKNOWLEDGEMENT AND RELEASE OF INFORMATION</b>			
<p>The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, and transition under the application laws, Texas Workforce Commission (TWC) regulations and Adult Education Program internal policies as aggregate statistical data in evaluation of the program, <u>and shall constitute a precondition for enrollment in this adult education and literacy program.</u> I acknowledge that the Adult Education Program and the TWC will release information to other state and federal agencies for verification, follow-up, and tracking and to generate reports to monitor the program. Participants 16 years of age must have a court order and 18 years of age must provide parent or guardian written permission and official withdrawal from last HS attended to participate in the program.</p> <p>I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained, and field of study.</p>			
<input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT		<b>DIR INFORMATION RELEASE</b>	
		<input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT	
<p>I hereby give my consent to release personal identifiable information regarding my enrollment in post secondary institutions as matched to the Texas Higher Education Coordinating Board master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between the Texas Workforce Commission, the Texas Education Agency, and the Texas Higher Education Coordinating Board.</p>			
<input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT		<b>POST SECONDARY PARTICIPANT RELEASE OF INFORMATION</b>	
		<input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT	
<p>I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the Texas Higher Education Coordinating Board and/or the Texas Workforce Commission, for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.</p>			
<input type="checkbox"/> Check this box to AUTHORIZE CONSENT <input type="checkbox"/> Check this box NOT AUTHORIZING CONSENT		<b>EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION</b>	
		<input type="checkbox"/> Check this box as parent or guardian AUTHORIZING CONSENT <input type="checkbox"/> Check this box as parent or guardian NOT AUTHORIZING CONSENT  <input type="checkbox"/> <b>18 &amp; UNDER:</b> I give permission for my child to attend Grayson College Adult Education and Literacy classes.	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Sign ↓</div> _____ STUDENT SIGNATURE	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Date Signed</div> _____ DATE	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
INSTRUCTOR'S NAME Text	REGISTRATION COMPLETED BY Text	CLASS NAME AND LOCATION: Text	







# DocuSign Envelope Path

- Administration starts process
- Intake Specialist
- Participant
- Participant's guardian (minor only)
- Data Coordinator



# DocuSign Envelope Path

**ATM** | **EDUCATION**  
 & HUMAN DEVELOPMENT  
 TEXAS A&M UNIVERSITY  
 **TRAIN PD CENTER @ TCALL**





# Intake scheduling?

**ATM** | **EDUCATION**  
& HUMAN DEVELOPMENT  
TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**



# Administration

- One account
- Selects appropriate envelope
- Enters names/emails of recipients
- Last name in header of email



**ATM** | **EDUCATION**  
& HUMAN DEVELOPMENT  
TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**

## Fall Institute Template

### Recipients

1	<b>Intake Specialist</b> <b>Name *</b> <input type="text"/> <b>Email *</b> <input type="text"/>	<b>NEEDS TO SIGN</b> <b>MORE</b> ▾
2	<b>Student</b> <b>Name *</b> <input type="text"/> <b>Email *</b> <input type="text"/>	<b>NEEDS TO SIGN</b> <b>MORE</b> ▾
3	<b>Data Coordinator</b> <b>Name *</b> <input type="text"/> <b>Email *</b> <input type="text"/>	<b>CC RECEIVES A COPY</b> <b>MORE</b> ▾

Access code authentication is required for this recipient. Access code authentication: FallInstitute

**SEND**

ADVANCED EDIT

DISCARD



# Intake Specialist

- Receives all envelopes in morning
- Shares screen via Zoom
- Completes PIRL and Staff Determined Eligibility
- Clicks “Finished”, automatically sent to participant



**ATM** | **EDUCATION**  
 & HUMAN DEVELOPMENT  
 TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**

Please DocuSign: Test AEL Enrollment Forms >> DocuSign x

Grayson College via DocuSign <dse\_NA3@docuSign.net>

to me ▾

2:01 PM (0 minutes ago)



**DocuSign**



Grayson College sent you a document to review and sign.

**REVIEW DOCUMENTS**

**Grayson College**  
[trevino@grayson.edu](mailto:trevino@grayson.edu)

Ashley Trevino,

Please DocuSign Enrollment form, Staff-Determined Eligibility.docx

Thank You, Grayson College

**Do Not Share This Email**

This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.



**START**

DocuSign Envelope ID: 2DE86203-05A9-428B-BDA2-53A9ED35CF69

Day of First Class: <input type="text"/>		<b>ADULT EDUCATION AND LITERACY ENROLLMENT FORM</b>				Former Student? <input type="radio"/> Yes <input type="radio"/> No		Location: <input type="text"/>			
<b>STUDENT NAME</b>					<b>DOCUMENT TYPE/NUMBER</b>			<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>
TITLE <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Dr		LAST NAME (FAMILY NAME)		FIRST NAME	MI	SSN (preferred) <input type="radio"/> LAN <input type="radio"/> OTHER		MM	DD	YYYY	<input type="radio"/> Female <input type="radio"/> Male
STREET ADDRESS			CITY	STATE	ZIP CODE	MOBILE TEL #	WORK TEL #	EXT #			
ETHNICITY			RACE (CHECK ALL THAT APPLY)								
Hispanic/Latino <input type="radio"/> Yes <input type="radio"/> No			American Indian or Alaska Native <input type="radio"/> Yes <input type="radio"/> No		Asian <input type="radio"/> Yes <input type="radio"/> No		Black/African American <input type="radio"/> Yes <input type="radio"/> No		Native Hawaiian/Pacific Islander <input type="radio"/> Yes <input type="radio"/> No		White <input type="radio"/> Yes <input type="radio"/> No
<b>PARTICIPANT STATUS UPON ENTRY INTO THE PROGRAM</b>											
Disabled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure <b>Category of Disability (select all that apply):</b> <input type="checkbox"/> Physical/Chronic Health condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose Learning-Disabled Adult? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure		<b>Veteran Characteristics:</b> Veteran Status: <input type="radio"/> Yes <input type="radio"/> No Eligible Veteran Status: <input type="radio"/> Yes, ≤ 180 days <input type="radio"/> Yes, eligible veteran <input type="radio"/> Yes, other eligible person <input type="radio"/> No Disabled Veteran? <input type="radio"/> Yes <input type="radio"/> Yes, special disabled <input type="radio"/> No Date of Actual Military Separation (mm/dd/yyyy): <input type="text"/>		<b>Employment Status (Check one only):</b> <input type="radio"/> Employed <input type="text"/> Hours per week <input type="radio"/> Employed but received notice of termination of employment or Military separation. <input type="radio"/> Not in Labor Force <input type="radio"/> Not Employed Long-term Unemployed <input type="radio"/> Yes <input type="radio"/> No (≥ 27 consecutive weeks) <b>Reason NOT in labor force (required):</b> <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other <input type="text"/> <b>Type of Community:</b> <input type="radio"/> Living in Urban Area <input type="radio"/> Living in Rural Area		<b>School Status at Program Entry:</b> <input type="radio"/> In school, Postsecondary school <input type="radio"/> Not attending school or Secondary School dropout <input type="radio"/> Not attending school; secondary school grad. or equiv. <input type="radio"/> Not attending school; within age of compulsory school attendance <b>Highest School Grade Completed:</b> Highest Grade completed <input type="text" value="-- select --"/> 1st – 12th grades or No school grades <b>Highest Education Level Completed:</b> <input type="radio"/> Attained secondary school diploma <input type="radio"/> Attained a secondary school equivalency <input type="radio"/> Participant with a disability receives a certificate of attendance/completion as a result of successfully completing an IEP <input type="radio"/> Completed one or more years of postsecondary education <input type="radio"/> Attained post-secondary technical or vocational certification (non-degree) <input type="radio"/> Attained Associate's Degree <input type="radio"/> Attained Bachelor's Degree <input type="radio"/> Attained a Degree beyond Bachelor's Degree <input type="radio"/> No Educational Level Completed <input type="radio"/> Completed <b>IN</b> the U.S. <input type="radio"/> Completed <b>OUTSIDE</b> the U.S.		<b>Migrant &amp; Seasonal Farm worker Status:</b> <input type="checkbox"/> Seasonal Farm worker <input type="checkbox"/> Migrant & Seasonal Farm worker <input type="checkbox"/> Dependent of Seasonal/Migrant & Seasonal Farm worker <b>Public Assistance Information:</b> On Public Assistance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure Expanded Eligibility for TANF? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure Exhausting TANF within 2 years? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
<b>Add'l. Youth Characteristics:</b> <input type="checkbox"/> Foster Care Youth <b>Add'l. Reportable Characteristics:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> English Lang. Learner <input type="checkbox"/> Low-Income <input type="checkbox"/> Cultural Barriers Immigrant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure		<b>Add'l. Reportable Characteristics (cont.):</b> <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker Parent of Child(ren) ages: <input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 13 <input type="checkbox"/> 14 – 18 <input type="checkbox"/> No Disclosure Ex-Offender Status at Program Entry: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure <b>One-Stop Program Participation:</b> Received services under Job Corps: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>For Corrections and Institutional Funded Programs:</b> In Correctional Facility: <input type="radio"/> Yes <input type="radio"/> No In Community Corrections: <input type="radio"/> Yes <input type="radio"/> No Other Institutionalized Setting: <input type="radio"/> Yes <input type="radio"/> No On Parole: <input type="radio"/> Yes <input type="radio"/> No On Probation: <input type="radio"/> Yes <input type="radio"/> No <b>Special Program Type:</b> Family Literacy: <input type="radio"/> Yes <input type="radio"/> No Participant in Job & Training Program: <input type="radio"/> Yes <input type="radio"/> No In Workplace Literacy Program(s): <input type="radio"/> Yes <input type="radio"/> No		<b>Referral Type:</b> <input type="checkbox"/> One-Stop Center Referral <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure <input type="checkbox"/> TANF Referral <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Disclosure <input type="checkbox"/> Referral from College					



# Participant

- Verify data accuracy
- Electronically sign
- Upload ID
- Click “Finished”, automatically sent to Data Coordinators



Day of First Class: _____		ADULT EDUCATION AND LITERACY ENROLLMENT FORM				Former Student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location: _____													
STUDENT NAME				DOCUMENT TYPE/NUMBER			DATE OF BIRTH			AGE	GENDER								
TITLE <input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr		LAST NAME (FAMILY NAME) <b>Test</b>		FIRST NAME <b>Student</b>	MI	<input checked="" type="checkbox"/> SSN (preferred) <input type="checkbox"/> IAN <input type="checkbox"/> OTHER <b>111-11-1111</b>			MM <b>01</b>	DD <b>01</b>	YYYY <b>1980</b>	AGE <b>40</b>	GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male						
STREET ADDRESS <b>555 Main Street</b>				CITY <b>Plano</b>	STATE <b>TX</b>	ZIP CODE <b>75074</b>	MOBILE TEL. # <b>214-222-2222</b>			WORK TEL. #	EXT #	E-MAIL ADDRESS							
ETHNICITY				RACE (CHECK ALL THAT APPLY)															
Hispanic/Latino <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				American Indian or Alaska Native <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Asian <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Black/African American <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Native Hawaiian/Pacific Islander <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		White <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>PARTICIPANT STATUS UPON ENTRY INTO THE PROGRAM</b>																			
Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure  <b>Category of Disability (select all that apply):</b> <input type="checkbox"/> Physical/Chronic Health condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric disability <input type="checkbox"/> Vision-related disability <input type="checkbox"/> Hearing-related disability <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose  Learning-Disabled Adult? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure				<b>Veteran Characteristics:</b> Veteran Status: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Eligible Veteran Status: <input type="checkbox"/> Yes, ≤ 180 days <input type="checkbox"/> Yes, eligible veteran <input type="checkbox"/> Yes, other eligible person <input checked="" type="checkbox"/> No  Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, special disabled <input checked="" type="checkbox"/> No  Date of Actual Military Separation (mm/dd/yyyy): _____				<b>Employment Status (Check one only):</b> <input checked="" type="checkbox"/> Employed <u>32</u> Hours per week <input type="checkbox"/> Employed but received notice of termination of employment or Military separation. <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Not Employed Long-term Unemployed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (≥ 27 consecutive weeks)  <b>Reason NOT in labor force (required):</b> <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other _____  <b>Type of Community:</b> <input checked="" type="checkbox"/> Living in Urban Area <input type="checkbox"/> Living in Rural Area				<b>School Status at Program Entry:</b> <input type="checkbox"/> In school, Postsecondary school <input checked="" type="checkbox"/> Not attending school or Secondary School dropout <input type="checkbox"/> Not attending school; secondary school grad. or equiv. <input type="checkbox"/> Not attending school; within age of compulsory school attendance  <b>Highest School Grade Completed:</b> Highest Grade completed <u>9th grade</u> 1st – 12th grades or No school grades  <b>Highest Education Level Completed:</b> <input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> Participant with a disability receives a certificate of attendance/completion as a result of successfully completing an IEP <input type="checkbox"/> Completed one or more years of postsecondary education <input type="checkbox"/> Attained post-secondary technical or vocational certification (non-degree) <input type="checkbox"/> Attained Associate's Degree <input type="checkbox"/> Attained Bachelor's Degree <input type="checkbox"/> Attained a Degree beyond Bachelor's Degree <input checked="" type="checkbox"/> No Educational Level Completed  <input checked="" type="checkbox"/> Completed <b>IN</b> the U.S. <input type="checkbox"/> Completed <b>OUTSIDE</b> the U.S.				<b>Migrant &amp; Seasonal Farm worker Status:</b> <input type="checkbox"/> Seasonal Farm worker <input type="checkbox"/> Migrant & Seasonal Farm worker <input type="checkbox"/> Dependent of Seasonal/Migrant & Seasonal Farm worker  <b>Public Assistance Information:</b> On Public Assistance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Disclosure  Expanded Eligibility for TANF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure  Exhausting TANF within 2 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Add'l. Youth Characteristics:</b> <input checked="" type="checkbox"/> Foster Care Youth  <b>Add'l. Reportable Characteristics:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> English Lang. Learner <input type="checkbox"/> Low-Income <input type="checkbox"/> Cultural Barriers Immigrant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure				<b>Add'l. Reportable Characteristics (cont.):</b> <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker  Parent of Child(ren) ages: <input type="checkbox"/> 0 – 5 <input checked="" type="checkbox"/> 6 – 10 <input checked="" type="checkbox"/> 11 – 13 <input type="checkbox"/> 14 – 18 <input type="checkbox"/> No Disclosure  Ex-Offender Status at Program Entry: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure  <b>One-Stop Program Participation:</b> Received services under Job Corps: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<b>For Corrections and Institutional Funded Programs:</b>  In Correctional Facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Institutionalized Setting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No On Probation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Special Program Type:</b> Family Literacy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Participant in Job & Training Program: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  In Community Corrections: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No On Parole: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  In Workplace Literacy Program(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Referral Type:</b> <input type="checkbox"/> One-Stop Center Referral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure <input type="checkbox"/> TANF Referral <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Disclosure <input type="checkbox"/> Referral from College							



DocuSign Envelope ID: 2DE86203-05A9-428B-BDA2-53A9ED35CF69

PARTICIPANT GOALS		PARTICIPANT ACHIEVEMENTS	
<b>Primary</b> <input type="checkbox"/> Obtain HS Diploma <input type="checkbox"/> Obtain GED <input type="checkbox"/> Obtain a Job <input type="checkbox"/> Retain Job or Advance in Job <input type="checkbox"/> Enrollment in College or Other Training <b>Secondary</b> <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Achieve Citizenship Skills <input type="checkbox"/> Gtr. Involvement in Children's Education <input type="checkbox"/> Gtr. Involvement in Children's Literacy Activities <input type="checkbox"/> Gtr. Involvement in Community Activities	<input type="checkbox"/> Register to Vote for First Time <input checked="" type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Make Progress in English (LEP) <input type="checkbox"/> Obtain U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtain/Improve: Parenting <input type="checkbox"/> Obtain/Improve: Health Care <input type="checkbox"/> Obtain/Improve: Occupational Skills <input type="checkbox"/> Obtain/Improve: Government and Law <input type="checkbox"/> Obtain/Improve: Community Resource <input type="checkbox"/> Obtain/Improve: Consumer Economics <input type="checkbox"/> Other _____	<b>Primary</b> <input type="checkbox"/> Obtained HS Diploma <input type="checkbox"/> Obtained GED <input type="checkbox"/> Obtained Employment <input type="checkbox"/> Retained Job or Advanced in Job <input type="checkbox"/> Enrolled in College or Other Training <b>Secondary</b> <input type="checkbox"/> Left Public Assistance <input type="checkbox"/> Achieved Citizenship Skills <input type="checkbox"/> Gtr. Involvement in Children's Education <input type="checkbox"/> Gtr. Involvement in Children's Literacy Activities <input type="checkbox"/> Gtr. Involvement in Community Activities	<input type="checkbox"/> Registered to Vote for First Time <input type="checkbox"/> Improved Basic Skills <input type="checkbox"/> Made Progress in English (LEP) <input type="checkbox"/> Received U.S. Citizenship <input type="checkbox"/> General Involvement (Volunteering) <input type="checkbox"/> Obtained/Improve: Parenting <input type="checkbox"/> Obtained/Improve: Health Care <input type="checkbox"/> Obtained/Improve: Occupational Knowledge <input type="checkbox"/> Obtained/Improve: Government and Law <input type="checkbox"/> Obtained/Improve: Community Resource <input type="checkbox"/> Obtained/Improve: Consumer Economics <input type="checkbox"/> Achieved Reason for Enrollment

**PARTICIPANT ACKNOWLEDGEMENT AND RELEASE OF INFORMATION**

The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, and transition under the application laws, Texas Workforce Commission (TWC) regulations and Adult Education Program internal policies as aggregate statistical data in evaluation of the program, and shall constitute a precondition for enrollment in this adult education and literacy program. I acknowledge that the Adult Education Program and the TWC will release information to other state and federal agencies for verification, follow-up, and tracking and to generate reports to monitor the program. Participants 16 years of age must have a court order and 18 years of age must provide parent or guardian written permission and official withdrawal from last HS attended to participate in the program.

I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained, and field of study.

Check this box to AUTHORIZE CONSENT **DIR INFORMATION RELEASE**  Check this box as parent or guardian AUTHORIZING CONSENT  
 Check this box NOT AUTHORIZING CONSENT  Check this box as parent or guardian NOT AUTHORIZING CONSENT

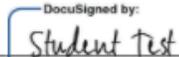
I hereby give my consent to release personal identifiable information regarding my enrollment in post secondary institutions as matched to the Texas Higher Education Coordinating Board master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between the Texas Workforce Commission, the Texas Education Agency, and the Texas Higher Education Coordinating Board.

Check this box to AUTHORIZE CONSENT **POST SECONDARY PARTICIPANT RELEASE OF INFORMATION**  Check this box as parent or guardian AUTHORIZING CONSENT  
 Check this box NOT AUTHORIZING CONSENT  Check this box as parent or guardian NOT AUTHORIZING CONSENT

I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the Texas Higher Education Coordinating Board and/or the Texas Workforce Commission, for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.

Check this box to AUTHORIZE CONSENT **EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION**  Check this box as parent or guardian AUTHORIZING CONSENT  
 Check this box NOT AUTHORIZING CONSENT  Check this box as parent or guardian NOT AUTHORIZING CONSENT

**18 & UNDER:** I give permission for my child to attend Grayson College Adult Education and Literacy classes.

DocuSigned by:  
  
 \_\_\_\_\_ 8/31/2020 \_\_\_\_\_  
 STUDENT SIGNATURE DATE PARENT/GUARDIAN SIGNATURE DATE

INSTRUCTOR'S NAME	REGISTRATION COMPLETED BY	CLASS NAME AND LOCATION:





# Data Coordinators

- Envelope with all attachments included (ID, withdrawal, court order)
- Password protected
- Download and store in secure cloud server
- Receives encrypted assessment results by email



# PASES Process and Procedures Document

- Step-by-step instructions for
  - Participant screening
  - Creating appointment
  - Intake
  - Assessment (CASAS, TABE, & Best Plus Oral)
- Links for
  - Class times/days/content schedule
  - Free wifi services in every major city of service area
  - Email templates
- Languages spoken by AEL team
- Detailed PIRL instructions



# Process and Procedures Document II

- [https://drive.google.com/file/d/1h5We8pYWRRBru\\_7UyGKVA-Mui7No1zav8/view?usp=sharing](https://drive.google.com/file/d/1h5We8pYWRRBru_7UyGKVA-Mui7No1zav8/view?usp=sharing)



# Remote Intake Rollout

- Internal practice (LOTS)
- Administration started
  - Director support
- Administration independently
- Administration trained hand picked Intake Specialists
  - IS shadowing
  - Admin support
- Intake Specialists alone
- Intake Specialists trained others
- Training continued



# DocuSign Setting Changes

- Changed “sent by” from Ashley Trevino to Grayson College
- Set signing order to be sequential
- Turned off “attached documents to completion” email for PII concerns



# Lessons Learned

- Price
  - Business Pro
  - Enterprise per envelope
- Set permission to share information fields to be completed by IS and not participant
- Google doc rather than google calendar
- Difficulty uploading ID, screenshot taken



**ATM** | **EDUCATION**  
& HUMAN DEVELOPMENT  
TEXAS A&M UNIVERSITY  
**TRAIN PD CENTER @ TCALL**

# Questions?



# Contact Information

- Ashley Trevino
  - [trevinoa@grayson.edu](mailto:trevinoa@grayson.edu)
- Can contact team at [collinael@grayson.edu](mailto:collinael@grayson.edu)