

Learner Registration

Date: _____

Name: _____

Phone:(Home)_____ (Work)_____ (Cell)_____

Mailing Address:_____

Physical Address:_____

City:_____ State:_____ Zip code:_____

Sex: ___ F ___ M Birthdate:_____

In case of emergency contact:_____

Phone:_____

How did you hear about our program?_____

City Market Card Number_____

Racial/Ethnic Group

___ African American ___ Asian American ___ Caucasian
___ Hispanic ___ Native American ___ Pacific Islander
___ Multicultural ___ Other_____

Education

Highest grade completed?___

High school diploma? ___ Yes ___ No ___ GED

Special ed. Classes? ___ Yes ___ No

College? ___ Yes ___ No ___ Degree

What grades special ed.?_____ How long?_____

Enrolled in school/vocational program? ___ Yes ___ No

Name of program?_____

Ever enrolled in other special programs? ___ Yes ___ No

Hopes and Dreams: Personal Goals

- Reading (read personal mail, read African American novels, finish skill books, etc.):

- Writing (letters, lists, etc.):

- Employment (apply for a job, write a resume, improve job performance, pass job-related tests):

- Family (read to child, get involved in child's school, help child with homework, etc.):

- Continuing education (library use, other literacy programs, pre-GED, GED, etc.):

Reading Experience

What do you read now? _____

When you increase your reading skills, what would you like to read?

What are your interests and hobbies? _____

How long are you willing to commit to the reading program? _____

Families for Literacy

Are you responsible for any children five years of age or younger?

Yes No

Do these children live with you?

Yes No

Do you read to them?

Yes No

Is childcare a problem for you?

Yes No

Recommendations

Scheduling

Mon Tues Wed Thurs Fri

Morning Afternoon Evening

Site/Library _____ Interviewed by: _____