



CLASS LOCATION: _____

DATE: _____

English Language Acquisition for Adults (ELAA)

STUDENT REGISTRATION: _____

ADDRESS: _____
Number Street Apt. # City State Zip

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ @ _____ . _____

REFERRED BY:

- Library
- Pima College Adult Education
- Pima County One Stop
- YWCA
- Goodwill
- Child's School
- Family/Friend
- Other _____
- Web Site
- TV/Radio
- Employer _____

GENDER: Male Female

BIRTHDATE: ____/____/____ **AGE:** _____

ETHNICITY:

- Asian
- Black/African American
- Middle Eastern
- Pacific Islander
- Other _____
- White/Caucasian
- Hispanic/Latino
- Native American

EDUCATION (CHECK ONE):

- Primary K-4
- Secondary 5-8
- High School 9-12
- HS Diploma
- GED/HSE
- Tech/Trade School
- Some College/University
- University Degree
- Graduate Degree
- Other _____

COUNTRY OF ORIGIN: _____

EMPLOYMENT STATUS (CHECK ONE):

- Looking for work
- Full time
- Part time
- Self-employed
- Other _____
- Retired
- Homemaker
- Student
- Disability

OCCUPATION: _____

LANGUAGES:

Speak: _____

Read/Write: _____

NUMBER OF CHILDREN UNDER AGE 18: _____

CHILDREN'S AGES: _____

GOALS I WANT TO ACHIEVE (CHECK ALL THAT APPLY):

- Communicate better in English
- Find a job or improve my work/employment situation
- Help my child with homework and education
- Improve health and wellness (self or family)
- Get a GED/HSE diploma
- Enter college or a job-training program
- Get USA citizenship
- Register to Vote or Vote
- Get a library card
- Learn computer skills
- Other _____

LANGUAGE LEARNING BACKGROUND

Number of years studying English _____

Where have you taken classes before? _____

Where else are you taking classes now? _____

Are you an international student or visitor? _____ Yes _____ No

INFORMATION CONSENT & CONFIDENTIALITY AGREEMENT

- I am participating in a library program (Literacy Connects' English classes).
- I give my consent to Literacy Connects, the library's partner agency, to collect my personal information.
- I understand that this information will be used only by Literacy Connects for budgeting, evaluation, and planning purposes and will not be shared with other entities.

SIGNATURE: _____

DATE: _____



FOR OFFICE USE ONLY
Entered into Database:

Date _____ Initials _____

DPO # _____

For TUTOR Use ONLY - Please Indicate Student Level:

- True Beginning Beginning Intermediate
- Advanced Other _____

TUTOR, please initial that student filled out form completely _____