



CLASS: _____	LEVEL: _____
DATE: _____	Tutor(s): _____

English Language Acquisition for Adults (ELAA)

STUDENT NAME: _____
First Name Last Name

HOME ADDRESS: _____
House Number Street Name Apt. # City State Zip Code

PHONE NUMBERS: HOME: _____ CELL: _____

EMAIL: _____ @ _____ . _____

REFERRED BY: *(How did you hear about Literacy Connects' English Language classes offered at this location?)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Library | <input type="checkbox"/> Goodwill | <input type="checkbox"/> Web Site _____ |
| <input type="checkbox"/> Pima College Adult Education | <input type="checkbox"/> Child's School _____ | <input type="checkbox"/> TV/Radio _____ |
| <input type="checkbox"/> Pima County One Stop | <input type="checkbox"/> Family/Friend _____ | <input type="checkbox"/> Employer _____ |
| <input type="checkbox"/> YWCA | <input type="checkbox"/> Other _____ | |

GENDER: Male Female **BIRTHDATE:** ____/____/____
Month Day Year **AGE:** _____

COUNTRY OF ORIGIN: _____

RACE/ETHNICITY:

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Other _____ | |

EDUCATION (CHECK ONE):

- | | |
|---|--|
| <input type="checkbox"/> Primary K-4 | <input type="checkbox"/> Tech/Trade School |
| <input type="checkbox"/> Secondary 5-8 | <input type="checkbox"/> Some College/University |
| <input type="checkbox"/> High School 9-12 | <input type="checkbox"/> University Degree |
| <input type="checkbox"/> HS Diploma | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> GED/HSE | <input type="checkbox"/> Other _____ |

OCCUPATION: What do you do **NOW?** _____

If you are not working, **what did you do BEFORE,** when you were working? _____

WORK STATUS (CHECK ONE):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Full time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Other _____ | |

ALL LANGUAGES YOU SPEAK, READ, OR WRITE:

HOW MANY CHILDREN AT HOME UNDER AGE 18: _____ **CHILDREN'S AGES:** _____

OVER – More on back side

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

Date survey entered into database; _____

Number of YEARS studying English _____

WHERE have you taken classes **BEFORE**? _____

WHERE ELSE are you taking classes **NOW**? _____

Are you an international student? ___Yes ___No Are you a temporary 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

Class Time: Morning Noon Evening

Please Indicate Student Level:

- Beginning
- High Beginning
- Intermediate
- High Intermediate
- Advanced
- Other _____

TUTOR initials (once student has filled out form COMPLETELY) _____