OVER – More on back side

CLASS: ___________________________ LEVEL: ___________________________

DATE: ________________ Tutore(s): ___________________________

English Language Acquisition for Adults (ELAA)

STUDENT NAME: __________________________________________

HOME ADDRESS: __________________________________________

PHONE NUMBERS: HOME: ___________________________ CELL: ______________

EMAIL: ___________________________ @ ___________________________.

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

- Library
- Goodwill
- Library Adult Education
- Child’s School
- Pima College Adult Education
- TV/Radio
- Other ___________________________

GENDER: ☐ Male ☐ Female BIRTHDATE: _______/______/________ AGE: __________

COUNTRY OF ORIGIN: __________________________________________

RACE/ETHNICITY: EDUCATION (CHECK ONE):

- Asian ☐ White/Caucasian ☐ Primary K-4 ☐ Tech/Trade School
- Black ☐ Hispanic/Latino ☐ Secondary 5-8 ☐ Some College/University
- Middle Eastern ☐ Native American ☐ High School 9-12 ☐ University Degree
- Pacific Islander ☐ Other ___________________________
- 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): ALL LANGUAGES YOU SPEAK, READ, OR WRITE:

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

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 an English class offered by Literacy Connects.
- I give my consent to Literacy Connects to collect my personal information.
- I understand that this information is confidential and will be used only by Literacy Connects for budgeting, evaluation, and planning purposes.

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) ___________