



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 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) \_\_\_\_\_