



CAPITAL AREA LITERACY COALITION

Student Intake Form

the
reading
people

Program: BR ESL GED

Student Number:

Intake Date:

PLEASE PRINT AND ANSWER ALL QUESTIONS

1. PERSONAL

Name:

Primary Phone:

Address:

Emergency Phone:

City:

Email:

Zip Code:

Date of Birth:

Gender: Male Female

Marital Status: Married Single Divorced

Ethnic Group:

Birth Place:

Native Language:

Refugee/Immigrant: Yes No

In USA since:

Registered Voter: Yes No

Do you wear glasses for reading: Yes No

Transportation: Car Bus Walk Bike

Other:

2. LEGAL

Court Ordered Education: Felony Conviction:

Other: _____

Offense/Conviction:

Parole Officer Name:

Phone Number:

Email:

3. HOUSEHOLD

Public Assistance: SSI Food Stamps FIA Other: _____

Total in Household: _____ No. of Children (yours): _____ Ages of Children: _____

Household Income: <\$10,000 \$10-15,000 \$15-20,000 \$20-25,000 \$25-30,000

\$30-35,000 \$35-40,000 \$40-45,000 \$45-50,000 \$50,000+

4. EMPLOYMENT

Status: Full time Part time Retired Unemployed Seeking Work

Employer:

Job Title:

5. EDUCATION

Last Grade Completed:

Last Year in School:

Special Education:

School Name:

Location:

Currently Enrolled in School:

Comfortable Using a Computer: Yes No

Do you have a computer in your home: Yes No

Anything you feel may interfere with your learning:

Tutor Preference: Male Female

Willing to Work in Small Groups: Yes No

I, _____ (print full name),

certify to the best of my knowledge, that the information provided here is true and accurate. I also understand that the information may be disclosed to grant-making agencies.

Signature: _____ Date: _____

How did you learn about The Reading People?

Employer Family/Friend Library Newspaper Poster/Flyer Radio

Special Event Internet Other: _____

TO BE COMPLETED BY CALC STAFF IF TUTOR NEEDED

Availability	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Specify							

COMMENTS: