

Literacy Council of Jackson County
STUDENT ENROLLMENT FORM

Name: _____ Date: _____
Address: _____ E-mail: _____
City: _____ Oregon 975 _____ Birth Date: _____ / _____ / _____
Home Phone: (____) _____ Work Phone: (____) _____ Month Day Year
Gender: Female Male

What is your age? _____
How many school years have you completed? _____
What is the highest diploma or degree you earned? _____
What is your ethnic background? _____
What is your native language? _____
What is your reason for enrolling in this program? _____

Choose the instructional program that best meets your needs:
 English as a Second Language Basic Skills for Fluent English Speakers
 GED Preparation Pre-Employment Workforce Literacy
 Family Literacy Citizenship
Do you have a disability? Yes No If yes, please specify: _____

What is your employment status?
 Full-time Unemployed Homemaker
 Part-time Not seeking work Receiving public assistance
Days: _____ Retired Receiving disability
Hours: _____ Other: _____

How did you find out about this program? _____
Have you ever been convicted of a felony? Yes No If yes, when? _____
Do you have transportation available to go to a tutoring site? Yes No
Do you need to be tutored at home? Yes No
Will you practice at home? Yes No
Do you have young children in your home? Yes No
If yes, please give names and ages:

Please indicate days of the week and hours of the day you are available for tutoring:

For Tutor/Office Use Only

Student Name: _____

Tutor Name: _____

Date Contacted: _____

Date Tutoring Began: _____

Meeting Days and Times: _____

- ABE
 ESL

- One to One
 Small Group

CASAS Appraisal Level _____

ENTRY INFORMATION

| | | |
|---|--|--|
| Laubach Reading: <input type="checkbox"/> Pre-Level 1 <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 | How well did the student complete this form? <input type="checkbox"/> With ease. <input type="checkbox"/> With some help. <input type="checkbox"/> Needed to have tutor read items, student then gave information. | Reading/Speaking Skills: (For ESL students only.) <input type="checkbox"/> Can read and speak English. <input type="checkbox"/> Can read, but cannot speak English. <input type="checkbox"/> Cannot read, but does speak English. <input type="checkbox"/> Cannot read or speak English. |
| CASAS Level: <input type="checkbox"/> Literacy <input type="checkbox"/> Beginning Low <input type="checkbox"/> Beginning High <input type="checkbox"/> Intermediate Low <input type="checkbox"/> Intermediate High <input type="checkbox"/> Advanced Low <input type="checkbox"/> Advanced High | If student needed form in Spanish, How well did the student complete the Spanish form? <input type="checkbox"/> With ease. <input type="checkbox"/> With some help. <input type="checkbox"/> Needed to have tutor read items, student then gave information. | Comments: |

EXIT INFORMATION

| | | |
|---|--|----------------------------------|
| Reasons for leaving program: <input type="checkbox"/> Met goals. <input type="checkbox"/> Attained employment. <input type="checkbox"/> Scheduling problems. <input type="checkbox"/> Personal problems. <input type="checkbox"/> Health problems. <input type="checkbox"/> Transportation problems. <input type="checkbox"/> Child care problems. <input type="checkbox"/> Tutor left program. <input type="checkbox"/> Lack of interest. <input type="checkbox"/> Moved/left area. <input type="checkbox"/> Unknown. <input type="checkbox"/> Other: _____ _____ _____ _____ _____ | Laubach Reading: <input type="checkbox"/> Pre-Level 1 <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 CASAS Level: <input type="checkbox"/> Literacy <input type="checkbox"/> Beginning Low <input type="checkbox"/> Beginning High <input type="checkbox"/> Intermediate Low <input type="checkbox"/> Intermediate High <input type="checkbox"/> Advanced Low <input type="checkbox"/> Advanced High | Comments: |
|---|--|----------------------------------|