



## Adult Learner Registration

Date: \_\_\_\_\_

### **Personal Information**

Name: \_\_\_\_\_

Phone:(Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell)\_\_\_\_\_

Mailing Address:\_\_\_\_\_

Physical Address:\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Sex: \_\_\_\_F \_\_\_\_M Birthdate: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

### **Racial/Ethnic Group**

\_\_\_\_African American      \_\_\_\_Asian American      \_\_\_\_Caucasian  
\_\_\_\_Hispanic      \_\_\_\_Native American      \_\_\_\_Pacific Islander  
\_\_\_\_Multicultural      \_\_\_\_Other \_\_\_\_\_

### **Education**

Highest grade completed? \_\_\_\_\_

High school diploma? \_\_\_\_Yes \_\_\_\_No \_\_\_\_GED

Special ed. Classes? \_\_\_\_Yes \_\_\_\_No

College? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Degree

### **Work Status**

\_\_\_\_Employed, Full time or Part-Time      \_\_\_\_Unemployed      \_\_\_\_Retired      \_\_\_\_Disability

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous employment: \_\_\_\_\_

### **Families for Literacy**

Do you have children five years of age or younger? \_\_\_\_Yes \_\_\_\_No

Do these children live with you? \_\_\_\_Yes \_\_\_\_No

Is childcare a problem for you? \_\_\_\_Yes \_\_\_\_No



Read Well Speak Well Live Well

**Conditions That May Affect Learning**

**Directions: Circle your answer.**

Do you wear glasses or contact lenses? Yes No

Do you wear a hearing aid? Yes No

Is there anything else that makes it hard for you to learn? Yes No

If yes, what is it?

**Learning Differences**

Is it difficult for you to concentrate when the room is noisy? Yes No

Do you have trouble learning:

Math Yes No

Reading Yes No

Writing Yes No

When you read, do the letters, words, or numbers blur, fade, move, or swirl? Yes No

Have you ever been told that you have a learning disability? Yes No

**Personal Goals**

**Directions: Please circle UP TO 3/ THREE goals that are most important to you right now.**

- ❖ Get a job or get a better job
- ❖ Enter special career training
- ❖ Obtain citizenship
- ❖ Obtain a driver's license
- ❖ Improve your skills to get better employment opportunities
- ❖ Increase your interactions in the community
- ❖ Increase your involvement in your children's school, including homework
- ❖ Improve your health and wellness
- ❖ Other personal goal: \_\_\_\_\_
- ❖ Receive a GED
- ❖ Improve your scores on a standardized test
- ❖ Register to vote

How long are you willing to commit to the reading program? \_\_\_\_\_

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