



Basic Literacy Learner Registration Form Date _____

PERSONAL INFORMATION

Name: _____

Address: _____ **Apartment:** _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Age:** _____ **Gender:** Female Male

Marital Status: Single Married Divorced Widowed

Children: No Yes **How many?** _____

Race: Alaskan Native American Indian Asian Black/African-American

Hispanic/Latino Middle Eastern Native Hawaiian/Pacific Islander

White **CONTACT INFORMATION**

Phone Number #1: _____ **Phone #2:** _____

Email Address: _____

ALTERNATE CONTACT INFORMATION

Name: _____ **Relationship:** _____

Phone Number: _____

EDUCATIONAL INFORMATION

No School Some School - _____ Grade High School Diploma/GED

Some College Associate Degree Undergraduate Degree Graduate

Degree

Have you been in special education? Yes No

Have you been diagnosed with a learning disability? Yes No

EMPLOYMENT INFORMATION

Unemployed Part-Time ___hours/week Full-Time ___hours/week

Retired

Employer: _____

What kind of work do you do? _____



First Meeting:	Second Meeting:	Fee Paid? <input type="checkbox"/> Date:
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BL Learner Interview: Office Use Only

LEARNER STATUS

Has learner ever been convicted of a violent offense? Yes No

Explain _____

Has learner ever been diagnosed with a mental illness? Yes No

Explain _____

Has learner been to BRL before? Yes No When? _____

How did learner hear about BRL? _____

LEARNER GOALS

- Reading Writing Speaking Listening Conversation
- GED College Job Seeking Skills Job Retention or Advancement
- Other: _____

PRIORITY OF HELP DESIRED

- Reading Writing Speaking Listening Conversation
- Other: _____

LEARNER PREFERENCES

Location: _____ Transportation: _____

Tutor Gender: Female Male Either

AVAILABILITY

		TIME AVAILABLE FOR LEARNING															
		8am	9am	10a m	11a m	12p m	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9		
		3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0	3 0		
M																	M
T																	T
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SUN																	SUN

NOTES