

Lake County Adult Literacy Program
1425 N. High St. Lakeport, Ca. 95453
707-263-7633

LEARNER BACKGROUND SHEET

Date _____

Name: _____

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Okay to call? _____

Email: _____

In case of emergency call: _____

Phone: _____ Relationship: _____

How did you hear about us? _____

What is your native language? _____ Ethnicity? _____

Female _____ Male _____ Date of Birth _____

Education: Highest grade completed: _____

Adult Education? _____ Previous Tutoring? _____

Please comment about your school experiences _____

Why do you want a tutor now? _____

Mark any areas that present a problem: Sight _____ Hearing _____ Medication _____

Learning Disability: _____

Current Work: _____ Past Work: _____

Looking for work: _____ Retired: _____

Interests: _____

Tutor Preference: Smoker____ Non-smoker____ Either____

Male____ Female____ Either____

Where would you like to meet?_____

Nearest Library?_____

Do you need child care?_____ Do you need transportation?_____

What days do you have time for tutoring?

Sun.____ Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____ Sat.____

Children: Name Sex Birthdate

Children: Name	Sex	Birthdate
