

## Learner Background Sheet

DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Native Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_ Country of Completion: \_\_\_\_\_

Current Reading Level (IF KNOWN) \_\_\_\_\_

Employed: YES NO: LOOKING DISABLED RETIRED

Type of current or previous employment: \_\_\_\_\_

### MAILING

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### STREET

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE : \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Work Phone \_\_\_\_\_ ok to call? Yes No

E Mail Address: \_\_\_\_\_

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Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Have you had any Adult Education? \_\_\_\_\_ Previous Tutoring? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please comment about you school experience: \_\_\_\_\_

\_\_\_\_\_

Why do you want a tutor now?

\_\_\_\_\_

\_\_\_\_\_

Circle any areas that present a problem:    Sight                      Hearing                      Medications

Any known Learning Disability:

\_\_\_\_\_

Known Employment Barriers: Circle any that apply (does not affect services)

Cultural Barriers              Disabled              Displaced Homemaker              Economic Disadvantage

English Language Learner    Ex Offender              Exhausting TANF within 2 years              Foster Care Youth

Homeless              Long Term Unemployment              Low Literacy Levels              Migrant Farmworker

Seasonal Farmworker

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Things that Interest you:

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Tutor Preference:    Smoker                      Nonsmoker                      Either  
                                  Male                                      Female                                      Either

Nearest Library to you:      Redbud              Lakeport              `Middletown      Upper Lake

Where would you like to meet?

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What days do you have time for tutoring:

SUN              MON              TUE              WED              THUR              FRI              SAT

Please list any minor children in the home, or in your care: (include grandchildren)

Name	Sex	Birthdate