

Literacy Door County, Inc.

Student Application

**PLEASE PRINT**

**ABOUT YOUR FAMILY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CellPhone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you be contacted at work? Yes\_\_\_ No\_\_\_

Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOUR FAMILY**

Marital Status Married\_\_\_ Single\_\_\_ Divorced\_\_\_ Widow\_\_\_

Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of children under 18\_\_\_\_\_\_ Do the children live with you? Yes\_\_\_ No\_\_\_

Contact Person (If student cannot be reached)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

Last year completed\_\_\_\_\_\_\_ High school diploma Yes \_\_\_ No \_\_\_ GED Yes \_\_\_ No \_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Some Tech/Trade School Yes\_\_\_ No\_\_\_ School Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

Some college Yes\_\_\_ No\_\_\_ School Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of any learning disabilities Yes\_\_\_ No\_\_\_

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a student at a Literacy Council? Yes\_\_\_ No\_\_\_ Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you, enrolled in any other literacy/workplace program? Yes\_\_\_ No\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabilities**

Do you have any disabilities we should be aware of? Yes\_\_\_ No\_\_\_

Physical\_\_\_ Hearing\_\_\_ Visual\_\_\_ Speech\_\_\_ Brain Injury\_\_\_

Do you take medication we should be aware of? Yes\_\_\_ No\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Full time\_\_\_\_\_ Part-time\_\_\_\_\_Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st shift\_\_\_\_\_\_ 2nd shift\_\_\_\_\_\_ 3rd shift\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homemaker\_\_\_ Retired\_\_\_ Looking for Work\_\_\_ Between Jobs\_\_\_

Student\_\_\_ Unemployed\_\_\_ Self Employed\_\_\_

**Ethnic Origin** (used for statistical purposes only)

White\_\_\_African American\_\_\_American Indian\_\_\_\_Asian\_\_\_\_European\_\_\_\_Latino\_\_\_\_Other\_\_\_\_

Country of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long in US\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read\_\_\_ Write\_\_\_

How well do you read, write and/or speak english? Fluently\_\_\_ Some\_\_\_ None\_\_\_

Other Languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals and Expectations**

How did you learn about our program? Friend\_\_\_\_\_\_\_\_ Newspaper\_\_\_ Radio/TV\_\_\_

Church\_\_\_ Library\_\_\_ Employer\_\_\_ NWTC\_\_\_ School\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary reason for seeking help Improve basic English skills\_\_\_ Get a job/better job\_\_\_

Meet personal goals\_\_\_ Obtain GED/HSED\_\_\_ Obtain citizenship\_\_\_

Obtain vocational or post-secondary education\_\_\_

**Tutoring**

Preferred Times for Tutoring

\_\_\_\_\_ Morning (8 to Noon) \_\_\_\_\_Afternoon (Noon to 5) \_\_\_\_\_Evening (5 to 9)

Preferred Days for Tutoring \_\_\_ Sun \_\_\_ Mon \_\_\_Tues \_\_\_Wed \_\_\_Thurs \_\_\_Fri \_\_\_Sat

Are you willing to commit to tutoring for at least six months? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have access to a car? \_\_\_\_\_Yes \_\_\_\_\_No

Tutor Preference \_\_\_\_\_ Male \_\_\_\_\_Female \_\_\_\_\_No Preference

Tutoring Location preference (which part of the county?

\_\_\_\_\_Southern Door \_\_\_\_\_Sturgeon Bay \_\_\_\_\_Egg Harbor/Fish Creek

\_\_\_\_\_Ephraim/Sister Bay \_\_\_\_\_Jacksonport \_\_\_\_\_Bailey’s Harbor \_\_\_\_\_ Other

Is childcare available during lessons? \_\_\_Yes \_\_\_No \_\_\_Not Applicable

**Level of Entry**

**Basic**

\_\_\_Beg Lit ABE

\_\_\_Beginning ABE

\_\_\_Low Intermediate ABE

\_\_\_High Intermediate ABE

\_\_\_Low Adult Secondary

\_\_\_High Adult Secondary

**ESL**

\_\_\_Beg Lit ESL

\_\_\_Beginning ESL

\_\_\_Low Intermediate ESL

\_\_\_High Intermediate ESL

\_\_\_Low Advanced ESL

\_\_\_High Advanced ESL

Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**