

STUDENT INTAKE FORM
McDowell Public Library Adult Literacy Program

Date: ____ / ____ / ____

Last Name: _____ First and Middle Initial: _____

Marital Status:

Single Life Partner Unmarried Married Divorced Widowed

Gender: _____ Birthday: ____ / ____ / ____ Age: _____

Native Language: _____ Race & Ethnicity: _____

Address: _____

City: _____ State: NC Zip Code: _____

Home # _____ Cell # _____ Work # _____

Email: _____ Emergency Contact: _____

EMPLOYMENT

Full Time Part Time Seeking Not Seeking Retired

Occupation: _____

Employer: _____

EDUCATION

Tech School High School Some College Bachelor's Degree
____ Highest Grade Completed

Details: _____

How did you learn about the Adult Literacy Program?

- Library Family/Friends Radio Social Media
 MTCC Other _____

SOCIAL

- Public Assistance Immigrant Homemaker
 Ex Offender Homeless Long Term Unemployed (27 weeks)
 Single Parent/Guardian Child under 5 in the home

GOALS

Educational

- Obtain GED
 Go to College
 Learn to Read
 Improve reading skills
 Improve writing skills

Social

- Become a US Citizen
 Vote or register to vote

Economic

- Get a job
 Get a better job or promotion

Family

- Read more to my children
 Get involved at my children's school
 Help my children with homework

Other

- Higher level of independence
 Improve self confidence

Hobbies / Special Interests: _____

Where could you meet for tutoring?

- Library Other Public Location

What days and times are you available for tutoring?

- Monday Tuesday Wednesday Thursday Friday Saturday Sun
 Mornings _____ Afternoons _____ Evenings _____

Means of transportation: _____

Computer at home? _____ Internet access at home? _____