

# LITERACY CONNECTIONS - DC STUDENT ENROLLMENT FORM

Dutchess County - 325 Main St.  
Poughkeepsie, NY 12601  
(845) 452-8670

Columbia/Greene Counties - 400 State St  
Hudson, NY 12534  
(518) 697-8227

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please complete both  
sides of this form

<p>2. Sex ( ) M ( ) F</p> <p>3. Race/Ethnicity Identity  <input type="checkbox"/> A1 Native American  <input type="checkbox"/> A2 Alaskan Native  <input type="checkbox"/> B1 Asian  <input type="checkbox"/> B2 Pacific Islander  <input type="checkbox"/> C1 African American  <input type="checkbox"/> C2 Afro-Caribbean  <input type="checkbox"/> C3 African  <input type="checkbox"/> D Latino/a  <input type="checkbox"/> E1 White (not Latino/a)</p>	<p>4. Employment Status (check one)  <input type="checkbox"/> A Employed full-time  <input type="checkbox"/> B Employed part-time  <input type="checkbox"/> C Unemployed 1 year or more and available to work  <input type="checkbox"/> D Unemployed less than 1 year and available to work  <input type="checkbox"/> E Not available for employment  <input type="checkbox"/> F Retired  <input type="checkbox"/> G Inmate  <b>Employer:</b> _____</p>	<p>6. Public Assistance  <input type="checkbox"/> Not Receiving Public Assistance  <input type="checkbox"/> A TANF  <input type="checkbox"/> B Food Stamps  <input type="checkbox"/> C Refugee Cash Assistance  <input type="checkbox"/> D Old-age Assistance  <input type="checkbox"/> E Safety Net  <input type="checkbox"/> F Aid to the Blind or Totally Disabled  <input type="checkbox"/> G Other, specify _____                  Case Number _____</p>	<p>7. Nationality                  Country of Birth: _____                  Date of US Settlement: _____/_____/_____                  Immigrant? Yes ___ No ___                  Refugee? Yes ___ No ___</p>
<p>5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>8. School-Aged Children                  Is the student the parent or guardian of children under the age of 21?                  Parent/Guardian Yes ___ No ___                  Single parent Yes ___ No ___                  If yes to above, enter number of children at each level                  Pres ___ Elem ___ JHS ___ HS ___</p>	<p>10. Population Categories  <input type="checkbox"/> A Homeless  <input type="checkbox"/> B In Correctional Facility  <input type="checkbox"/> C Other Institutionalized  <input type="checkbox"/> D High School Graduate or Equivalent  <input type="checkbox"/> E Displaced Homemaker  <input type="checkbox"/> F Head of Household  <input type="checkbox"/> G Disabled  <input type="checkbox"/> H Enrolled in Other Education/Training  <input type="checkbox"/> I Veteran  <input type="checkbox"/> J Dislocated Worker  <input type="checkbox"/> K Employed at 200% Poverty Level  <input type="checkbox"/> L Rural Area Resident  <input type="checkbox"/> M Low Income  <input type="checkbox"/> N Migrant  <input type="checkbox"/> O Family Literacy-Even Start  <input type="checkbox"/> P Parole  <input type="checkbox"/> Q Learning Disabled  <input type="checkbox"/> U In Community Correctional Facility  <input type="checkbox"/> V Other  <input type="checkbox"/> W Non Native English speaker</p>	<p>11. Referral Source  <input type="checkbox"/> A Another Student  <input type="checkbox"/> B TV  <input type="checkbox"/> C Newspaper  <input type="checkbox"/> D Friend or Relative  <input type="checkbox"/> E Social Service Agency  <input type="checkbox"/> F Education Program  <input type="checkbox"/> G Training Program  <input type="checkbox"/> H Recruitment Poster/Flyer  <input type="checkbox"/> I GED Program  <input type="checkbox"/> J One-Stop  <input type="checkbox"/> K Radio  <input type="checkbox"/> L Library  <input type="checkbox"/> M Phonebook  <input type="checkbox"/> N Web Site  <input type="checkbox"/> O Other Literacy Organization  <input type="checkbox"/> P Returning Student  <input type="checkbox"/> Q Literacy Hotline  <input type="checkbox"/> R Workers Union  <input type="checkbox"/> S Employer  <input type="checkbox"/> W Walk In  <input type="checkbox"/> X Other, specify _____  <input type="checkbox"/> Y Church</p>	<p>12. Short-term Student Goals  <input type="checkbox"/> 1. Improve Basic Literacy Skills  <input type="checkbox"/> 2. Improve English Literacy Skills  <input type="checkbox"/> 3. Obtain a Job  <input type="checkbox"/> 4. Retain Current Job  <input type="checkbox"/> 5. Improve Current Job  <input type="checkbox"/> 6. Earn GED Certificate  <input type="checkbox"/> 7. Earn a Secondary School Diploma  <input type="checkbox"/> 8. Enter Post-Secondary Education  <input type="checkbox"/> 9. Enter Training                  Other Student Goals  <input type="checkbox"/> 10. Obtain Citizenship Skills  <input type="checkbox"/> 11. Reduce Public Assistance  <input type="checkbox"/> 12. Get Involved in Community Activities  <input type="checkbox"/> 13. Get Involved in Children's Education  <input type="checkbox"/> 14. Get Involved in Children's Literacy Activities                  Other: _____</p>

<p><b>BEST PLUS</b> Date _____ Score _____</p>	<p>ASISTS _____ Proj FWD _____ Proj FWD 2 _____</p>
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Form Completed By \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

In Case of emergency, an English speaking contact is: Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation:

- Drive
- Bus/train
- Ride from Family/friend
- Walk
- Other: \_\_\_\_\_

Special Needs:

- Hearing Impaired
- Physical Disability
- Wheelchair Accessibility
- Other: \_\_\_\_\_

Special Preferences:

- One-to-one tutoring ONLY
- Small Group/Class
- Female Tutor
- Male Tutor
- Either

Any other conditions that may affect tutoring:

Availability	Location Preference:	(Morn)	(Noon)	(Eve)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This Section for Office Use

Tester's Observations and Comments:

What areas do you feel you need the most help?

- Reading
- Writing
- Spelling
- Conversation
- Other: \_\_\_\_\_

Are you taking any other adult education/ESL courses?  No  Yes (please list)

\_\_\_\_\_

Do you plan to return to your country?  No  Yes (if yes, when?)

\_\_\_\_\_

What other languages do you speak? (Please list native language first)

\_\_\_\_\_

What are some of your hobbies/interests?

\_\_\_\_\_

Intake completed by: \_\_\_\_\_