Learner Intake Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_ Status: \_\_\_\_Citizen \_\_\_\_\_Legal Alien

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Employment:**   * Full Time (+32 hrs) * Part-time * Under employed * Unemployed- seeking work * Not in Labor Market * Dislocated Worker | **Industry-Occupation:**   * Education * Managerial * Health Care * Technical * Agriculture * Homemaker * Other:\_\_\_\_\_\_\_\_\_\_\_ | | **Marital Status:**   * Single * Married/ Partnered * Separated * Divorced * Widowed | **Ethnicity:**   * American Indian or Alaskan Native * Asian * Black * Hispanic * White * Native Hawaiian or Pacific Islander | |
| **Household Information:**  Number in household: \_\_\_\_\_  Number of Adults: \_\_\_\_\_  Number of dependents under 18: \_\_\_  Children K-6: \_\_\_\_\_\_  Children Pre K: \_\_\_\_\_\_  Group Home: Yes No  Custodial Parent: Yes No  Non-Custodial Parent: Yes No  Aged Out of Foster Care: Yes No | | **Economic Indicators:**   * TANF * DVR * W-2 * Wisconsin Shares Child Care * Kinship Care * SSI * Workforce Development * Trial Employment Match * Transitional Jobs * Income at or Below Poverty Level | | | **Household Income:**  $\_\_\_\_\_\_\_\_ Weekly  $\_\_\_\_\_\_\_\_ Monthly  $\_\_\_\_\_\_\_\_ Yearly |

What do you enjoy doing in your free time? (hobbies/ interests): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a library card? Yes No

How would you describe your computer skills: (please circle) Some Experience Basic Advanced Proficient

What kinds of things do you read now? (ABE) or Where do you use English now? (ELL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you ever have a favorite teacher or subject? If yes, what was it you liked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_Last School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Year Attended:\_\_\_\_\_\_\_\_

Do you have a valid driver’s License? Yes No Do you have reliable transportation? Yes No

GOALS: Goals should be learner driven. Please choose at least one goal category that can be obtained

in 2-3 semesters in a program. The learner can have one or more goals in either category.

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| --- | --- |
| Educational:   * Obtain GED * Obtain secondary school diploma * Enter postsecondary education or training * Complete educational function level * Achieve work-based learner goal (specific work skills) * Pass written driver’s license exam * Gain computer basics/ improve computer skills * Obtain a library card/ use library services * Use a calendar, schedule, map or newspaper * Complete a computer program * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Financial Skills:   * Create a budget * Balance a checking account * Write checks/ pay bills * Improve Math Skills * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Employment Skills:   * Improve interviewing skills * Complete job applications/resume * Improve job search * Improve employment * Enter Employment * Retain employment * Leave public assistance * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Communication Skills:   * Read with Understanding * Read for Pleasure * Convey ideas in Writing * Speak so others can understand * Listen Actively * Advocate and influence * Solve problems and make decisions * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Family Skills:   * Read to a child * Help a child with homework * Improve communication with school * Visit library with child * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Health Skills:   * Read medicine labels and directions * Make an appointment * Read recipes and food labels * Plan menus for special diets * Understand emergency procedures * Communicate with health care providers * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Societal:   * Achieve citizenship skills * Vote (first time) or register to vote * Increase involvement in community activities * Obtain Citizenship * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Preferred Meeting Times:**

Morning Afternoon Evening **Tutor Preferences:** (Circle)

Monday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Male Female None

Wednesday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Friday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Saturday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Sunday \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Do you have any learning difficulties we should consider? Yes No

*If yes, please explain (optional):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about us? (circle as many as apply) Employer Website Word of Mouth Newspaper On-line Special Event Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_