**Initial Student Intake**

**Office Notes**

**\_\_\_\_In Computer**

**Date Assigned: \_\_\_\_\_\_\_\_\_**

**Tutor Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESL/Adult Literacy**

**Clark County Literacy Council, Inc.**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployed Not in Labor Market

Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_

Country of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number or Drivers License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married\_\_\_\_\_ Single\_\_\_\_\_\_\_\_\_ Number of Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Education (Please check highest completed)**

Less than 12th \_\_ **If** less than 12th grade, what grade completed\_\_

High School Diploma\_\_ GED\_\_ Non-English Diploma\_\_ Some College\_\_ Undergraduate\_\_ Graduate\_\_\_

**Preferred Times for Tutoring (Circle all that apply)**

 Morning Afternoon Evenings Other\_\_\_\_\_\_\_

 Monday Tuesday Wednesday Thursday Friday

 Saturday Sunday Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity Please Circle One**

American Indian Alaskan native Asian White Hispanic/Latino

Native Hawaiian/ Pacific Islander African American Other

**Office Notes**

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

Repeated Any Grade?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in your family had difficulty with: Reading? \_\_\_\_\_\_ Spelling? \_\_\_\_\_\_

Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been tested for a learning disability or had special reading classes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any reading problems?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What reasons do you give for your reading difficulties?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, when did they begin? Grade or Age?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vision Assessment**

 **Please check all that apply**

\_\_\_\_\_\_head start to ache \_\_\_\_\_\_\_\_\_\_eyes water \_\_\_\_\_\_\_print blur after 10 minutes

 \_\_\_\_\_\_print seem to wiggle or move after ten minutes

Spelling difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wear glasses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Primary Language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, which Language?\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle the Items You Can Read.**

 Maps Menus Road signs Newspaper headlines

 Telephone books Do you read for pleasure

**Please circle who told you about the Literacy Council**

 TV/Radio Friend/Family Telephone Book Library

Other Volunteer Newspaper Special Event Poster

Public Relations Talk Website ProLiteracy America Dollar General Referral

Other Agency/Other Literacy Organization Probation Office

**Are you required to be registered with us through a Federal, State, County or City Supervision and/or Corrections Department? Yes \_\_\_No\_\_\_**

**If yes, name of Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your goals? Check all that apply**

\_\_\_\_\_\_Enter employment

\_\_\_\_\_\_Retain employment

\_\_\_\_\_\_Improve employability skills

\_\_\_\_\_\_Receive GED

\_\_\_\_\_\_Enter other education and/or training

\_\_\_\_\_\_Reduce receipt of public assistance

\_\_\_\_\_\_Achieve work based student goal

\_\_\_\_\_\_Obtain citizenship

\_\_\_\_\_\_Gain citizenship skills

\_\_\_\_\_\_Register to vote

\_\_\_\_\_\_Vote for the first time

\_\_\_\_\_\_Increase involvement in community activities

\_\_\_\_\_\_Increase involvement in children’s educational activities

\_\_\_\_\_\_Attain consumer skills

\_\_\_\_\_\_Increase pronunciation

\_\_\_\_\_\_Increase vocabulary

\_\_\_\_\_\_Increase conversational fluency

\_\_\_\_\_\_Increase oral comprehension

\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify by my signature that all of the above information is true and correct to the best of my knowledge.

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

Client Signature Date



Release Form For Clients

In consideration of being interviewed and/or photographed in connection with the Clark County Literacy Council, Inc., I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following:

Yes\_\_ No\_\_

1. I understand the video, audio, and/or still photography in which I agree to participate may be used for, but not limited to, informational, public relations, promotional, and/or fund-raising materials.

Yes\_\_ No\_\_

1. I grant CCLC the right to copyright, use, and publicize my name, likeness, and/or video, audio, written, or spoken comments.

Yes\_\_ No\_\_

1. I relinquish and grant to CCLC all right, title, and interest in agree that CCLC has the right to edit in any manner whatsoever without restriction. **I waive any right to inspect or approve the finished product or other copy that may be used in connection therewith.**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_