

CONTACT INFORMATION

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Email

Home Phone

Cell Phone

Work Phone

PERSONAL INFORMATION

Date of Birth

Ages of children/grandchildren at home if applicable

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never married

Gender: ☐ Male ☐ Female ☐ Gender non-conforming; preferred pronouns: _____

Race/Ethnicity: ☐ American Indian or Alaska Native ☐ Asian
 ☐ Black or African American ☐ Hispanic or Latino
 ☐ Native Hawaiian or Other Pacific Islander ☐ White
 ☐ Two or more races ☐ Other: _____

Emergency Contact Name/Relationship

Emergency Contact Phone Number

FOR IMMIGRANT STUDENTS ONLY

Country of Origin

Native Language if not English

Length of Time in USA

FOR CITIZENSHIP STUDENTS ONLY

Date You Became a Permanent Resident

Expiration Date on Card

Have you applied for your citizenship before? ☐ Yes ☐ No

If so, what parts of the test did you fail, and how many times?

Have you ever been fingerprinted? _____

Have you even been detained by any authority? _____

Have you ever had a misdemeanor or felony? _____

WORK HISTORY

Employment Status: ☐ Full-time ☐ Part-time ☐ Retired ☐ Not looking for work
 ☐ Employed with separation notice
 ☐ Unavailable for work; reason: _____

Employer (if applicable)

Job Title

Length of Time in this Position

EDUCATIONAL HISTORY

Last Grade Completed: ☐ N/A ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ HS Diploma
☐ Associate's Degree ☐ Some College ☐ BS/BA Degree ☐ MA/MS/Professional Degree ☐ Doctorate

Where did you go to school? _____

Did you miss a lot of school? ☐ Yes ☐ No Did you repeat any grades in school? ☐ Yes _____ ☐ No

What were your best subjects? _____

What were your worst subjects? _____

What, if any, difficulties did you have in school?

Note any special testing or help you received in school:

ADDITIONAL INFORMATION

What interests/hobbies/skills do you have?

Where do you most want to use the skills you will learn with Chatham Literacy?

How did you find out about our program? _____

STUDENT GOALS

As a student of Chatham Literacy, what would you like to accomplish (ex: pronunciation, communication skills, etc.)

AVAILABILITY FOR TUTORING

When are you available? Please enter times below—see the example in Saturday evening’s box.

Day of the Week	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			5 to 8 p.m.

WRITING SAMPLES

Please write down something that happened to you or something that you did today in English.

Please write down something that happened to you or something that you did today in your native language if other than English.

STUDENT WAIVERS

I freely give Chatham Literacy permission to share my information with its tutors to better aid in my future instruction.

☐ Yes ☐ No

I freely give Chatham Literacy permission to share my information with Central Carolina Community College (CCCC) for referral purposes if needed. ☐ Yes ☐ No

I freely give permission to Chatham Literacy and grant providers to use my image in marketing and/or grant related materials. ☐ Yes ☐ Only from behind (no face showing) ☐ No

We ask that each student complete at least 3 hours of volunteer work for Chatham Literacy each year the student is enrolled. Volunteer work may include participation in Chatham Literacy events, community events, tutoring events, etc. The enrollment of the student is dependent on the acceptance of this condition. Check with the student coordinator if you have any questions or concerns. ☐ Yes ☐ No

ATTENDANCE AND COMMITMENT TO LEARNING

I understand the following expectations and responsibilities:

- I will be committed to coming to class **on time**.
- I will call my tutor **at least one day in advance** if I need to miss a class or **two hours in advance in the event of an emergency**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 **if I cannot reach my tutor**.
- I will call or text the Chatham Literacy Student Coordinator at 919-742-0578 if I need a schedule change, am concerned about my lessons, or need to discontinue tutoring.
- I will tell my tutor if I do not understand something or want help in a different way.
- I will work toward achieving my short and long term goals in and out of class when possible.

I understand that Chatham Literacy reserves the right to discontinue my tutoring services if I cannot follow the attendance and commitment to learning policy.

Student Signature

Date

Chatham Literacy Staff Member

Date

ASSESSMENT OBSERVATIONS and SCORES:

Pre Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Initial Raw Score:	Post Raw Score:
Initial Scale Score:	Post Scale Score:
Post Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Post Raw Score:	Post Raw Score:
Post Scale Score:	Post Scale Score:
Post Assessment Date:	Post Assessment Date:
CASAS Form # Level:	CASAS Form # Level:
Post Raw Score:	Post Raw Score:
Post Scale Score:	Post Scale Score:
Writing:	
Conclusions / Comments:	
Interviewer: Name	