

<b>Office Use Only</b>		
Intake Date		Start Date
Tutor	Class	LACES

## 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		Schools your children attend		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Never married
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender non-conforming; preferred pronouns: _____		
Race/Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Asian
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____		

Number of household members

What is your total annual household income?

<input type="checkbox"/> 0 to \$23,475	<input type="checkbox"/> \$39,974 to \$48,225	<input type="checkbox"/> \$64,725 to \$72,975
<input type="checkbox"/> \$23,475 to \$31,725	<input type="checkbox"/> \$48,225 to \$56,475	<input type="checkbox"/> \$72,975 to \$81,225
<input type="checkbox"/> \$31,725 to \$39,975	<input type="checkbox"/> \$56,475 to \$64,725	<input type="checkbox"/> 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
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**FOR CITIZENSHIP STUDENTS ONLY**

Date You Became a Permanent Resident \_\_\_\_\_

Expiration Date on Card \_\_\_\_\_

Have you applied for your citizenship before?  Yes  NoIf so, what parts of the test did you fail, and how many times?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_

Have you ever 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?

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

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How did you find out about our program?

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**SOCIAL NEEDS**

What is your living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live

In the past 60 days, was there a time when you were not able to pay your mortgage, rent, or utility bills?

- Yes
- No

In the past 60 days, how often did the food you bought not last, and you didn't have enough money to get more?

- Always
- Usually
- Sometimes
- Rarely
- Never

In the past 60 days, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- Yes
- No

How often have you not felt safe around friends and family?

- Always
- Usually
- Sometimes
- Rarely
- Never

**STUDENT GOALS**

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

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**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.

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

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**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.**

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Student Signature

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Date

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Chatham Literacy Staff Member

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Date

**ASSESSMENT OBSERVATIONS and SCORES:**

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