



SOUTH COAST LITERACY COUNCIL
Member Pro-Literacy Worldwide

STUDENT INTAKE FORM

DATE: GENDER: Male Female DATE ENTERED USA:

NAME: First Name Middle Name Last Name

ADDRESS: Street Apt. # City State Zip Code

PHONE: EMAIL:

EMERGENCY CONTACT: PHONE:

INTAKE INTERVIEW:

WHAT COUNTRY ARE YOU FROM? WHAT IS YOUR NATIVE LANGUAGE?

AGE: Under 18 19-24 25-44 45-59 60 and over

EDUCATION:

Less than 12th grade High School Diploma/GED Some college College Degree Advanced Degree

ETHNICITY: (Optional)

Asian African/Black Hispanic/Latino White Other

ESL LEVEL OF STUDENT:

- Able to read and speak some English
Able to read some English, but not able to speak English
Able to speak some English, but not able to read English
Not able to speak or read English

What is your goal in learning English? Citizenship Communication Improve skills Other

ARE YOU: Employed Unemployed Not in Labor Force

How did you find out about us?

FOR TUTOR USE ONLY: Date Student Terminated: Reason for Leaving