

## Adult Learner Profile

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Address—Number and Street

\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Where did you hear about the Literacy Program? \_\_\_\_\_

Basic Literacy \_\_\_\_\_ English as a Second Language \_\_\_\_\_

Preferred days and times for tutoring: \_\_\_\_\_

Age (optional, circle one): 25 & under; 26-35; 36-45; 46-55; 56-65; 66+

Education (circle last year completed): 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
(high school) (college) (graduate school)

Additional Schooling/Degrees \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number and ages of Children: \_\_\_\_\_

To meet with a Tutor: Do you have access to a car? Yes \_\_\_ NO \_\_\_

Are you near public transportation? Yes \_\_\_ NO \_\_\_

Record of a felony conviction? Yes \_\_\_ NO \_\_\_

Special skills or interests: \_\_\_\_\_

Do you have any significant physical/mental handicaps which would affect you learning?  
\_\_\_\_\_

What are your reading goals? \_\_\_\_\_

Do you have any special reasons for seeking help? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_