

STUDENT DATA FORM

Date: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Home phone: _____ Work phone: _____ Other phone: _____

In case of emergency or if unable to reach me, please contact:

Name: _____ Relationship: _____ Phone: _____

DEMOGRAPHICS (for statistical use only)

Gender: Male Female Date of Birth: _____ Place of Birth: _____

<u>Ethnicity</u>	<u>Region of Origin</u>	
American Indian/Alaskan Native	Asia	Puerto Rico
Asian	Africa	Other
Native Hawaiian/Pacific Islander	Middle East	
Black/African American	Eastern Europe	
Hispanic/Latino	Western Europe	
White	Mexico	
Other	Central/South America)	<u>Primary Language:</u> _____

<u>Highest level of Education:</u>	<u>Did you go to school in the U.S.?</u> Yes No	
Less than 12 th	<u>Do you have a learning disability:</u> Yes No If yes, please describe:	
High school diploma/GED	_____	
Some college	_____	
Undergraduate degree	_____	
Advanced degree	_____	

Immigration status: U. S. Citizen Permanent resident Visa, type: _____
Lived in the U.S. since what year? _____

Any health concerns? Yes No If yes, describe: _____

Any crime convictions? Yes No If yes, explain: _____

Referral source: (How did you hear about the CLC?)

Cable /TV	Employer	Telephone book	Dollar General Referral Program
Radio	Library	Other agency	Other
Poster	Newspaper	Other student	
Brochure	Special Event	Web site	
Friend/family	Public Relations	Proliteracy America	

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9-12)							
Afternoon (12-6)							
Evening (6-9)							

AVAILABILITY (Check all that apply: the more available you are the sooner we will be able to find a tutor for you.)

Community Literacy Council, Inc.
1100 S. Sheldon Rd., Canton, MI 48188 (734) 416-4906

Location for tutoring: (Check all that apply): the more locations the sooner we will be able to find a tutor for you
Plymouth Canton Other: (specify) _____

Method of Transportation: own car friend/family bus walk other _____

ECONOMICS (for statistical use only)

Employment Status (check one): Type of Work: _____
Employed Work Hours: _____
Unemployed Yearly Income: _____
Retired No. in Household: Adults _____ Children _____
Not in labor force Head of House: Yes No

Employer Name: _____

Employer Street Address: _____

City/State/Zip Code: _____

Employer Phone Number: _____

Additional Status Measures: Receiving Public Assistance Disabled
Living in Rural Area Low Income
Displaced Home maker Single Parent
Dislocated Worker

GOALS: (What goal(s) do you hope to work on with your tutor?)

Educational goal: _____ Work goal: _____

Societal/community goal: _____ Family goal: _____

Personal/Other goals: _____

I understand that all tutoring sponsored through the Community Literacy Council, Inc. must be held in a public location. I understand that my commitment to learning is for two hours per week for one year. I affirm by my signature below that all of the information stated above is true and accurate to the best of my knowledge.

Print Name

Signature