

Student Intake Survey

Name: _____

2020-2021

Date: _____ Phone: _____

Please complete the following information to help us better serve you. If you have questions about any of the items, please ask a staff person. Please print your responses neatly.

Part I: Please respond to each of the following questions by circling **YES** or **NO**, as it applies to you.

		Comment / Explanation
1. Are you a U.S. Citizen?	YES NO	
2. Are you currently employed?	YES NO	
3. Are you receiving unemployment benefits?	YES NO	
4. Are you considered a dislocated worker?	YES NO	
5. Do you need any accommodations or specific assistance in your learning?	YES NO	
6. Did you have an IEP in school or were you in a special education class or resource room?	YES NO	
7. Do you have a US High School Diploma?	YES NO	
8. Do you have a High School Equivalency Diploma?	YES NO	
9. Do you consider yourself the Head of Household?	YES NO	
10. Have you served in the military?	YES NO	Branch: _____ Dates: _____
11. Do you receive any of the following: (Circle all that apply) SSI, SSD, WIC, HEAP, HUD, Medicaid, Food Stamps, TANF (Family Assistance), Cash Assistance, Safety Net Services, Rent Assistance, School Lunch benefits	YES NO	
12. Do you have children under 18 living in your household? (or under 19 if still in school)	YES NO	
13. Are you the non-custodial parent of a minor child?	YES NO	Ages of children:
14. Have you been to The Center for Learning before and/or have you taken the TABE Test?	YES NO	

Part II: How did you hear about The Center for Learning? Check all that apply:

<input type="checkbox"/>	Another Student	<input type="checkbox"/>	HS Equivalency Program	<input type="checkbox"/>	Other Literacy Organization
<input type="checkbox"/>	TV/Radio	<input type="checkbox"/>	One Stop	<input type="checkbox"/>	Returning Student
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Brochure	<input type="checkbox"/>	Workers' Union
<input type="checkbox"/>	Friend or Relative	<input type="checkbox"/>	Literacy Hotline	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Social Service Agency	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Education Program	<input type="checkbox"/>	Library	<input type="checkbox"/>	Other, specify:
<input type="checkbox"/>	Training Program	<input type="checkbox"/>	Phonebook	<input type="checkbox"/>	Church
<input type="checkbox"/>	Recruitment Poster/Flyer	<input type="checkbox"/>	Web Site	<input type="checkbox"/>	Child(rens) School