

Student Intake Survey

Name: _____

2023-2024

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 checking **YES** or **NO**, as it applies to you.

	YES	NO	Comment / Explanation
1. Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you receiving unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you considered a dislocated worker?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you need any accommodations or specific assistance in your learning?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did you have an IEP in school or were you in a special education class or resource room?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you have a US High School Diploma?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have a High School Equivalency Diploma?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you consider yourself the Head of Household?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you served in the military?	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you have children under 18 living in your household? (or under 19 if still in school)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you the non-custodial parent of a minor child?	<input type="checkbox"/>	<input type="checkbox"/>	Ages of children: _____
14. Have you been to The Center for Learning before and/or have you taken the TABE Test?	<input type="checkbox"/>	<input type="checkbox"/>	

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