


ABE _____	FFL _____	LEVEL _____
ESL _____	R&G _____	SCALE _____

*Riverside County Library System Literacy Services*



# Learner Background Information



Date: \_\_\_\_\_ Site: \_\_\_\_\_

Name: \_\_\_\_\_

First	Middle	Last
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Address: \_\_\_\_\_

Number	Street	Apt.#
City	State	ZIP Code

E-mail Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Gender: Male Female

Date of Birth \_\_\_/\_\_\_/\_\_\_

**Age Group**  
 16-19    20-29  
 30-39    40-49  
 50-59    60-69  
 70-79    80&up

**Circle the Highest Grade in School Completed**

K 1 2 3 4 5 6 7 8 9 10 11 12 \_\_\_\_\_ Earned outside the United States

**Highest Diploma or Degree Earned (check one)**

None    GED Certificate    High School Diploma    Technical/Certificate  
 AA/AS Degree    4 yr College    Graduate Studies    Other

**Personal Status**

(Mark all that apply)

TANF                      Disabled  
 WIA IB                    Displaced Homemaker  
 Rehabilitation        Single parent  
 Dislocated Worker    Other  
 Veteran

**Personal Goals**

(Mark your first choice with 1 and your second choice with 2)

\_\_\_\_ Improve basic skill    \_\_\_\_ Improve English Skills  
 \_\_\_\_ H.S Diploma/GED    \_\_\_\_ Get a Job  
 \_\_\_\_ Retain a Job            \_\_\_\_ Enter College or Training  
 \_\_\_\_ Work based Project    \_\_\_\_ Family Goal  
 \_\_\_\_ U. S. Citizenship        \_\_\_\_ Military  
 \_\_\_\_ Personal Goal            \_\_\_\_ None  
 \_\_\_\_ Other

**Employment: Are you currently working?** Full -Time Part -Time Not Seeking Retired

**If employed, where do you work and what kind of work do you do?** \_\_\_\_\_

**Are you:**  
(Check all that apply)

Hispanic or Latino  
 White  Black/African American  Other: \_\_\_\_\_  
 Filipino  American Indian  
 Asian  Alaskan Native

**Can you speak, read, or write other languages?** Yes No

	Sample	Native	2nd	3rd	4th	5th
	English					
Speak	✓					
Read	✓					
Write	✓					

**How did you hear about our Program?**

Library  Newspapers or magazines  
 Family or friends  At Work  
 Radio or TV ads  Church or other Community Organization

**When are you be available for tutoring?**

(Please fill in AM and PM hours when you would be available)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Where is the nearest library? \_\_\_\_\_

Where can you meet for tutoring? \_\_\_\_\_

**Assigned to:** **Class:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Assigned to:** **Tutor Name:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**XC:**  
**Date:**  
**BY:**