SAN BENITO COUNTY FREE LIBRARY

ADULT TUTORING PROGRAM

Learner Intake Form

CALIFORNIA Library Literacy SERVICES
A program of the California State Library

Contact Information	
Last name:	
First name:	**Middle name:**
Street address:	
City:	**Zip Code:**
Home phone:	**Emergency contact:**
Work phone:	**Relationship:**
Cell phone:	**Emergency phone:**
Email address:	

Demographics & Employment Information		
Date of birth:		**Place of birth:**
Gender: ☐ Male ☐ Female	**Employment:** ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Not looking ☐ Retired ☐ Student ☐ Other	**Ethnicity:** ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic or Latino ☐ Native American ☐ Pacific Islander ☐ Other:_____
Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed		
Public assistance: ☐ Yes ☐ No	**Occupation:** **Employer:**	

Educational History			
Highest grade completed:		**School attended:**	
School experience: ☐ Excellent ☐ Good ☐ Average ☐ Poor	**Special education:** ☐ Yes ☐ No **Learning disability:** ☐ Yes ☐ No ☐ Suspected	**Primary language:** ☐ Read ☐ Write ☐ Learn **How did you hear about us?**	
Physical limitations: ☐ Yes ☐ No	**Vision needs:** ☐ Yes ☐ No	**Auditory needs:** ☐ Yes ☐ No	**Medications:** ☐ Yes ☐ No
Comments:			

Matching Preferences	
Availability (write in preferred times of day to meet): □ **Sunday:**_____ □ **Monday:**_____ □ **Tuesday:**_____ □ **Wednesday:**_____ □ **Thursday:**_____ □ **Friday:**_____ □ **Saturday:**_____	**Tutor gender:** □ **No preference** □ **Male** □ **Female**
Additional notes and observations:	

For Staff Use Only		
Qualified for program: □ **Yes** □ **No**	**Assessor's initials:**	**Assessment date:**
	Word list score:	
	Comprehension score:	
Matched with:		**Match date:**