



Adult Literacy Program
Student Information Form

Date: _____

If you need translation assistance, please call the Adult Literacy Department; 303 688 7646

Name: _____ Telephone: _____

Address: _____ Email: _____

Emergency contact; name, telephone:

Best way to contact you? Phone Email Best time to contact you? _____
 Age: -18 18-24 25-39 40-54 55 + Gender: Male Female

Native Country: _____ Native Language: _____

How long have you been in the United States? _____

Education? None 1 2 3 4 5 6 7 8 9 10 11 12 University, Studied _____

Times you can meet with your tutor:

Libraries are open 9 am- 9 pm Mon - Thurs, 9 am - 5 pm Fri / Sat, and 12 until 5 pm Sun

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Can you meet at the same time weekly? Yes No Preferred library: HI LT PA PSM ROX

Tutor preferences; check all that apply:

- does not matter
- male
- female
- younger
- older
- former teacher

What are your goals?

- GED
- college
- job skills
- citizenship
- conversation
- listening
- reading
- vocabulary
- writing
- math
- family skills
- self-esteem



DCL Direct
Call. Click. Connect.
303-791-READ

DouglasCountyLibraries.org

Adult Literacy Program
Student Information Form

Name: _____

Why do you want to participate in this program?

Do you have any special needs?

How did you hear about this program?

Please complete and return this form to your local library, or mail to:

Adult Literacy Program
Douglas County Libraries
100 S. Wilcox Street
Castle Rock, CO 80104

Office Use Only:

Tutor Assigned: _____

Initial meeting date: _____ Time: _____ Location: _____

Tutor Contact Information: _____