



Literacy Volunteers Valley Shore, CT, Inc.

www.vsliteracy.org

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BR ESL

Student Application / Information Form

Personal Information

Date: _____
 First Name: _____ Last Name: _____
 Street Address: _____ City: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Contact Name: _____
 Contact Phone: _____ Email: _____
 Gender: Male Female Birth date: Month _____ Day _____ Year _____

Race: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black /African American
 Hispanic/Latino
 White - Not Hispanic

Highest Level of Education: _____
 Able to speak English? Y/N
 Able to read English? Y/N

Referral Type: TV/Radio
 Friend/Family Member
 Employer
 Library
 Special Event
 Other Agency
 Poster
 Newspaper
 Other Student
 Other _____

Occupation: _____
 Employer: _____
 Address: _____ Phone: _____

Employed: Full Time Part Time Retired Unemployed Seeking Work
 Available: Morning Afternoon Evening Weekends Times: _____
 Suggested Tutoring Location: _____ Drives: Yes No
 Goal (Main reason for participating): _____

ESL Only

Birth Country: _____ Length of time in U.S. _____ U.S. Citizen? Yes
 Primary Language: _____ Number of Years Studied English _____ No

Agreement

I am willing to attend regularly scheduled tutoring sessions for one year. _____
 (Student signature)

Interviewed by: _____ **SEE NEXT PAGE FOR NOTES** ➡

Office Use

<u>ESL</u>	<u>BR</u>
<input type="checkbox"/> Beginning/Pre-Beginning ESL	<input type="checkbox"/> Beginning/ Pre Beginning
<input type="checkbox"/> Low Beginning ESL	<input type="checkbox"/> Beginning Basic Skills
<input type="checkbox"/> High Beginning ESL	<input type="checkbox"/> Intermediate Basic Skills
<input type="checkbox"/> Low Intermediate ESL	<input type="checkbox"/> Advanced Basic Skills
<input type="checkbox"/> High Intermediate ESL	<input type="checkbox"/> Adult Secondary
<input type="checkbox"/> Advanced ESL	<input type="checkbox"/> Advanced Adult Secondary
<input type="checkbox"/> Adult Secondary	
<input type="checkbox"/> Proficient Skills	

