

Ask the next set of open-ended questions and select the best response.
Circle N=No Y=Yes

Educational History

What is the highest level of school you have completed?

- 1 2 3 4 5 6 7 8 9 10 11 12
GED Some college Degree Certificate Other

Were you ever tested for having difficulty in learning?

- No Yes, in a public school
Yes, in a vocational school Yes, other

Were you ever told you have a "learning disability?"

- If YES, when were you told and who told you?
Approx. year _____ Relationship of persons _____

When in school, were you in Special Education classes?

- As an adult, have you ever been in a program to help you improve your basic skills?

- If YES, where did you attend?
N Y Community Literacy Program N Y Adult Education
N Y Job Training Program N Y Community College
N Y Other _____

Employment History

Are you currently employed?

- If YES, where? (specify) _____

Job type _____

Company name _____

Length of stay (round off to nearest number of years) _____

Have you worked any other jobs?

Job type _____

Length of stay (round off to nearest number of years) _____

Job type _____

Length of stay (round off to nearest number of years) _____

Job type _____

Length of stay (round off to nearest number of years) _____

Have you had any special job training?

- If YES, Did NOT complete training as _____
 Completed training as _____

Health History

Do you have any health problems that might interfere with your learning or working? If YES, (specify) _____

- Have you or any of your immediate family members been identified as having any learning challenges?
If YES, (specify relationship) _____

In the last three years, have you visited any of the following doctors?

- N Y Medical N Y Dental
N Y Vision N Y Hearing

Living Arrangements

Including yourself, how many people are currently in your home? _____ (number)

How many children are currently living with you? _____

How old are they? *Insert number into appropriate category*

- Infant - 5 years 6-10 years 11-15 years 16-20 years
1-12 months 1-2 years 3-5 years 6+ years

How long have you lived in your current home?

Social Support

When you have problems in your life is there someone you can turn to for help?

If YES, (specify relationship) _____

Who knows you are coming to this program?

- N Y No one N Y Family N Y Employer N Y Friends N Y Other _____

Community Involvement

Do you have a library card?

Are you registered to vote?

Do you have a driver's license?

What do you like to do BEST when you have some free time? (select one)

- No free time Mechanics Social activities Hunting/fishing
Self-improvement Watch TV Physical activity Hobby Other _____

Service Supports

What days and times do you have available to be in a program to improve your skills?

(check appropriate boxes for time of day)

- | | | | | | | |
|---------------|--------------------------|---------|--------------------------|-----------|--------------------------|---------|
| N Y Monday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Tuesday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Wednesday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Thursday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Friday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Saturday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |
| N Y Sunday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening |

What transportation is available to you to get to this program?

- None Car Bus Family/Friend Walk Other _____

Do you have any child care needs in coming to this program?

- N Y If YES, (specify) _____