

St. Norbert Adult Education Centre

Literacy Program Intake Form

Directions: Please complete the questions below.

Name: _____
(First and Last)

Date of Birth: ____/____/____
(dd/mm/yy)

Address: _____ (House/Apt #, Street Name, City, Postal Code)

Phone #: _____ Cell #: _____ Work #: _____ Email Address: _____

What is the name of the last school that you attended? _____

Last grade you completed credits in? Grade: _____ Year: _____

What was your last completed grade level in English: _____ Math: _____

Do you have your transcripts? Yes No

How long do you plan to attend classes? Months: _____ Year: _____

Is English your second language? Yes No

If yes, have you taken a Canadian Language Benchmark Assessment? Yes No Year: _____

What are your language benchmark levels in? Reading: _____ Speaking: _____
Writing: _____ Listening: _____

1. Have you previously attended a Program in?

Literacy

Name: _____ Year you attended: _____

Adult Education

Name: _____ Year you attended: _____

2. What is your purpose for wishing to enroll in school?

- Upgrading skills Preparation for credit courses Grade 12 diploma
 English language skills

3. What subjects would you like to work on?

- Reading Writing Science
 Computers/Typing Math

Other areas of interest (E.g.: Aboriginal literature, geography, social studies)
Please list on the space below

Please answer the following questions in complete sentences.

Please describe the educational and career goals you would like to reach for each .

3 months:

6 months:

1 year:

4. Additional learner information. Please check off all that apply to you.

- Learning Disability (E.g.: Dyslexia, Attention Deficit Disorder)
- Mental Health Issue (E.g.: Depression, Anxiety)
- Memory/Concentration difficulties
- Physical Disability

**What times would you like to attend Literacy Class? When would you be available?
Please place a checkmark in each box for times you wish to attend classes.
Schedules for Adult Ed can be obtained directly from Adult Ed.**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-12:00					No Classes
12:00-1:00	Closed For Lunch				
1:00-4:00					

Student Signature:		Date:
Emergency Contact Name:		Phone #:
DECLARATION: I certify that the information provided is accurate and I am aware that the response to these questions will be kept confidential as per the guidelines of the Freedom of Information and Protection of Privacy Act. This information will be used for the purpose of determining learner needs and support in addition to providing statistical information required for program evaluations required by the Department of Education.		
STAFF USE ONLY		
Adult Ed Staff Initials	Start Date:	Additional Information: