All questions in **BOLD** must be answered or "Refused" or "Unknown" must be filled in.

Referred by
MATC
Head Start Other_____

JCLC

Jefferson County Literacy Council

EL Civics _____
ABE _____ Both_____

Reason Student Left:
Moved___ Transferred ____
Unknown____

Registration / Formulario de Matrícula

Today's Date/*Fecha de hoy*_____

First Name/*Nombre*_____Middle Initial___ **Last Name/*Apellido***_____

Address/ Cúal es su dirección?_____

City/ ciudad_____ **Zip Code**/codigo postal_____ **Phone**_____

Voice mail set up/ _____yes or _____no e-mail _____

Date of Birth/*Fecha de nacimiento*_____Age/*Edad*_____ **Gender/*Sexo***: ___ Male ____ Female

SS#/*Número de Seguro Social* _____

What Country are you from?/Su país de origen_____

Your First Language/Su idioma materno_____

How long have you lived in the U.S.?/¿Cuánto tiempo ha estado en los Estado Unidos**?**_____

Ethnicity/Etnicidad**:** (select all that apply) ____Hispanic ____ American Indian/Alaskan Native ____ White
___Asian ____Black or African American ___ Native Hawaiian/Pacific Islander

Single Parent/*Padre o madre soltero/a* ____Yes/ *Sí* ___No

Limited English Proficiency ___Yes/Si ___No **Academically Disadvantaged**_____Yes/Si _____No

Occupation/*Que ocupación tienes* _____ **Economically Disadvantaged** _____Yes/Si _____No

Non Traditional Occupation/ ____Yes/Si ____No

Marital Status ___Single/*soltero/a* ___Married/*casado/a* ___Legally Separated/*Legalmente separado/a*
_____Divorced/*Divorciado/a* _____Widowed/V*iudo/a*

Work Status/ *Trabajo:* ___ Employed Full Time/*Tiempo completo* ___ Employed Part-time/*Medio tiempo*
___Underemployed (Employed full or part-time but job duties are materially below his/her qualifications.
___ Unemployed seeking employment/*Desempleado buscando trabajo* ___ Not in Labor Market/*No trabaja*
___ Dislocated Worker (laid off)/*Despedido o perdio su trabajo*

Highest grade completed in school /*Ultimo grado de estudios terminado* _____ Diploma ___Yes/*Si* ___No
OR Obtained GED or HSED _____Yes/*Si* ____No

Person with Disability: ____ Not Disabled/*No es minusválido* ___Deaf/*Sordo* ___Deaf-Blind/*Sordo-ciego*

___Hearing Impaired/*Discapacidad auditiva* ___Learning Disability/*Dificiencia de aprendizaje*

___Mentally Handicapped/*Enfermo mental* ___Emotionally Disturbed/*Emocionalmente inestable*

___Orthopedically Impaired/*Discapacidad ortopédica* ___Visually Impaired/*Ciego*

___Speech and Language Impaired/*Discapacidad en el habla o lenguaje* ____Autism/*Autismo*

___Other Health Impaired/*Otra discapacidad*

Goals: _____ Improve Academic/Literacy Skills _____ Obtain Citizenship _____ Obtain GED

_____ Complete English as a Second Language (ESL) Civics Course _____ Obtain a Job Other

_____ Kept Job

For the best time to meet Morning_____ Evening _____

*Notes*_____

_____

_____

For Office Only

TEST INFO: Math Computational, Math Applied, Reading, Language (sample: 1/1/01 Math Appl, 10E, 21, 10.1)

Pre Test:

Date _____ Subject _____Test Form _____ Standard Score_____ Grade Level_____

Date _____ Subject _____Test Form _____ Standard Score_____ Grade Level_____

Date _____ Subject _____Test Form _____ Standard Score_____ Grade Level_____

Date _____ Subject _____Test Form _____ Standard Score_____ Grade Level_____

Post Test:

Date _____Subject _____ Test Form _____ Instructor Judgment or Score_____GrLev_____

Date _____Subject _____ Test Form _____ Instructor Judgment or Score_____GrLev_____

Date _____Subject _____ Test Form _____ Instructor Judgment or Score_____GrLev_____

Date _____Subject _____ Test Form _____ Instructor Judgment or Score_____GrLev_____

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JEFFERSON COUNTY JCLC LITERACY COUNCIL