**Internal Use Only:**

DATE: **GAIN SCORE**: ENG MATH\_\_\_\_\_\_\_\_

**SACRAMENTO PUBLIC LIBRARY LITERACY SERVICE**

**GED LEARNER APPLICATION**

*(This information will only be shared with your tutor and Literacy staff.)*

**Completed application should be sent by email**: literacy@saclibrary.org **or Fax:** 916-264-2749

**Mail:** Central Library - Adult Literacy Office, 828 I Street, Sacramento, CA 95814

**NAME:**

 Last First M.I.

**ADDRESS:**

Street Apartment No.

 City State Zip code

**PHONE:**

 Home Work Cell Phone

E-mail address

**GENDER:** Male Female

**ETHNIC GROUP:** Asian African-American Pacific Islander

Caucasian \_\_\_\_\_ Hispanic Native American/Alaskan Native \_\_\_\_\_\_

Other

**DATE OF BIRTH:** \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ (Month, Day, Year)

How did you hear about the library GED Program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can you speak, read or write languages other than English?** Yes No \_\_\_\_

If yes, what are they? Native language? Yes ­­­\_\_\_\_ No \_\_\_

**EDUCATION:**

Highest grade completed:

Were you ever in Special Education classes?

Have you been tested for a learning disability? What were the results?

Have you ever taken adult school classes? If yes, which classes and were they helpful?

Are you currently enrolled in a class? If yes, which class?

Have you ever had a tutor? Did you like working with a tutor?

**LEARNER EXPERIENCES:**

Are you just now beginning to study for your GED?

What subject area(s) do you need the most help with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your long-term goals once you obtain your GED?­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of activities are you involved with such as hobbies, sports, family events, etc.?

Do you have a current Library Card? \_\_\_\_ If not, your tutor can help you sign up for one.

**TUTORING SESSIONS:**

At which libraries can you meet with a tutor?

1. 2.

3. 4.

When can you meet with a tutor? (Example: Monday 2-6 p.m. Tuesday 10 a.m.-4 p.m.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sun. CAR/CEN** | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| a.m. |  | Closed |  |  |  |  |  |
| p.m. |  | Closed |  |  |  |  |  |

(If the library you choose is closed on your specific day, you may arrange to meet with your tutor at another public location.)

**LEARNER COMMITMENTS:**

1. Be on time for your lesson.
2. Call your tutor at least 30 minutes before your meeting time if you have to miss a lesson. (If you are late or miss two sessions without notifying your tutor, you risk being dropped from the program.)
3. Contact the Library Literacy Staff if you feel you and your tutor are not working out as a good match and you would like to be reassigned a new tutor.

**Learner Signature:**  **Date:**

**Literacy Staff:**

**NOTES**