Adult Learner Intake Form

PERSONAL INFORMATION

Name: _____

Telephone: _____

Email: _____

Address: _____

What is the best way to get in touch with you? _____

Male _____
Female _____
Identifying With Another Gender _____
Prefer Not to Disclose Gender _____

First Nations / Metis / Inuit _____
Canadian Citizen _____
Permanent Resident _____
Temporary Resident _____
Refugee _____

Age
0-17 _____
18-34 _____
35-54 _____
55+ _____

Education

None _____
Grades 1-6 _____
Grades 7-9 _____
Some High School or High School Graduate _____
Some Post-Secondary _____
Post-Secondary Graduate _____
Special Education _____

GOALS:

1. Why have you come to this program?

   _____

   _____

   _____

2. What is it you want to be able to do?

   _____

   _____

   _____

3. Are there any challenges that could make it more challenging to reach your goals?
   e.g. Financial? Childcare? Transportation? etc.

   _____

   _____

   _____

4. Do you have a career goal? O Yes O No
   If yes, what is it?

   _____

LEARNING:

1. What good experiences have you had while learning?

   _____

   _____

   _____

2. What “not so good” experiences have you had while learning?

   _____

   _____

   _____

3. Have you ever been told that you had a learning disability? O Yes O No
   If yes, what kind of learning disability?

   _____

LANGUAGE:

1. Which language did you speak the most when growing up?

   _____

2. Which language do you speak the most now?

   _____