



# Porterville Public Library Literacy Program STUDENT BACKGROUND INFORMATION

(To be filled out for each adult student who applies for the program.)

Today's Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City Zip Code

What is the primary language spoken in the home? \_\_\_\_\_

Phone numbers where you prefer to be reached:  
Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
Other: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Special Phone/Message instructions: \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

What is your age group? \_\_\_\_\_ 16-19  
\_\_\_\_\_ 20-29  
\_\_\_\_\_ 30-39  
\_\_\_\_\_ 40-49  
\_\_\_\_\_ 50-59  
\_\_\_\_\_ 60-69  
\_\_\_\_\_ 70-79  
\_\_\_\_\_ 80+

What is your racial/ethnic group?  
\_\_\_\_\_ African-American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Native American/Alaskan Native  
\_\_\_\_\_ Pacific Islander  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

How did you learn of our program?  
\_\_\_\_\_ Other program Participants \_\_\_\_\_ Family or friends  
\_\_\_\_\_ Library \_\_\_\_\_ Radio/TV  
\_\_\_\_\_ Co-workers \_\_\_\_\_ Newspaper/magazine  
\_\_\_\_\_ Church or Community Organization \_\_\_\_\_ Dept. of Rehabilitation

Other: \_\_\_\_\_

Do you have children in your household (Include grandchildren, nieces, nephews, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_ What ages? \_\_\_\_\_

Student Background information

What do you want to improve? Reading: \_\_\_\_\_  
Writing: \_\_\_\_\_  
Math: \_\_\_\_\_  
Other: \_\_\_\_\_

Do you know other languages? Speak: \_\_\_\_\_  
Read: \_\_\_\_\_  
Write: \_\_\_\_\_

List your interests/hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Status: (Circle all that apply)	Retired	Full-time	Part-time	Unemployed
	Homemaker	F/T Student	Disabled	Self-employed

Your type of employment and the location? \_\_\_\_\_

How much education have you had?	Highest grade completed? _____
	High School Diploma?    ___ Yes    ___ No

Tell us about your educational experiences. \_\_\_\_\_  
\_\_\_\_\_

Have you ever received tutoring? \_\_\_ Yes    \_\_\_ No    Tell us about your experiences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you decide to receive tutoring? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions that might affect your tutoring?  
Vision? \_\_\_\_\_    Hearing? \_\_\_\_\_  
Medication? \_\_\_\_\_    Other? \_\_\_\_\_

Do you have any of the following concerns?

Child Care? \_\_\_\_\_ Explain: \_\_\_\_\_

Transportation? \_\_\_\_\_ Explain: \_\_\_\_\_

Other? \_\_\_\_\_ Explain: \_\_\_\_\_

When would you be available for tutoring?

(Please fill in AM and PM hours when you will be available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TUTOR ASSIGNMENT:**

1. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TUTOR ASSIGNMENT (Continued):

3. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Tutor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Days & Times: \_\_\_\_\_ Location: \_\_\_\_\_  
Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_