



Hope Partnership for Education
Adult Learner Information Sheet

Name _____ Today's Date: _____
Address _____ Age: _____
Philadelphia, PA _____
Home Phone: _____
Cell Phone: _____
Other Phone: _____
Email Address: _____
Last School Attended: _____
Last Grade Completed: _____
How did you hear about our program? _____
Date of Birth: _____
Age: _____

Circle what specifically you would like help in:
Reading Math Basic Computer SkillsGED Test at a Job Other _____

What subjects interest you the most?

Have you been in any other programs? _____ If yes, which ones? _____
Employment Status? _____ Currently Employed _____ Currently Looking?
If employed, where?

Are there any skills you would like to gain to help you in your current position or to change positions?

Native Language? _____ 2nd language _____
Country of Origin? _____ Grade completed in country of origin? _____

Do you have any children? Ages? Grades?

Ethnicity?

Did you have an IEP? Do you have a copy of the document? Did you receive any type of special assistance?

Transportation? _____

Goals in coming to this program?

List things you liked and disliked about school in the past?

Likes: _____ Dislikes: _____

Do you have any hobbies? What is something you like to do and can do well?

Are you registered to vote? Yes or No

Are there any conflicts we should know about for scheduling purposes?

What might keep you from coming to class or completing your goals in this program?

Please check all that apply to you:

- I sometimes have transportation problems
- I have some health problems.
- I have a family member with health problems
- I have childcare problems
- I have elderly people to take care of at home.
- My work schedule sometimes changes or conflicts with class times.
- I am sometimes very tired because of working long hours.
- I have a lot of responsibilities.
- I am always thinking about problems at home.
- I have family members or friends who don't think I should go to school
- Other: _____

What kinds of learning activities do you find difficult, if any?

Please check all that apply to you:

- It is hard for me to speak up in class.
- It is sometimes hard for me to understand what people are saying.
- I have trouble hearing sometimes.
- It is hard for me to work by myself.
- It is hard for me to work with other people.
- I get nervous taking tests.
- I get distracted easily.
- I have trouble finishing what I start.
- Too much noise or activity bothers me.
- It is hard for me to work when it's too quiet.
- I have a lot of things on my mind, so sometimes it's hard for me to concentrate.
- I sometimes have trouble seeing the board.
- My eyes get tired from reading small print.
- Other: