



Date: _____

Student Name: _____

Telephone: _____

Address: _____
(street address)

(city and zip code) Email: _____

Please complete the information in this box only if the application is being completed by someone other than the student.

Name of person completing this application if different from the student:

Relationship to the student:

May the Literacy Department contact you if we have questions regarding this application?

Phone _____ Email _____

Emergency contact (name, relationship, & telephone number):

Student Age: 17 18-24 25-39 40-54 55+

Gender: Male Female

For Non- Natives: How long have you been in the United States?

_____years _____months

Native Country: _____ Native Language: _____

Other languages studied or spoken: _____

Where have you studied English before: _____

At what level? _____

Adult Literacy Program • ESL One to One Student Application (3 pages)

How long have you studied English: _____years _____months

Years of Education: 0 1 2 3 4 5 6 7 8 9 10 11 12 University

If you have attended University, what Major or Subjects did you study:

What is your profession here?

What was your profession in your native country?

Are you able to commit to a minimum of six months of a minimum of one hour per week with your tutor? Yes No (please explain if no)

Please write the times you are available to meet with your tutor next to the days you are available:

Libraries are open 9am- 9pm on Mon - Thurs, 9am - 5pm on Fri / Sat, and 12pm - 5pm on Sun

What days and times are you available to meet with your tutor?

Monday_____ **Tuesday**_____

Weds_____ **Thurs**_____ **Friday**_____

Saturday_____ **Sunday**_____

Preferred libraries: Highlands Ranch Parker Castle Rock
Lone Tree Roxborough

Tutor preferences; circle all that apply: Male Female Older Younger
Native English Speaker Does not matter

What are your goals as a student? Please check all that apply:

___ Conversation	___ Writing	___ American
___ Listening	___ Citizenship	Culture
___ Reading	___ Family Skills	

How well do you speak English now? Check all that apply.

- ☐ None
- ☐ I depend on a family member to translate.
- ☐ I know the alphabet, numbers and greetings.
- ☐ I understand what I hear more than I can speak.
- ☐ I understand what I read better than I can write or speak.
- ☐ I understand what I hear and speak better than I can read or write.
- ☐ I can find things in a store.
- ☐ I can order at a restaurant.
- ☐ I can write a check or money order.
- ☐ I can make an emergency telephone call.
- ☐ I can make short sentences and have simple conversations.
- ☐ I can ask my boss or supervisor for help.
- ☐ I can follow driving and walking directions.
- ☐ I can complete a simple job application.
- ☐ I can read to and with my children.
- ☐ I can complete a resume for a professional job.
- ☐ I can give and follow two step directions.
- ☐ I can answer questions in a job interview.
- ☐ I can explain reasons for absences or lateness.
- ☐ I can talk with my child's teacher about his or her behavior or school work.
- ☐ I can write a note or email to my child's teacher to explain his or her absences.
- ☐ I can make and change a doctor's appointment.
- ☐ I can report a loss or theft to the police.
- ☐ I can make complaints to a landlord or home owners association about neighbors.
- ☐ I can read and understand the news.
- ☐ I can write personal and professional emails.
- ☐ I can write a cover letter and resume for a professional job.
- ☐ I can speak to a group of strangers about something I know well.
- ☐ I can speak confidently to a group of professionals in my profession.
- ☐ I can read adult books for pleasure.

Why do you want to participate in this program? Circle your answers.

- I want to learn English to get a job. Yes/No
- I want to learn English to pass an exam. Yes/No If yes, which exam or test? _____
- I want to learn English to communicate with coworkers. Yes/No
- I want to learn English to speak with friends and neighbors. Yes/No
- I want to help my children in school. Yes/No Their ages are _____
- Other? _____

Please circle the answer that describes how much time can you spend doing homework assignments?

0 hours

1-2 hours per week

.5-1 hour per week

More than 2 hours per week

Do you have any special needs?

What are your interests and/or hobbies?

Do you have a computer with internet access at home? ____ yes ____no

If available, would you prefer to buy your workbook that you can write in and keep for \$9? (Please know that you have the option of borrowing materials and the program is free.)

__ yes __no __not sure

Please complete and return this form to your nearest Douglas County Libraries branch, fax to 303-688-7615, email to address below as an attachment, or mail to:

**Douglas County Libraries
ATTN: Tiffany Curtin
100 S. Wilcox Street
Castle Rock, CO 80104**

Please contact Tiffany Curtin at (303) 688-7615 or tcurtin@dclibraries.org with any questions.