



Adult Literacy Program • GED, Accuplacer, and Adult Literacy (Non-ESL) Student Application

Date: _____

Student Name: _____ Telephone: _____

Address: _____
(street address)

_____ Email: _____
(city and zip code)

If this application is being completed by someone other than the applicant:

Your name: _____

Relationship to the applicant: _____

Contact information: _____

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

Gender: Male Female

Native Country: _____ Native Language: _____

If your native language is not English, do you also need help learning English? Yes No

If preparing for the GED what language do you plan to take the test? English Spanish

Education: None 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

Please write the hours in the boxes you are available to meet with your tutor? Also please note that the more you are available the easier it will be for me to find a tutor for you:

(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 _____

Please circle the library or libraries where you are able to meet your tutor: Highlands Ranch
Parker Castle Rock Lone Tree Roxborough

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

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What subjects do you wish to concentrate on?

Reading

Math

Social Studies

Writing

Science

If you are planning on taking a test, do you have a target date by which you wish to have it completed? ☐ no ☐ yes (date _____) *Plan to spend at least 3 months studying with your tutor.*

If you are not preparing for the GED, is there another test you are preparing to take?

☐ I plan to take the GED ☐ I plan to take the _____ test

☐ I am not preparing for a test. I am only working on my literacy skills.

Why do you want to participate in this program? (What are your goals for after you complete the program?)

How many hours per week do you have to work on homework assignments?

Do you have internet access on a computer or tablet at home?

Are you able to meet with your tutor for at least one hour per week?

Do you have basic computer skills (typing, using a mouse, finding information on the internet)?

Do you have any special needs? Please describe in as much detail as you can how this impacts your learning. You may attach additional sheets if necessary.

What are your interests and/or hobbies?

Please complete and return this form to your nearest Douglas County Libraries branch, fax to 303-688-7616, email tcurtin@dclibraries.org, or mail to:

Douglas County Libraries

ATTN: Tiffany Curtin

100 S. Wilcox Street

Castle Rock, CO 80104

Please contact Tiffany Curtin at (303) 688-7646 or tcurtin@dclibraries.org with any questions.