

# STUDENT FORM

## Literacy Volunteers of Southern Connecticut

Student Information

Office:  
\_\_\_LACES

**Interview Date** \_\_\_\_\_

**Program Type:**

BL;  ESL;  Conv.;  One on One  
 Beginner Class;  Inter Class;  Advanced Class

**Sex:**  M  F

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity: B, W, H, A, I, ME, O

Country: \_\_\_\_\_

Language: \_\_\_\_\_

Telephone (H) \_\_\_\_\_

(C) \_\_\_\_\_

\*Female head of household? Yes. No.

\*Household with disabled person? Yes. No.

Translator name \_\_\_\_\_

Phone \_\_\_\_\_

**Birthday-** \_\_\_\_\_

**Level of Education:**

Less than 12th  HS/GED  Any College  
 Undergrad Degree  Grad. Degree  Other

**ESL Level:** \_\_\_\_\_

**Employment:**

Employed  Unemployed  Student  
 Retired  Not Avail.

**Employer** \_\_\_\_\_

**Kind of work** \_\_\_\_\_

**Do or Have Done?** \_\_\_\_\_

Interview at \_\_\_ Fannie Beach, \_\_\_ Milford library,  
\_\_\_ Stratford library. Initial \_\_\_\_\_

**Source:** How you heard about LVSCT?

TV/Radio;  Friend/Family;  Employer;  
 Library;  Special Event;  Poster  
 Newspaper;  Web Site;  
 Volunteer ;  Other Agency/other Lit.  Other;

**Goals?**

Library Card	Communicate Better
Drivers License	Get a job or improve career
Citizenship	Pronunciation
Reading	Writing
Speech	Phonics
Other	GED
Fluency	Grammar

**Interests:** \_\_\_\_\_

How long have you been in US? \_\_\_\_\_

Are you returning to other country? \_\_\_\_\_

Do you have ESL experience? \_\_\_\_\_

**Tutoring sites**

LVSCT office (Milford)	Milford Public Library
Margaret Egan Center	Case Mem. Library (Org)
W H Public Library	Stratford Library
Sterling House (STFD)	First United Church
St. Gabriel School	Online

**Transportation? Bus? Drive? Yes No**  
**Tutor Preference? Male Female Either**

**Type of tutoring:**  
 In person  Online  Either / no preference

**Availability:**

Weekdays:  Morning  Afternoon  Evening  
Weekends:  Morning  Afternoon  Evening

Specific times?  
\_\_\_\_\_

Other information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_ I read and understand the Anti-Discrimination,  
Harassment Policy and Photo Release form.

\* \_\_\_\_\_ Student commitment letter

**MATCH INFORMATION** – to be filled out by office

Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

**GROUP**

Group \_\_\_\_\_ Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Group \_\_\_\_\_ Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Group \_\_\_\_\_ Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Group \_\_\_\_\_ Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_

Group \_\_\_\_\_ Tutor \_\_\_\_\_ Match Date \_\_\_\_\_ Start Date \_\_\_\_\_

Termination Date \_\_\_\_\_ Reason \_\_\_\_\_