



# Adult Learner Intake Form

Date: \_\_\_\_\_

Course: \_\_\_\_\_

## PERSONAL INFORMATION:

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

Telephone: \_\_\_\_\_

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

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

What is the best way to contact you? (phone, text, email) \_\_\_\_\_

Please check all the boxes that apply to you:

- |   |   |
|---|---|
| <input type="checkbox"/> Male                   | <input type="checkbox"/> Indigenous         |
| <input type="checkbox"/> Female                 | <input type="checkbox"/> Canadian Citizen   |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Prefer Not to disclose | <input type="checkbox"/> Temporary Resident |
|   | <input type="checkbox"/> Refugee            |

- Age**     18 – 34  
           35 – 54     55+

## Education (Last Grade Completed)

- None
- Grade 1 – 6
- Grade 7 – 9
- Some High School/High School Graduate
- Some Post-Secondary                       Post-Secondary Graduate
- Special Education

How did you find out about our services? \_\_\_\_\_

Please complete the other side.      

Have you been referred by an agency or organization?  Yes  No

If yes, please provide name:

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Do you have any medical issues (epilepsy, diabetes, etc.) that we should be aware of?

Yes  No

If yes, please specify:

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**GOALS:**

1. Why have you come to this program?

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2. What is it you want to be able to do?

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3. Are there any challenges that could make it more challenging to reach your goals? (ie. Financial? Childcare? Transportation?, etc.).\_\_\_\_\_

4. Do you have a career goal? Yes No

If yes, what is it? \_\_\_\_\_

**LEARNING:**

1. What good experiences have you had while learning?

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2. What "not so good" experiences have you had while learning?\_\_\_\_\_

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3. Have you ever been told that you have a learning disability? Yes No

If yes, what kind of learning disability?

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**LANGUAGE:**

1. Which language did you speak the most when growing up? \_\_\_\_\_

2. Which language do you speak the most now?\_\_\_\_\_