

**ADULT LITERACY:
A SECOND CHANCE FOR LIFE**

INITIAL INTERVIEW FORM

I. Name: _____ SS#: _____

Address: _____

Telephone Number: _____

Age: _____

Date of Birth: _____

II. Name of High School Attended: _____

Course(s) Taken:

Any Additional Training:

Last Grade Completed: _____

III. Favorite Subject Area: _____

Career Interests: Employment Work Experience Career Training

What type? _____

IV. Reason(s) for Discontinuing Your Education: _____

V. What do you expect from this program: _____

VI. List your strengths and if any, of your weaknesses:

VII. A) List what programs in which you are currently participating in, and at what times:

B) Have you participated in any adult literacy programs during the last year? _____ If
yes where?

VIII. How did you hear about this program:

X. Why is the GED important to you: _____

XI. Do you feel you have patience:

Yes, a lot of patience

Some patience

No patience

XII. Is there anyone, (if a phone call should come through) that you do not wish to speak

to: _____

XIII. Are you presently employed? _____

If yes, Where: _____

Check one:

Full-time

Part-time

How much are you earning? _____

How many hours per week do you work _____

Do you receive any medical benefits?

Yes

No