



Adult Literacy Program
Learner Information Form

Date: _____

If you need assistance with this form, please call
the Adult Literacy Department at 303-688-7646

Name: _____ Telephone: _____

Address: _____

Email: _____ Best way to contact you? Phone Email

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

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

Native Country: _____ Native Language: _____

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

Education? None 1 2 3 4 5 6 7 8 9 10 11 12 University, Studied _____

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

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

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							Closed
Afternoon							
Evening					Closed	Closed	Closed

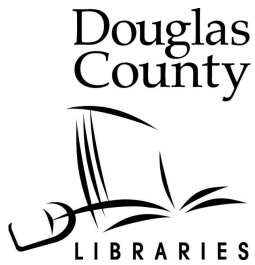
Preferred library: Highlands Ranch Parker Castle Rock Lone Tree Roxborough

Tutor preferences; check all that apply:

- does not matter
- male
- female
- younger
- older
- former teacher

What are your goals?

- GED
- English
- job skills
- US citizenship
- conversation
- listening
- reading
- vocabulary
- writing
- math
- family skills
- self-esteem



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Name: _____

Why do you want to participate in this program?

Do you have any special needs?

What are your interests and/or hobbies?

Please complete and return this form to your local library, or mail to:

Adult Literacy Program
ATTN: Kate Prestwood
Douglas County Libraries
100 S. Wilcox Street
Castle Rock, CO 80104

DCL Direct | Douglas
Call. Click. Connect. | County
303-791-7323
DouglasCountyLibraries.org | 
1/10kp DCL Literacy Dept