Project Read SFPL – *Learner Interview*

First: ____________________ **Last**: __________________________ **Learner ID:** ____________

Date: ___________________ Interviewed By: _________________

Date of Birth: ____________ Place of Birth: __________________ To SF: _________________

Gender: _________ (❑ Mr ❑ Miss ❑ Mrs ❑ Ms ❑ Other: _____) Ethnicity:________________

Total children: _______ ❑ Fam Lit General (ages 5 - 12) ❑ FFL State Funded (under 5 years)

(1) Name: _________________________ DOB: __________ Sex: ____ Relationship ___________

(2) Name: _________________________ DOB: __________ Sex: ____ Relationship ___________

(3) Name: _________________________ DOB: __________ Sex: ____ Relationship ___________

(4) Name: _________________________ DOB: __________ Sex: ____ Relationship ___________

❑ Yes ❑ No Are the children living with you? ❑ Yes ❑ No Do you see them often?

❑ Yes ❑ No Do you share books, tell stories, sing, etc. with your children? How often? ___________

Employment Status: ______________ ❑ G.A. (general assistance) ❑ SSI ❑ Disability

Occupation: ____________________ Employer: ____________________________________

Reading/Writing Required? ❑ Yes ❑ No Examples: ____________________________________

Work Hours: __________________ Mode of Transportation:__________________________

What kind of work have you done in the past: ____

Native Language: __________________ ❑ speak ❑ read ❑ write

Education / Highest Grade: __________ ❑ Yes ❑ No Graduated? Where? ___________________

❑ Yes ❑ No Special classes? ❑ Yes ❑ No Tutors? Where? __________________________________

Did you go to school every day when you were little? ____

Any part of school that you enjoyed? ❑ Yes ❑ No ____

Ever been to school as an adult? ____

Why do you think you've had difficulty reading? ____

What do you do now if you get stuck when reading? ____

What do you do if you get stuck when writing? ____

Interests / Hobbies / Things you enjoy and/or feel you are good at: _______________________________

____

What things do you read now? ____

Things you're looking forward to reading? ____

____

Health History: ____________________

❑ Yes ❑ No Birth Problems ____________________

❑ Yes ❑ No High Fevers as a baby

❑ Yes ❑ No Head injuries ____________________

❑ Yes ❑ No Allergies ❑ Yes ❑ No Ear infections ❑ Yes ❑ No Asthma

❑ Yes ❑ No Do you have any difficulty with your hearing? ____________________

❑ Yes ❑ No Need to use glasses? ❑ Yes ❑ No Wear them?

❑ Yes ❑ No Eye exam within the last 5 years? ❑ Yes ❑ No Eye referral given?

❑ Yes ❑ No Medications ____________________

____

❑ Yes ❑ No Had problems with drug and alcohol? ____________________

How long have you been clean/sober? ____________________

❑ Yes ❑ No In a recovery program? Program name ____________________

Entry date ____________ Planned exit date ____________________

Plans for program exit? ____________________

❑ Yes ❑ No Ever had Mental Health Issues? Diagnosis: ____________________

Seeing a psych, counselor, etc.? ____________________

Contact info & can we check in with him/her? ____________________

Taking your medication? ____________________

What do you do to take care of yourself? ____________________

Housing situation and support network? ____________________

❑ Yes ❑ No Recently been incarcerated? Charge: ____________________

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On probation / parole? Anything you would like to share with us? ____________________

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Tutoring Times and Preferences

❑ **Mon**: M A E ❑ **Tue**: M A E ❑ **Wed**: M A E ❑ **Thu**: M A E ❑ **Fri**: M A E

❑ **Sat**: M A E ❑ **Sun**: M A E Location: ____________________

Tutor Pref: ____________________ Other ____________________

Comments: ____________________

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