

PROJECT SECOND CHANCE STUDENT DATA SHEET Date recorded on database _____
By _____

Date of this intake _____ Initials _____

New _____ Reactivate _____ Role: Student Status: * _____ Chall./Voy. Comp. _____

CLC	FFL	ESL	WRS	RN
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Chall./Voy. Words _____

OK to call? _____ OK to send mail? _____ (if no, Code Zip as 94500)

Name _____

Home phone (_____) _____ Work phone (_____) _____ Ext. _____

Cell Phone (_____) _____

Address _____ Apt# _____

City _____ ZIP _____

E-Mail _____ Emergency Contact (_____) _____

Additional Contact Information _____ Emergency Contact Name _____

Relationship _____

Gender _____ Birthdate ____/____/____ Race _____

Country of Origin _____ Date came to U.S. _____

First Language _____ Home Language _____

Literate in First Language?(ESL) _____

Work / Education

Highest Grade _____ Diploma? Y N GED Educated overseas? Y N

Work Status * _____ Occupation _____

Employer _____ Past Employment _____

Notes _____

•ASSIGNED TO: _____ PHONE _____

BEG. DATE _____ TIA DATE _____ RESUMED _____ ENDED _____ REASON _____

•ASSIGNED TO: _____ PHONE _____

BEG. DATE _____ TIA DATE _____ RESUMED _____ ENDED _____ REASON _____

•ASSIGNED TO: _____ PHONE _____

BEG. DATE _____ TIA DATE _____ RESUMED _____ ENDED _____ REASON _____

•ASSIGNED TO: _____ PHONE _____

BEG. DATE _____ TIA DATE _____ RESUMED _____ ENDED _____ REASON _____

Children

Are you responsible for them? _____ Do they live with you? _____ Do you read to them? _____ Childcare a problem? _____

	Boy / Girl	First Name	Last Name	Birthdate			First Language	Grands?
				Month	Day	Year		
1.	___	___	_____	___	___	___	_____	Y/N
2.	___	___	_____	___	___	___	_____	Y/N
3.	___	___	_____	___	___	___	_____	Y/N
4.	___	___	_____	___	___	___	_____	Y/N

_____ More than four children? See page 4

Notes _____

Student Intake Details

Appointment Date _____ Show / No Show / Reschedule _____ How Heard / PSC? _____

Sp. Ed? _____ When? _____ All day? _____ Repeated grade? _____ When? _____

In another program now? _____ What Program? _____

In another program in the past? _____ Program? _____

Glasses / Contacts? _____ Hearing Aid? _____ Medical Concerns? _____ Learning Difficulties? _____

Difficulty with noise? _____ Characters blur? _____ Told you have LD? _____

Handedness? _____ Late Talker? _____ Family history of reading/spelling difficulties? _____

Notes _____

Availability

Closest Library _____

Transportation? OWN CAR SOMEONE WILL DRIVE PUBLIC TRANSPORTATION WALK OTHER

WHEN ↓→	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Notes _____

Tutor Preferences: (Age, sex, race, non-smoker?) _____ Do You Smoke? _____

Want to work on: Reading _____ Writing _____ Spelling _____ Math _____

HAVE YOU BEEN TUTORED BEFORE? _____

WHAT DO YOU READ NOW IN ENGLISH? _____

WHAT DO YOU WRITE NOW IN ENGLISH? _____

WHAT CAN YOU DO NOW, AND WHAT WOULD YOU LIKE TO BE ABLE TO DO BETTER? CAN DO / GOAL

1. LIFE LONG LEARNER

- ___ / ___ Read a newspaper/magazine
- ___ / ___ Read a book
- ___ / ___ Write poetry or stories
- ___ / ___ Write a note or letter
- ___ / ___ Send and receive email or text messages
- ___ / ___ Search the Internet
- ___ / ___ Get a library card/use the library

3. JOB / LIFE SKILLS

- ___ / ___ Use a reference book (dictionary; phone book)
- ___ / ___ Read a driver's manual/get a license
- ___ / ___ Read maps/street signs/ transportation schedules
- ___ / ___ Fill out forms and applications
- ___ / ___ Obtain a work license or certificate
- ___ / ___ Get a job or promotion (write resume/search ads)
- ___ / ___ Write a business report or message

2. HOME AND FAMILY

- ___ / ___ Read to children
- ___ / ___ Help children with homework
- ___ / ___ Interact with school teachers
- ___ / ___ Plan meals and read recipes
- ___ / ___ Write checks and pay bills
- ___ / ___ Read health education information
- ___ / ___ Read/write names of family members/friends

4. COMMUNITY MEMBER / CITIZEN

- ___ / ___ Access community services / resources
- ___ / ___ Prepare to vote/vote
- ___ / ___ Volunteer in the community
- ___ / ___ Pass the citizenship test

5. COMPUTER SKILLS

Do you use a computer? _____ Can you type? _____
 Would you like to use the PSC Computer Lab? _____

WHAT OTHER READING/WRITING GOALS WOULD YOU LIKE HELP WITH? _____

WHAT ARE YOUR HOBBIES? _____

PHONICS & PHONEMIC AWARENESS

Consonants _____ Vowels _____

_____ Count syllables? (Example: baby)
 teacher, desk, table, video, telephone, dictionary

_____ Repeat three sounds?
 /t/, /m/, /ē/ /u/, /j/, /t/ /s/, /f/, /ch/

_____ Auditory Discrimination
 /z/ - /s/ /p/ - /t/ /j/ - /i/ /ä/ - /i/

_____ Count sounds (real)?
 dig, hat, hate, shop, step

_____ Blend sounds (real)?
 mop, tug, bath, dent

_____ Blend sounds (nonsense)?
 fod, mip, baz, lec

_____ Rhyme? (Example: cat cat/hat/pat, etc)
 man pot bug cake pay hit bell

More Children

	Boy / Girl	First Name	Last Name	<u>Birthdate</u>			First Language	Grands?
				Month	Day	Year		
5.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	
6.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	
7.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	
8.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	
9.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	
10.	___ ___	_____	_____	___/___/___	_____	_____	Y/N	