

LEARNER INTERVIEW

Name: _____ Date: _____

Present Job/Title: _____ Full Time Part Time Not Working DWP Not Looking

First Language if not English: _____ Native Country: _____

Other Languages: _____

Did you complete high school?

No Last grade completed? _____ Yes If yes, where? _____

Do you currently have a copy, or are you able to get a copy, of your transcripts? No Yes

Did you complete a college or university degree? No Yes Where? _____ Degree? _____

Do you currently have a copy, or are you able to get a copy, of your transcripts? No Yes

Did you receive special help or have an IEP in school? _____ Reading Math Other

In 3 or 4 sentences tell us something about yourself and why you are here:

Have you participated in any other adult education program? No Yes

If yes, where? _____ What type of program? _____

Do you feel comfortable using a computer? No Yes

Classes you liked in high school or college: _____

Classes you disliked in high school or college: _____

Any special concerns that would affect your attendance or coming to school?

Child care Health Transportation Other

Teacher notes:

Do you like to read? No Yes Sometimes

In what languages do you read? _____

Outside of class what do you read?

Books Magazines Newspapers Not much

If I asked you to read something, how would you know if you were reading it well? _____

Directions: Choose a number to show how each statement fits you.

1 2 3 4 5
Never Rarely Sometimes Often Always

Before I read something, I look at the title and pictures and try to think what the reading will be about.	
When I read something, I think about what my purpose is for reading it.	
When I read, I stop every now and then to think about what I am reading.	
When I read stories, I try to guess what will happen next.	
I picture what is happening in the story when I read.	
When I read, I slow down when something does not make sense.	
I go back over parts I do not understand when I am reading.	
When I read something, I think about how the reading fits with what I knew about the topic before reading.	
When I read something, I ask myself questions about what I am reading and check to see if I have answered my questions.	

Program Goals:
Career Goals:
Other Information:

TABE Math

Date & Form/Level:

Math Comp:

Applied Math:

Total Math: (scaled score and/or GE)

TABE Reading

TABE Language:

Date & Form/Level:

Score:

Date & Form:

Score:

GED Age Waiver Information:

High School: _____ Drop Date: _____

GED Ready: RLA _____ Math _____ TABE: Rdg _____ Math _____ Picture ID No Yes

Official GED Test

Date	RLA:
Date	Math:
Date	SS:
Date	Sci:

Notes:
