



READ NB

Laubach Literacy New Brunswick

LEARNER INTAKE PACKAGE



This form is to be completed for each new learner applicant. Once complete, the information gathered must be entered into the online registration system before the learner is assigned to a tutor.

Instructions:

- Please read the following notification out loud to the applicant before filling out this form.

The following questions are being asked to better match you with a tutor and to help develop a learning plan that will be geared to suit your specific needs and goals to improve your literacy skills. The information gathered on this form will remain confidential and will not be made public. It will be only used for the purposes of this program.

If the applicant is unable to complete this form then read the questions aloud (explain as necessary) before writing in the answer.

LEARNER INTAKE APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ Apt. #: _____ P.O. Box # _____

City/Town: _____ Province: New Brunswick Postal Code: _____

Home Phone: (506) _____

Alternate Phone: () _____

Work Phone: () _____ May we call you at work? Yes No

E-mail address: _____

Date of Birth: _____ (Month/Day/Year)

Gender: Male Female Non-Binary Prefer not to say

Pronoun Preference: He/Him She/Her They/Them

First Language: _____

Additional Languages: _____

Do you have any health conditions of which we should be aware? _____

OTHER INFORMATION

How did you hear about READ NB/ the Council? (*radio, posters, referred by someone*)

Why are you seeking help at this time? _____

What support is the learner looking for?

- | | | |
|---|---|---|
| <input type="checkbox"/> Reading/Writing | <input type="checkbox"/> Numeracy (Math) | <input type="checkbox"/> Pre-CAEC program |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> ESL/EAL | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conversational English | <input type="checkbox"/> Digital Literacy | |

Referral source (if applicable):

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Development | <input type="checkbox"/> NBCC | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> WorkSafeNB | <input type="checkbox"/> CALP/WES | <input type="checkbox"/> Employer: _____ |
| <input type="checkbox"/> WorkingNB | <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Other: _____ |

Client of (if applicable):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Social Development | <input type="checkbox"/> WorkingNB | <input type="checkbox"/> CALP/WES |
| <input type="checkbox"/> LDANB | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |

EDUCATION INFORMATION

1. Did you graduate from high school? Yes No
- a) If no, what was the last grade of school you completed? _____
- b) If yes, what is the highest level of education you completed? _____

2. What year did you leave school? _____

3. Do you find reading a problem? Yes No

4. Do you understand what you read? Yes No

5. Do you find writing a problem? Yes No

6. Do you have difficulties with math? Yes No

7. Have you ever been diagnosed with a learning disability? Yes No

If yes, please state: _____

8. As it pertains to the development of a learning program for you, have you ever been diagnosed with one or more of the following issues?

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Learning | <input type="checkbox"/> Visual | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Speech | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mobility | |

9. Do you like to read? _____

10. What kinds of things do you like to read? _____

- | | |
|--|---|
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Novels |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Children's Books |
| <input type="checkbox"/> Websites | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Recipes (cookbooks) | |

11. Do you have any hobbies? _____

12. If you were able to improve your reading skills, what would you do? _____

EMPLOYMENT INFORMATION

1. What is your employment status?

- | | |
|--|---|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Out of the Labour Market (e.g. SAHM) |
| <input type="checkbox"/> Self-Employed | |

1. Current Occupation Title: _____

2. Company Name: _____

3. Telephone Number: _____ City/Town: _____

4. Are you EI eligible or currently receiving EI benefits? Yes No Don't Know

LEARNER/TUTOR – MATCH INFORMATION

1. Do you have any allergies or sensory sensitivities? Yes No
If yes, please provide details as to how this may affect your learning situation: _____

2. For the purposes of matching you with a tutor, please indicate what type of person you would be most comfortable working with: Man Woman No Preference
Age Range: _____ No Preference
3. What time of day is best for you to meet with your tutor?
 Morning Afternoon Evening No Preference
4. Please indicate your preferred days/times:
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____
5. How many times per week would you like to meet your tutor?
 1 2 3 Open to suggestions _____
6. Where would you prefer to meet? (*Please note we do not allow meeting in private homes*)
 Public Library Coffee Shop Office Space (if available)
 Other _____ Open to suggestions _____
7. Do you have reliable transportation? Yes No
8. Are you aware of anything (i.e. a new job, childcare) that may interrupt your learning program in the near future? _____

CONFIRMATION

I, the undersigned, hereby certify the stated information is correct and accurate. I agree to inform the Tutor Coordinator of any changes to this information in a timely manner.

Learner's Name (print): _____

Learner's Signature: _____

Date: _____

Tutor Coordinator's Name (print): _____

Tutor Coordinator's Signature: _____

Date: _____

Admin Only: Signed *Learner Consent to Release of Information* form on file?:

Yes No

Consent to Release of Information

READ NB Consent

I, (learner's name) _____ give permission to READ NB (Laubach Literacy New Brunswick) to use the information recorded on their database, including progress notes made by my tutor, for research and program improvements within the organization, so long as it is not reported in any way that would allow me to be personally identified.

PETL (Working NB) Consent

I understand that READ NB and the councils receive significant funding from Post Secondary Education, Training and Labour (PETL or WorkingNB) and that they are required to provide updates throughout the year on their program success, including anonymous learner data.

I, (learner's name) _____ give permission to READ NB (Laubach Literacy New Brunswick), to report on my information recorded on their database, PETL/ WorkingNB as it regards to meeting their funding requirements, so long as it is done in such a way as to ensure I will not be personally identified.

I understand that in providing me with services, READ NB and PETL/Working NB, their staff and other government departments or agencies with whom information is shared, are bound by the applicable statutes, regulations and policies concerning the handling of confidential information.

Signature of Learner: _____

Signature of Tutor Coordinator: _____

Date: _____