

Date _____

About You

Name			
Address			
Phone	(home)	(mobile)	(work)
E-mail			
The best way to contact me is by: <input type="checkbox"/> home phone <input type="checkbox"/> mobile phone <input type="checkbox"/> work phone <input type="checkbox"/> email			

When can you come?

Captain William Spry	15 Sussex Drive, Spryfield 490-5715	<u>Tuesdays</u> <input type="checkbox"/> 1 - 3 pm <input type="checkbox"/> 5:30 - 8:30 pm	<u>Wednesdays</u> <input type="checkbox"/> 10 am - 12 noon <input type="checkbox"/> 1 - 3 pm
Halifax Central	5440 Spring Garden Road, Halifax 490-5990	<u>Thursdays</u> <input type="checkbox"/> 3 - 6 pm <input type="checkbox"/> 6 - 9 pm	<u>Fridays</u> <input type="checkbox"/> 2 - 5 pm
Halifax North Memorial	2285 Gottingen Street, Halifax 490-6557	<u>Wednesdays</u> <input type="checkbox"/> 12 - 3 pm <input type="checkbox"/> 6 - 9 pm	<u>Fridays</u> <input type="checkbox"/> 10 am - 1 pm
Keshen Goodman	330 Lacewood Drive, Halifax 490-6408	<u>Thursdays</u> <input type="checkbox"/> 1 - 4 pm <input type="checkbox"/> 5:30 - 8:30 pm	

I want to improve my

- Reading Skills
- Writing Skills
- Computer Skills
- Math Skills
- Self-confidence
- Life Skills
- Other

What are your long-term learning goals?

- Become a fluent reader
- Finish high school
- Write the GED test
- Get into another program (which one? _____)
- Do training for my job
- Find a job
- Help my children with their homework
- Other goals

What is your educational background?

Confidentiality agreement

During my time as a participant in the Adult Learning Program, I will do my best to attend tutoring sessions regularly and will treat my tutor, Program Coordinator and other learners with respect.

Signed _____

Date _____

PROGRAM USE ONLY	Matched with:	Notes:
	Date:	

