



GED PREPARATION PROGRAM APPLICATION

LEARNER INFORMATION FORM:

PERSONAL INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

Male

Female

CONTACT INFORMATION

ADDRESS

CITY

STATE

ZIP

CELL PHONE

HOME PHONE

EMAIL

WHO MAY WE CONTACT IF WE ARE UNABLE TO REACH YOU?

NAME

PHONE

REFERRAL

Church Friend Flyer Other

LEARNER QUESTIONNAIRE

1 What is the highest school grade you completed?

2 How many schools did you attend as a child?

3 Do you remember ever having trouble with reading as a child?

4 If yes, in which grade did you first have trouble?

5 About how many hours a week do you read for pleasure?

6 What do you find hard about reading? Which of the following problems seem to apply to you when you read? Check any that apply.

- I can't read or pronounce the long, hard words.
- I can't understand most of the hard words.
- Sometimes I don't understand what I read.
- I forget a lot of what I read right afterwards.
- I forget a lot of what I read a few days later.
- I read very slowly.
- Spelling problems
- Other problems