

Literacy Questionnaire

Name: _____ Phone Number/Email: _____

Date of Registration: _____

Languages

What languages do you speak?	_____	_____	_____
How often do you speak this language?			
How comfortable are you with speaking this language?			
How often do you read in this language?			
How comfortable are you with reading this language?			
How often do you write in this language?			
How comfortable are you with writing in this language?			

Attitudes: Reading

Do you enjoy reading? Why or why not?			
What types of literature do you read?			
How often do you read...	for fun?	for work?	other?

Attitudes: Writing

Do you enjoy writing? Why or why not?			
What types of literature do you write?			
How often do you write...	for fun?	for work?	other?

Past Learning Experience

<p>How many years of school have you completed? Where? When?</p>	
<p>Tell me about your experience at school?</p>	
<p>Tell me about other learning experiences? (family)</p>	

Goals

<p>What are your future goals?</p>	
<p>What is the biggest challenge to meeting this goal?</p>	

Plan

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