

FACE Adult Learner Interview

This interview is designed to highlight experiences and conditions that may affect student learning.

Name:

Date:

What was the first language you spoke as a child?

1. School Experiences:

Did you change schools a lot when you were growing up? Yes No

(If YES) Explain:

Did you ever repeat a grade? YES NO (If YES) Which grade(s)?

Do you remember ever having trouble with **reading** as a child? Yes No

(If YES) In which grade did you *first* have trouble?

Do you remember ever having trouble with **math** as a child? Yes No

(If YES) In which grade did you *first* have trouble?

When you were in school, did you ever participate in any of the following programs?

Individual Tutoring Resource Room Special Education Other: _____

2. Medical Conditions and Memory:

Are you aware if any of the following currently affect your learning or memory?

(a) Head injury? Yes No Maybe

(If YES) How old were you when the head injury happened?

(b) Illness or medical condition (such as headaches, diabetes, high blood pressure, heart disease, seizures or stroke)? Yes No Maybe

(If YES) Please describe:

Do you have trouble with your vision? Yes No

(a) Do you wear glasses? Yes No

(b) Do you think you need glasses? Yes No

Do you have trouble hearing? Yes No

(a) Do you wear hearing aids? Yes No

(b) Do you have a history of ear infections? Yes No

Is there anything else you would like me to know about the way you learn that could help me as your teacher?

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I. Reading

About how many hours a week do you read in English?

none less than 1 1-3 4-6 more than 6

What do you enjoy about reading? _____

What did you read in the last week? _____

Would you like to get together with other people to talk about what you are reading?

Yes No Maybe

Do you read with your children? Yes No

(If Yes) How often? _____

Do you help your children with homework? Yes No

(If Yes) How often? _____

Do any of the following apply to you when you read? (check all that apply)

<input type="checkbox"/>	I have trouble reading or pronouncing long, hard words.	<input type="checkbox"/>	I read very slowly.
<input type="checkbox"/>	I have trouble understanding most of the hard words.	<input type="checkbox"/>	I lose my place when reading.
<input type="checkbox"/>	Sometimes I don't understand what I read.	<input type="checkbox"/>	I can only read for a short time.
<input type="checkbox"/>	I forget a lot of what I read right afterwards.	<input type="checkbox"/>	Spelling is hard for me
<input type="checkbox"/>	I forget a lot of what I read a few days later.	<input type="checkbox"/>	Other reading challenges:

Every year we add more books/magazines to our FACE library. Do you have some authors or topics you would like us to consider?

II. Math

Do you do math in your everyday life? Explain: _____

Do any of the following apply to you when you do math? (check all that apply)

<input type="checkbox"/>	I have trouble with math involving money.	<input type="checkbox"/>	I do math very slowly.
<input type="checkbox"/>	I cannot remember the multiplication table.	<input type="checkbox"/>	Fractions are difficult for me.
<input type="checkbox"/>	I get confused doing math in my head.	<input type="checkbox"/>	I often give up on math problems.
<input type="checkbox"/>	Solving math word problems is hard for me.	<input type="checkbox"/>	I can't use a calculator correctly.
<input type="checkbox"/>	I'm not sure when I should add or multiply.	<input type="checkbox"/>	Other math challenges: