|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FACE Adult Learner Interview** | | | | | | |
| ***These questions will help us get to know you and to better understand your learning needs.*** | | | | | | |
| 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? | | | | | | |
|  | | | | | | |

**FACE Adult Learner Interview**

# Reading

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

none

less than 1 1-3 4-6

more than 6

Do you read in a language other than English?

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)

|  |  |  |  |
| --- | --- | --- | --- |
|  | I have trouble reading or pronouncing long, hard words. |  | I read very slowly. |
|  | I have trouble understanding most of the hard words. |  | I lose my place when reading. |
|  | Sometimes I don’t understand what I read. |  | I can only read for a short time. |
|  | I forget a lot of what I read right afterwards. |  | Spelling is hard for me. |
|  | I forget a lot of what I read a few days later. |  | 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?

# 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)

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