

## Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2020 (July 1, 2019– June 30, 2020)

*This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY20. Responses will remain confidential.*

FACE school: \_\_\_\_\_

Date (mo/day/yr) \_\_/\_\_/\_\_

Adult's Name: *First:* \_\_\_\_\_ *Last:* \_\_\_\_\_

Adult's NASIS # \_\_\_\_\_ Adult's Tribal Affiliation: \_\_\_\_\_

Date of birth (mo/day/yr) \_\_/\_\_/\_\_\_\_

Male  Female

Mailing Address \_\_\_\_\_ Your phone number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Physical Address \_\_\_\_\_ Email address: \_\_\_\_\_

Name and phone number of a contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

1. Child(ren) you are enrolling in FACE:

Name(s) of Children You are Enrolling in FACE	Your relationship to child	Do you live with this child?		Age of Child
		Yes	No	
Child1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Prenatal (unborn) child  Yes  No Due date: \_\_/\_\_/\_\_

2. Please describe why you are enrolling yourself and your child in FACE (check all that apply):

- To improve my parenting skills
- To understand child development
- To prepare my child for school
- To help my child get along with others
- To be more involved with my child's school
- To help me obtain a GED or high school diploma
- To improve my academic skills so I can go to college/technical school or get other training/education
- To help me with my college/technical school coursework
- To improve my reading skills
- To improve my employability skills
- To get a job
- To make friends
- To improve my family's well-being
- To obtain help in identifying and accessing resources for family and individual support
- To improve my Native language skills and cultural knowledge
- Other (describe) \_\_\_\_\_

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3. What is the highest grade/educational level you have completed? \_\_\_\_\_?

Below, please check **each** educational experience you have had.

- |  |   |
|--|---|
| <input type="checkbox"/> Received a high school diploma                    | <input type="checkbox"/> Received a 2-year Associate Degree |
| <input type="checkbox"/> Completed a GED                                   | <input type="checkbox"/> Received a Bachelor's Degree       |
| <input type="checkbox"/> Attended a job training program                   | <input type="checkbox"/> Received a Master's Degree         |
| <input type="checkbox"/> Completed some college course(s): __ credit hours | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Received a certificate (describe) _____           | _____   |

4. Are you currently attending school (other than FACE adult education)?  Yes  No

5. Are you currently employed?  Yes  No

If yes, approximately how many hours a week do you work? \_\_\_ hours *per week*.

6. Do you currently receive financial assistance from a state, federal, or tribal agency?  Yes  No

If yes, check all that apply:  TANF  SNAP/Food stamps  Other

7. How well do you do each of the following?

	Not at all	Not very well	Pretty well	Very well
Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone speaking English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write using your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone who speaks your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Enrollment Form for BIE FACE Program Evaluation—Child Information Program Year 2020 (July 1, 2019– June 30, 2020)

FACE school: \_\_\_\_\_

Date (mo/day/yr) \_\_/\_\_/\_\_\_\_

Child's name *First:* \_\_\_\_\_ *Last:* \_\_\_\_\_

Child's NASIS # \_\_\_\_\_ Child's Tribal Affiliation: \_\_\_\_\_

Child's date of birth: \_\_/\_\_/\_\_\_\_  Male  Female

Prenatal (unborn) child?  Yes  No Due date: \_\_/\_\_/\_\_\_\_

Is this child enrolled in elementary school?  Yes  No If yes, what grade? \_\_\_\_

1. With whom does this child live? **Check all that apply.**

Mother  Father  Grandparent  Foster Parent  Other Relative  Other Non-relative

2. How many people live in the child's home? (Include this child in the counts.) Total number: \_\_\_\_

Number of children aged birth to 5 years \_\_\_\_\_

Number of children aged 6 to 8 years \_\_\_\_\_

Number of children aged 9 to 13 years \_\_\_\_\_

Number of children aged 14 to 17 years \_\_\_\_\_

Number of adults aged 18 or older \_\_\_\_\_

2. Please provide information about the child's household

**Female head of household**

**Male head of household**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Hours per week employed \_\_\_\_\_

Highest grade completed \_\_\_\_\_

Currently attending school? Yes  No  Yes  No

3. Does the family with whom the child is living receive public assistance from a tribal, state, or federal agency?

Yes  No

**If yes, check all that apply:**  TANF  SNAP/Food stamps  Other

4. What language is spoken in the child's home? (Check all that apply)

English  Native  Other  (specify) \_\_\_\_\_

What is the primary or most frequently spoken language in the child's home?

English  Native  Other  (specify) \_\_\_\_\_

5. About how many children's books are in this child's home? (Check one.)

None  About 5  6-10  11-20  21-30  31-50  51-99  100 or more

6. About how many books for adults are in this child's home? (Check one.)

None  About 5  6-10  11-20  21-30  31-50  51-99  100 or more