

Literacy Solutions NY, Inc.

Rockland County office: 220 N. Main Street, New City, NY 10956
Telephone and Fax: (845) 708-9072 email: litvolrc.org@verizon.net

*Student Initial Contact Sheet *

Today's Date _____ Have you applied to our program before today? _____

First Name _____ Last Name _____

Date of birth _____ Sex M ___ F ___

Address _____ Apt. _____

City _____ State _____ Zip _____ Email _____

Best Tel #: _____ Other #: _____

Name and Phone # of friend or relative who speaks English whom we can contact

Name _____ Phone _____

How can we help you? Check all that apply

A. I want to learn to speak English _____ Native Language spoken _____

B. I want to learn to read and write _____

Best time of day for lessons 9-12 AM _____ 12-5 PM _____ 5-9 PM _____

In which libraries can you meet your teacher?

1. _____ 2. _____ 3. _____

----- DO NOT WRITE BELOW THIS LINE -----

Date entered in db _____ sent to _____ to be tested

Was tested on _____ by _____ Sent to be matched _____

Updated test info in db _____

Was matched with _____ on _____

Date/Time _____ Tester/Caller _____

Comments _____

Status _____
