



Literacy Central Vancouver Island Family Intake Form

NAME OF LEARNER(S):

1. _____ Birth date: _____ Age: _____
2. _____ Birth date: _____ Age: _____
3. _____ Birth date: _____ Age: _____

NAME OF PARENTS/GUARDIANS(S):

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s): _____

ADDRESS

Street: _____

City: _____ Postal Code: _____

CONTACT DETAILS

Phone: _____ Cell: _____

Email: _____

Child learner(s) accompanied by: _____ Relationship: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

ANCESTRY

Indigenous: Yes No

If you are new to Canada, what is your legal status in Canada? _____

How many years have you been living in Canada? _____





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EDUCATIONAL BACKGROUND

School Name: _____

Grade (if multiple learners, please list all grades): _____

To date, please describe any academic support provided to the learner(s)

IF APPLICABLE:

Is/Are the learner(s) homeschooled? Yes No For how many years?

Name of program or Online School: _____

Grade(s): _____

If applicable, please describe the academic support provided to the learner(s)

ADDITIONAL INFORMATION

How is the learner(s) vision? _____

Hearing? _____

Do words, letters, numbers ever move? Yes No





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LITERACY/ESL

Please check off the area(s) where you would like support:

- | | | |
|--|--|--|
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Blending sounds | <input type="checkbox"/> Segmentation |
| <input type="checkbox"/> Grammar | <input type="checkbox"/> Diphthongs | <input type="checkbox"/> Punctuation |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Reading Aloud | <input type="checkbox"/> Sentence//Essay Writing |
| <input type="checkbox"/> Phrasing & Expression | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> ESL |
| <input type="checkbox"/> Short Vowel Sounds | <input type="checkbox"/> Phoneme Awareness | <input type="checkbox"/> "Reading Buddy" |
| <input type="checkbox"/> Long Vowel Sounds | <input type="checkbox"/> Decoding/Accuracy | <input type="checkbox"/> Homework Completion |
| <input type="checkbox"/> Letter Recognition | <input type="checkbox"/> Syllabication | |

Other _____

Based on your above selection, can you select 3-5 items the learner(s) find the most challenging? Please explain:

What strategies does the learner use when they come across a word they don't know?

What is your literacy goal for the learner?





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Numeracy:

Please check off the areas where you would like help with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Place Value | <input type="checkbox"/> Word Problems | <input type="checkbox"/> Number Sense |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Banking | <input type="checkbox"/> Multiplication |
| <input type="checkbox"/> Division | <input type="checkbox"/> Fractions | <input type="checkbox"/> Decimals |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Percentages/Ratio | <input type="checkbox"/> Handling Money |
| <input type="checkbox"/> Geometry | <input type="checkbox"/> Graphing | <input type="checkbox"/> Measurement |
| <input type="checkbox"/> Counting | <input type="checkbox"/> Calculus | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Subtraction | <input type="checkbox"/> Algebra | <input type="checkbox"/> Times Tables |
| <input type="checkbox"/> Functions | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Probability |
| <input type="checkbox"/> Homework Completion | | |

Other _____

Can the learner compute basic mathematical concepts mentally? Yes No

Based on your above selection, can you select 3-5 items the learner(s) find the most challenging? Please explain:

What strategies does the learner use to help them complete their math work?

What is your numeracy goal for the learner?





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Are there any medical or physical conditions that we should know about that might interfere with your learning?

Is there anything that could interfere with your ability to meet with your tutor? Yes No

If yes, please explain:

What days and times are you available to meet your tutor?

Tutor preference: Male Female

Can you meet at Literacy Central Vancouver Island? Other? Remotely?

Can I share what we have discussed with your tutor? Yes No





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Parent/Guardian Consent Form Sharing of Assessment Information With Tutor

Literacy Central Vancouver Island (LCVI) provides literacy, ESL and numeracy assessments for our learners. The literacy, ESL and numeracy assessments completed by learners **are not** used for diagnosis. The assessments provide LCVI with a general knowledge of the literacy/ESL/numeracy area(s) the learner(s) may require extra support. This information is then used by the Tutor Coordinator to pair LCVI learners with a tutor they feel will best meet the needs of the learner(s). A copy of the assessment results would also be provided to the tutor for the purpose of planning and preparation; setting short and long term goals for the learner(s).

I _____ (Parent/Guardian) understand that Literacy Central Vancouver Island will be conducting a _____ (literacy/ESL/numeracy) assessment with _____ (learner name) _____ (learner name) _____ (learner name). I understand that a copy of the assessment results will be used for pairing the learner(s) with a tutor.

- I **consent** to Literacy Central Vancouver Island sharing a copy of the assessment results with the tutor for the purpose of planning and preparation; setting short and long term goals for the learner(s).
- I **do not consent** to Literacy Central Vancouver Island sharing a copy of the assessment results with the tutor.

Parent/Guardian Signature

Date





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Learner Agreement

By enrolling in the Family one-to-one Tutoring Program, I agree to the following:

- I agree to attend and participate in the Family Tutoring Program with my child/children.
- I will come to my tutoring sessions as scheduled and on time.
- If I cannot attend, I will call my tutor ahead of time (the day before, if possible).
- If I am unhappy with my tutor or my lessons, I will let the Tutor Coordinator know so that other arrangements can be made (call 250.754.8988).
- If I decide to stop tutoring, I will let both my tutor and the Tutor Coordinator know as soon as possible (call 250.754.8988).

Parent/Guardian Signature

Date



