

Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2021 (July 1, 2020– June 30, 2021)

This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY21. 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 2021 (July 1, 2020– June 30, 2021)

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 _____

2a. 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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