



COMPUTER ASSISTED LEARNING CENTER

HILO PUBLIC LIBRARY

P.O. Box 11499 HILO, HAWAII 96721 808-933-8893
Email: 808giftofliteracy@gmail.com <https://calchilo.github.io>

LEARNER REGISTRATION FORM

DATE: _____ CODE# _____

NAME: Mr / Ms _____ Phone: _____

Address: _____

Library card: Yes ___ No ___ Last grade completed: ___ HS Diploma ___ GED ___

First language: _____

Work experience:

Computer experience: Beginner ___ Intermediate ___ Advanced ___

GOALS: 1. _____

2. _____

3. _____

I found out about CALC from: Employer ___ Newspaper ___ Radio ___ Friend ___ Other ___

The best time for me to come to CALC: Tues ___ Wed ___ Thurs ___ Fri ___

Afternoon ___ Evening ___

Tutor preference: Male ___ Female ___ Either ___

Three things I would like to be able to read: 1. _____

2. _____ 3. _____

Three things I would like to be able to write: 1. _____

2. _____ 3. _____

Complete the following:

I want to _____

I am good at _____

One thing I enjoy doing: _____

I understand that patron names are kept in confidence by the Learning Center. Code numbers are assigned to each learner to use on folders and in record keeping. I give my permission for the Computer Assisted Learning Center to use my code number for record keeping and reports. I agree to follow the rules of the Hilo Public Library and the Computer Assisted Learning Center.

Signed: _____

Date: _____

Comments: _____

Assessment Designations: YA ___ Adult ___ Sr ___

Writing: Beginner ___ Intermediate ___ Advanced ___

ESL: Beginner ___ Intermediate ___ Advanced ___

GED: : Beginner ___ Intermediate ___