

Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2022 (July 1, 2021– June 30, 2022)

*This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY22.
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.

- Received a high school diploma
- Completed a GED
- Attended a job training program
- Completed some college course(s): __ credit hours
- Received a certificate (describe) _____
- Received a 2-year Associate Degree
- Received a Bachelor’s Degree
- Received a Master’s Degree
- Other: _____

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