## Enrollment Form for BIE FACE Program Evaluation—Adult Information Program Year 2023 (July 1, 2022– June 30, 2023)

		to be completed by the enrolling adult nses will remain confidential.	t at the time of enrollment	or re-enrollme	nt in				
FA	CE school	l:	Date (mo/day/yr)						
	Adult's Na	ame: First:	Last:						
	Adult's NA	ASIS # Adult's Tr	Tribal Affiliation:						
	Adult's dat	te of birth (mo-day-yr)	◯ Male ◯ Female						
	Mailing A	ddress	Your phone number ( ) Email address:						
	Physical A	Address							
	Name and	phone number of a contact:	(	)					
1.		n) you are enrolling in FACE: ne(s) of Children You are Enrolling in FACE	Your relationship to child	Do you live with this child?	Age of Child				
				Yes No					
				$\bigcirc$ $\bigcirc$					
			Due date:						
2.									
	0	To improve my parenting skills							
	0	To understand child development							
	0	To prepare my child for school							
	0	To help my child get along with others							
	0	To be more involved with my child's sch	lool						
	0	To help me obtain a GED or high school	diploma						
	0	To improve my academic skills so I can g training/education	go to college/technical schoo	l or get other					
	0	To help me with my college/technical school coursework							
	0	To improve my reading skills							
	0	To improve my employability skills							
	0	To get a job							
	0	To make friends							
	0	To improve my family's well-being							
	0	To obtain help in identifying and accessing	ng resources for family and i	ndividual suppor	t				
	0	To improve my Native language skills an							
	0	Other (describe)							

## FACE Enrollment Form for Adults—Page 2

3.	What is the highest grade/educational level you have completed??				
	Below, please fill in each educational experience you have had.				
	0	Received a high school diploma	0	Received a 2-year Associate Degree	
	0	Completed a GED	0	Received a Bachelor's Degree	
	0	Attended a job training program	0	Received a Master's Degree	
	0	Completed some college course(s): credit hours	0	Other:	
	0	Received a certificate (describe):	Ŭ		
4.	Are y	ou currently attending school (other than FACE adult edu	cation	$)? \bigcirc Yes \bigcirc No$	
5.	. Are you currently employed? O Yes O No If yes, approximately how many hours <u>a week</u> do you work? <u>hours per week</u> .				
6.		ou currently receive financial assistance from a state, feder , Check all that apply: $\bigcirc$ TANF $\bigcirc$ SNAP/Food st			

7. How well do you do each of the following? (fill in all that apply)

	Not at all	Not very well	Pretty well	Very well
Speak English?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Read English?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Write English?	$\bigcirc$	0	0	0
Understand someone speaking English?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Speak your Native American Indian language?	$\bigcirc$	0	0	$\bigcirc$
Read your Native American Indian language?	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Write using your Native American Indian language?	0	0	0	0
Understand someone who speaks your Native American Indian language?	$\bigcirc$	$\bigcirc$	$\bigcirc$	0

## **Enrollment Form for BIE FACE Program Evaluation—Child Information**

FA	Program Year 2023 (July 1, 2022– June 30, 2023)      .CE school:					
	Child's name First: Last:					
	Child's NASIS # Child's Tribal Affiliation:					
	Child's date of birth: OMale OFemale					
	Prenatal (unborn) child? Yes No Due date:					
	Is this child enrolled in elementary school? O Yes O No If yes, what grade?					
1.	With whom does this child live? <b>Fill in all that apply.</b> () Mother () Father () Grandparent () Foster Parent () Other Relative () Other Non-relative					
	Wouler O Pauler O Grandparent O Poster Parent O Other Relative O Other Roll-relative					
2.	How many people live in the child's home? (Include this child in the counts.) Total number:					
	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					
2						
2.	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 No Yes No					
3.	Does the family with whom the child is living receive public assistance from a tribal, state, or federal agency Yes No					
	If yes, fill in all that apply: O TANF O SNAP/Food stamps O ther					
4.	What language is spoken in the child's home? (Fill in all that apply)					
	English $\bigcirc$ Native $\bigcirc$ Other $\bigcirc$ (specify)					
	What is the primary or most frequently spoken language in the child's home? (Fill in one.)					
	English () Native () Other () (specify)					
5.	About how many children's books are in this child's home? (Fill in 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 $\bigcirc$ About 5 $\bigcirc$ 6-10 $\bigcirc$ 11-20 $\bigcirc$ 21-30 $\bigcirc$ 31-50 $\bigcirc$ 51-99 $\bigcirc$ 100 or more $\bigcirc$					