

# Enrollment Form for BIE FACE Program Evaluation—Adult Information

## Program Year 2026 (July 1, 2025– June 30, 2026)

*This form should be completed by the enrolling adult at the time of enrollment or re-enrollment in PY25. Responses will remain confidential.*

FACE school: KIN DAH LICH'I OLTA'

Date (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult's Name: *First* \_\_\_\_\_ *Last* \_\_\_\_\_

Adult's NASIS # \_\_\_\_\_ Adult's Tribal affiliation: \_\_\_\_\_

Adult's date of birth (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Male ☐ Female

Mailing Address \_\_\_\_\_ Your Phone number: \_\_\_\_\_

Physical Address \_\_\_\_\_ Email: \_\_\_\_\_

Name and phone number of a contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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	
Child 1 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Child 2 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Child 3 _____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Prenatal (unborn) child <input type="checkbox"/> Yes <input type="checkbox"/> No    Due date (mo/day/yr) ____/____/____			

Please describe why you are enrolling yourself and your child in FACE (fill in 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 fill in **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 Stamp ☐ Other

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?	<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 language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read your Native American language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write using your Native American language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone who speaks your Native American language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Enrollment Form for BIE FACE Program Evaluation—Child Information**  
**Program Year 2026 (July 1, 2025– June 30, 2026)**

FACE school: KIN DAH LICH'I OLTA'

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? \_\_\_\_\_

With whom does this child live with? **Fill in 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 \_\_\_\_\_

3. Please provide information about the child's household

	<b>Female Head of Household</b>	<b>Male Head of Household</b>
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"/>

4. 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:** ☐ TANF ☐ SNAP/Food Stamp ☐ Other

5. What language is spoken in the child's home? (Fill in all that apply)

English ☐ Native ☐ Other ☐ (specify) \_\_\_\_\_

What is the primary or most frequently spoken language in the child's home? (Fill in one)

English ☐ Native ☐ Other ☐ (specify) \_\_\_\_\_

6. 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 ☐

7. 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 ☐