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.

FA	CE school	: <u>Wide Ruins Community School</u>		Date (mo/day/yr)						
	Adult's Na	ame: First:	Last:							
	Adult's NASIS # Adult's Tribal Affiliation:									
	Adult's dat	te of birth (mo-day-yr)	○ Male	Female						
	Mailing A	ddress	Your pl	hone number ()						
	Physical A	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 child	Do you to live with Age of this child? Child Yes No						
	Child1 _			_ 0 0						
				· · · · · · · · · · · · · · · · · · ·						
	Prenatal	(unborn) child Yes No	Due date: -							
2.	Please describe why you are enrolling yourself and your child in FACE (fill in all that apply):									
	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	iool							
	0	To help me obtain a GED or high school	diploma							
	0	To improve my academic skills so I can go to college/technical school or get other training/education								
	O	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 resources for family and individual support								
	0	To improve my Native language skills and cultural knowledge								
	0	Other (describe)								

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3.	What is the highest grade/educational level you have	ve completed?	??		
	Below, please fill in each educational experience of Received a high school diploma Completed a GED Attended a job training program Completed some college course(s): cred Received a certificate (describe):	it hours	O Received a O Received a O Other:	2-year Associat Bachelor's Deg Master's Degre	gree ee
4.	Are you currently attending school (other than FA	CE adult educ	cation)? Yes	○ No	
5.	Are you currently employed? Yes No If yes, approximately how many hours <u>a week</u> do y	you work?	hours per weel	k.	
	Do you currently receive financial assistance from If yes, Check all that apply: TANF S	a state, federa SNAP/Food sta		0	No
7.	How well do you do each of the following? (fill i	n all that appl	ly)		
		Not at all	Not very well	Pretty well	Very well
	Speak English?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
]	Read English?	0	\circ	0	0
,	Write English?	\bigcirc	\circ	\bigcirc	\bigcirc
1	Understand someone speaking English?	\bigcirc	\circ	\bigcirc	\bigcirc
	Speak your Native American Indian language?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
]	Read your Native American Indian language?	0	0	0	\circ
	Write using your Native American Indian language?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	Understand someone who speaks your Native American Indian language?	0	0	0	0

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

FA	CE school:Wide Ruins Community School_ Date (mo/day/yr)						
	Child's name First:						
	Child's NASIS # Child's Tribal Affiliation:						
	Child's date of birth:						
	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? 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						
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: TANF SNAP/Food stamps Other						
4.	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)						
5.	About how many children's books are in this child's home? (Fill in one.)						
	None						
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						