

Date
Tutor Name
Tutor Phone
(have student fill out portions below if they are able -

Somali Adult Literacy Training

Student Name			
Student Phone Number ()			
Family Members (if children, ple	ase add age of e	each)	
Name:	Age:		
Address		City	
My goals for tutoring are:			

Interview – to ask th	e student			
What languages do	you speak?			
What languages do				
Have you attended so	chool in the pa	st? Tell me about your experiences	•	
Do you currently atte	nd school? Do	you attend English classes?		
As you go through the literacy: Listening/Sp		you will get a better feel for where	the student is	s at with the four key areas of
, ,,,,	-,	om what you've heard and seen fro	m the students	:
Listening		,		
Didn't get much of what said		Seemed to understand with w	ork .	Seemed at ease understanding
1	2	3	4	5
Speaking				
Struggled with basic words		Spoke, but worked hard - limited vocab		At ease with conversation
1	2	3	4	5
Reading				
Couldn't read any words		Read the words on the page with work		No issues reading the words
1	2	3	4	5
Writing				
Struggled with letters/numbers		Wrote basic words only - slo	wly	Wrote quickly and easily
1	2	3	4	5
Other notes:				