



Screening Form

Examiner: _____ Date: _____
Name: _____ Age Range: 17 - 18-64 65-84 85 +
Address: _____ Salary Range: under \$10,000 10-20
City: _____ St: _____ Zip: _____ 20-50 over \$50,000
Soc. Sec. #: _____
Home Phone: _____
Marital Status: Single Married Divorced Widowed
Work Number: _____ Last Grade Completed: _____
School: _____ Diploma GED None Other
Additional Training: _____

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1. Is reading a problem? Yes No
 2. Was it a problem in school? Yes No
 3. Are you a good speller? Yes No
 4. Is math a problem for you? Yes No
 5. Was it a problem when you were in school? Yes No
 6. Did you have any academic problems, special placement classes, or receive tutoring while in school?
If yes, please explain. _____
 7. Do you wear glasses for close work? Yes No If yes, do you have them with you? Yes No
When was the last time you had your eyes checked? _____
Are you aware of any hearing problems? Yes No
When was the last time you had your hearing checked? _____
 8. Goal(s) for continuing education: Reading Spelling Math GED College Prep Other: _____
 9. Have you taken the GED test before? Yes No If yes did you pass? Yes No
 10. How did you hear about the program? _____ Referred by: _____
 11. Have you ever been convicted of a felony or a misdemeanor, including pleading nolo contendere, or are you now under investigation for any such offense, other than a minor traffic offense? **Please note:** Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and similar charges are NOT considered minor traffic offenses. Yes No

Tuesday & Thursday Preferred class time: 9:00-11:00 a.m. 5:00 – 7:00 p.m.
Monday/Wednesday 5:00 – 7:00 p.m.



Payer Financial Information

If you do not choose to give Royce Learning Center personal income information, please sign this form indicating that you understand you will not qualify for a tuition concession and will be charged fair market value for services rendered.

Signature _____ Date: _____ Relation to Client: _____

Next of Kin: _____ Home Phone: _____ Work Phone: _____

Relation to Client: _____ Address: _____

Employer: _____ Occupation: _____

Address: _____

Yearly Income: _____ Additional Income: _____

If not employed, source of household income _____

Spouse's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Address: _____

Total Family Income: _____ Number of Dependents (Living at Home): _____

Ages: _____

I HAVE ENCLOSED PROOF OF INCOME (e.g. Up-to-date Georgia or Federal Income Tax Form, Monthly Social Services Statement, etc., if appropriate), I certify that the above information is true. I give ACE st Royce Learning Center permission to contact the people / agencies above to verify stated information. I understand this information will be updated periodically and will remain in a confidential file.

Also, I understand, if I do not complete the full semester, I am responsible for the full semester fees.

Signature: _____ Date: _____ Relation to Client: _____

To be completed by Center: Method of Payment: _____ Present Balance: _____

Justification: _____ Tuition Concession: _____

Adjusted Fee: _____ Approved: _____ Date to Re-evaluate: _____