Enrollment Form for BIE FACE Program Evaluation-Adult Information Program Year 2024 (July 1, 2023-June 30, 2024)

This form is to be completed by the enrolling adult at the time of enrollment or re-enrollment in PY23. Responses will remain confidential.

FACE school: Blackwater Comm	unity School	Date (mo/day/yr)					
Adult'sName: First:		Last :					
Adult's NASIS #	Adult's Tr	ibal Affiliation:					
Adult's date of birth (mo-day-yr)	Omale	OFemale				
Mailing Address		Your ph	none number ()				
Physical Address		Email address:					
Name and phone number of a co							
1. Child(ren) you are enrolling in	FACE:		Do you				
Name(s) of Children Yo FACE	u are Enrolling in	Your relationship child	this child? Child				
Child!			$\underline{\qquad}$ Yes No $\underline{\qquad}$ \mathbf{O} \mathbf{O}				
Prenatal (unborn) child 0	<u> </u>	Due date:					
2. Please describe why you are en	rolling yourself and yo	our child in FACE (fill	in all that apply):				
O To improve my pare	enting skills						
O To understand child development							
O To prepare my child	for school						
O To help my child ge	et along with others						
0 Tobe more involve	d with my child's scho	ol					
-	GED or high school of	liploma					
	demic skills so I can go	o to college/technical so	chool or get other				
O To help me with my	college/technical scho	ool coursework					
O To improve my read	ling skills						
0 To improve my emp	loyability skills						
O To get a job							
O To make friends							
O To improve my fam	ily's well-being						
O To obtain help in ide	entifying and accessing	g resources for family a	nd individual support				
O To improve my Nati	ve language skills and	cultural knowledge					
O Other (describe)							

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3.	What is the highest grade/educational levely ou have completed??					
	Below, please fill in each educational experience you have had.					
	O 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		
	Ο	Completed some college course(s): _ credit hours	0	Other:		
	0	Received a certificate (describe):				
4.	Are y	ou currently attending school (other than FACE adult edu	icatio	n)? O_{Yes} ONO		
5.		ou currently employed? 0_{Yes} 0_{No}				
	If yes	, approximately how many hours <u>a week do you work?</u>	h	oursper week.		
6.	Doyo	ou currently receive financial assistance from a state, feder	ral,or	tribal agency? Oyes O_{No}		

- If yes, Check all that apply: OTANF OSNAP/Food stamps OOther
- 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?	0	0	0	0
Read English?	Ο	Ο	0	Ο
Write English?	Ο	Ο	Ο	Ο
Understand someone speaking English?	Ο	Ο	Ο	Ο
Speak your Native American Indian language?	Ο	Ο	0	Ο
Read your Native American Indian language?	Ο	Ο	0	U _
Write using your Native American Indian language?	0	0	0	0
Understand someone who speaks your Native American Indian language?	0	0	Ο	0

Enrollment Form for BIE FACE Program Evaluation-Child Information Program Year 2024 (July 1, 2023- June 30, 2024)

FA	ACE school: Blackwater <u>Community School</u> Date (mo/day/yr)
	Child's name <i>First: Last</i> :
	Child's NASIS # Child's Tribal Affiliation :
	Child's date of birth: OMale OFemale
	Prenatal (unborn) child? OYes ONo Due date:
	Is this child enrolled in elementary school? O Yes 0 No If yes, what grade?
1.	With whom does this child live? Fill in all that apply. OMother OFather OGrandparent OFoster Parent OOther Relative 00ther 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'shousehold Female head of household Male head of household
	Name
	Relationship to child
	Hours per week employed
	Highest grade completed
	Currently attending school? Yes O No O Yes O No O
3.	Does the family with whom the child is living receive public assistance from a tribal, state, or federal agency 0Yes O No
	If yes, fillinall that apply: OTANF OSNAP/Food stamps OOther
4.	What language is spoken in the child's home? (Fill in all that apply)
	English O Native O Other O (specify)
	What is the primary or most frequently spoken language in the child's home? (Fill in one.)
	English ONative O Other O (specify)
5.	About how many children's books are in this child's home? (Fill in one.)
	None O About 5 O 6-10 O 11-20 O 21-30 O 31-50 O 51-99 O 100 or more C
6.	About how many books for adults are in this child's home? (Check one.)
	None O About 5 O 6-10 O 11-20 O 21-30 O 31-50 O 51-99 O 100 or more C