



Literacy Program

Servicing Adult`s within the city of Grande Prairie who have low literacy or have been impacted by an external/internal barrier (Examples listed below) whom are looking to learn coping skills, improve employability, or interested in furthering their education.

Learner Information

Name of Participant: _____

Phone Number: _____ Postal Code: _____

Address: _____

DOB: _____

Referring Agency Information

Person making the referral: _____

Referring Agency: _____

Phone Number: _____

Referral Date: _____

Reason For Referral

Eligibility for the literacy program-- low literacy External barriers-- chronic disrupted learning journey, previous negative experience in formal education, lived experience with low income/poverty, experience with trauma or violence, systemic marginalization & stigmatization. Internal barriers-- diagnosed or undiagnosed learning difficulties/disabilities, developmental or cognitive delays, health/mental health concerns, addiction issues & fear or further stigmatization/sense of failure associated with learning

*Families Learn & Grow *Skills For Learning *Reading/Writing/Document Use *Family Literacy *Learner Support

Consent:

I, _____ understand the information on this form is consent to the sharing of this information with Grande Prairie Family Education Society.

Learner Signature: _____

Signature of person referring: _____

Date: _____

If client is not present, please note that consent was taken over the phone.