



PARTICIPANT INFORMATION (please print)			
Last Name:		First Name:	
Organization represented:	<input type="checkbox"/> _____ <input type="checkbox"/> Parent <input type="checkbox"/> Student: _____	Email:	
Address:		Postal Code:	
City:		Age (years):	<input type="checkbox"/> under 25 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> over 65
Phone (C)(H):		Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Phone (W):		Fax:	

VOLUNTARY INFORMATION This information is requested for statistical purposes only. Complete the area(s) that apply to you.	
<input type="checkbox"/> I am a member of a visible minority.  <input type="checkbox"/> I have an ongoing disability. I may require assistance in order to participate.	I am of Aboriginal ancestry (check one) <input type="checkbox"/> Métis <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Inuit <input type="checkbox"/> Non-status Indian

I give READ Saskatoon and the Saskatchewan Literacy Network permission to share my contact information as stated on this form with other literacy practitioners in the province of Saskatchewan.

I give READ Saskatoon and the Saskatchewan Literacy Network permission to use and share any photos that were taken during this literacy training event (for example: on literacy tip sheets, on their websites, in eNews, and on other promotional or resource material.)

I would like READ Saskatoon and the Saskatchewan Literacy Network to contact me about training in the following areas: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Your answers to the following questions will be used to improve our workshop. All of your answers will be kept confidential.

1. How did you find out about this workshop?

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Mail      | <input type="checkbox"/> READ Saskatoon Website |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Referral by _____      |
| <input type="checkbox"/> Radio            | <input type="checkbox"/> Other _____            |

2. Please check all literacy programs you have attended:

- |  |  |
|--|--|
| <input type="checkbox"/> Introduction to Family Literacy | <input type="checkbox"/> Rhymes, Songs & Storytelling        |
| <input type="checkbox"/> Alphabet Soup                   | <input type="checkbox"/> Storysacks                          |
| <input type="checkbox"/> Come Read With Me               | <input type="checkbox"/> Plain Language                      |
| <input type="checkbox"/> Keys to Family Literacy         | <input type="checkbox"/> Program Planning & Proposal Writing |
| <input type="checkbox"/> LAPS and/or Aboriginal LAPS     | <input type="checkbox"/> Tutor Training                      |
| <input type="checkbox"/> PRINTS and/or Aboriginal PRINTS | <input type="checkbox"/> Other: _____                        |

Please rate your current level of knowledge/experience with each of the areas below using the given scale.

**Scale: 4 Yes, definitely; 3 Yes, to some degree; 2 No, not really; 1 No, not at all**

	4	3	2	1	Comments
3. I understand family literacy principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I know how to find local and provincial family literacy information and resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I have initiated family literacy activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Thank You!