

Name _____
(Last / Family) (First)

Telephone Number _____

Email Address _____

Home Address _____

School District _____

Country of Origin _____

Language(s) Spoken _____

Months / Years of ESL training in the United States _____

Employment in Native Country _____

Employment in the United States _____

Best Day to Attend Class:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

*Classes will be held during the second week of each Month on the best day that is determined by the group - participants will be made aware of exact date once all surveys are returned. Each class will run from 6:00 - 8:00 PM.

What are your goals for attending this program? (Helping child with homework, wanting to volunteer in school, meeting other parents, assistance with navigating the school system, etc.)

Please return this questionnaire to Rebecca Creasy or Rachel Majcher by September 22, 2017.

Questions? Please contact 412-668-2064 or r.creasy@yswpcs.org or r.majcher@yswpcs.org