

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

**LEARNER BACKGROUND INTERVIEW PROTOCOL  
FORM B**

**LEARNER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROGRAM AND SITE LOCATION:** \_\_\_\_\_

**CLASS NAME:** \_\_\_\_\_

**INSTRUCTOR NAME:** \_\_\_\_\_

**DATA COLLECTOR NAME:** \_\_\_\_\_

**Introduction:** In (*Interviewer: Tell learner the month of the pre-test interview*), I interviewed you about your background, why you enrolled in this class, and some other questions about you. Today, I'd like to talk to you again about how things have been since our last conversation. As before, participation in the interview is entirely voluntary and what you tell us will be kept entirely confidential.

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

**General Description of Learner’s Program Experience**

1. Please describe your experience in the adult education program since we last talked. Have you enjoyed it? If yes, why? If no, why not? What is your general feeling about your experience?
  
2. Thinking of the Reading Class you attended this year, what have you learned in this class this year?  
*(Interviewer: Probe for specific examples of learning.)*
  
3. What did the teacher in this class do to help you learn? What about the way that you were taught was helpful? *(Interviewer: Probe for specific activities.)*
  
- 4a. Did the materials you used in this class help you?
 

Yes.....	1
No ( <i>Skip to Question 5a</i> ).....	2
  
- 4b. If Yes to Question 4a: Which materials helped you? *(Interviewer: Probe for types of materials if respondent doesn’t know the specific name.)*
  
- 4c. If Yes to Question 4a: In what ways did the materials help you? *(Interviewer: Probe for whether the materials helped the learner to remember what was being taught, reinforced learning.)*
  
- 5a. Did you work with a tutor to help you with your reading outside of class?

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

- Yes ..... 1
- No (*Skip to Question 6a*)..... 2

5b. If yes, for how many weeks or months did you work with the tutor?

Weeks \_\_\_\_\_ OR Months \_\_\_\_\_

5c. If yes, how many days of the week and how many hours per day did you work with the tutor?

Number of days per week: \_\_\_\_\_ AND Number of hours per day: \_\_\_\_\_

6a. Were there computers available for you to use in the class or in a lab?

- Yes..... 1
- No (*Skip to Question 7a*)..... 2

6b. Did you use computers in this class?

- Yes..... 1
- No (*Skip to Question 7a*)..... 2

6c. If Yes to Question 6b: What subject(s) did you study using the computer?

7a. Were you given homework in this Reading class?

- Yes..... 1
- No (*Skip to Question 8a*)..... 2

7b. If Yes to Question 7a: Please describe the types of homework assignments you had in this class. (*Interviewer: Probe for specific assignments, e.g., read an article, answer questions, write something.*)

7c. If Yes to Question 7a: How many times a week did you have homework assignments in this class? (*Interviewer: Read all response choices to the learner and select one.*)

- 3 or more times a week..... 1
- 1-2 times a week..... 2
- 2-3 times a month..... 3
- Once a month or less..... 4

7d. If Yes to Question 7a: Did you do the homework assignments you had in this class?

- Yes (*Skip to Question 7f*)..... 1
- No..... 2

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

7e. If No to Question 7d: Why did you not do your homework assignments? (*Interviewer: Probe for specific reasons such as lack of free time, assignment too difficult.*)

7f. If Yes to Question 7d: Did anyone help you with your homework? If yes, who helped you?

Yes. Specify who helped: \_\_\_\_\_ 1  
 No..... 2

8a. Did you practice on your own, outside of class, any of the things you were learning in this class?

Yes..... 1  
 No (*Skip to Question 9a*)..... 2

8b. If Yes to Question 8a: What did you practice? (*Interviewer: Probe for specific examples such as reading items at home or at work; sounding out letters or words.*)

9a. In what month and year did you first enroll in this program? (*Interviewer: If learner cannot recall the month, probe for the year.*)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

9b. Currently, what class(es) are you taking? (*Interviewer: Circle all that apply.*)

Reading..... 1  
 Writing..... 2  
 Math..... 3  
 Preparation for GED..... 4  
 Other (Specify)..... 5

10. Currently, how many hours of classes do you attend in this program each week? (*Interviewer: If learner is taking more than one class, count the hours for all classes.*)

\_\_\_\_\_ Number of classes  
 \_\_\_\_\_ Number of hours per week for all classes

11a. Have you taken any of the GED tests since (*Tell the learner the month of the pre-test interview*)?

Yes..... 1  
 No (*Skip to Question 12a*)..... 2

11b. If Yes to Question 11a: When did you last take a GED test since: (*Tell the learner the month of the pre-test interview*)? (*Interviewer: If the exact month/year is not available, probe for approximate date.*)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

OR

Don't remember (*circle*)..... 1

11c. If Yes to Question 11a: How did you prepare for the tests? (*Interviewer: Do not read the categories, but listen to the learner's response(s) and circle the number of all that apply from the list below.*)

Didn't prepare..... 1  
 Self-study..... 2  
 GED preparation class..... 3  
 Tutor..... 4  
 TV, distance learning..... 5  
 Helped by family member or friend..... 6  
 Other (Specify) \_\_\_\_\_ 7

11d. If Yes to Question 11a: Which GED test(s) did you take? (*Interviewer: Read each category to the learner and select all that apply.*)

Language Arts, Reading..... 1  
 Mathematics..... 2  
 Science..... 3  
 Social Studies..... 4  
 Language Arts, Writing..... 5  
 Don't remember..... 6

11e. If Yes to Question 11a: Which GED test(s) did you pass since (*Tell the learner the month of the pre-test interview*)? (*Interviewer: Read each category to the learner and select all that apply.*)

Language Arts, Reading..... 1  
 Mathematics..... 2  
 Science..... 3  
 Social Studies..... 4  
 Language Arts, Writing..... 5  
 Never found out..... 6  
 None ..... 7

**Employment and Job Training**

**Now, I'd like to ask you some questions about your work and job training.**

12a. Were you employed in (*Interviewer: Tell the learner the month of the pre-test interview*)?

Yes, employed ..... 1  
 No, not employed ..... 2  
 Was retired..... 3  
 Not sure/can't remember ..... 4

12b. How many paid jobs have you had since (*Interviewer: Tell the learner the month of the pre-test interview*)?

- \_\_\_\_\_ jobs
- None (*Skip to Question 15a*)..... 1
  - Not sure (*Skip to Question 15a*) ..... 2

13a. Are you currently employed, not employed, or retired?

- Yes, employed..... 1
- No, not employed (*Skip to Question 14a*)..... 2
- Not employed and retired (*Skip to Question 14a*)..... 3
- Yes, employed and retired..... 4

13b. If the learner is employed: What is your job? (*Interviewer: If the learner works more than one job, select the one he/she works most often. If the learner works multiple jobs with equal time, select the job with the highest salary.*)

13c. If the learner is employed: Is your job a: (*Interviewer: Read each category to the learner before asking for a response. Circle one.*)

- Permanent, full time job (32 hours a week or more)..... 1
- Permanent, part time job..... 2
- Temporary job (full-time)..... 3
- Temporary job (part-time)..... 4
- Seasonal job..... 5
- Paid job training position (i.e., TANF, JTPA)..... 6
- Self employed..... 7
- Sporadic employment..... 8
- Other (Specify) \_\_\_\_\_ ..... 9

13d. If the learner is employed: How many weeks, months, **OR** years have you had this current job?

\_\_\_\_\_ weeks OR \_\_\_\_\_ months OR \_\_\_\_\_ years

13e. If the learner is employed: How many **hours OR days** per week do you currently work?

\_\_\_\_\_ hours/week (*preferred response*) OR  
 \_\_\_\_\_ days/week

13f. If the learner is employed: How much money do you currently earn each **hour OR week OR month** at your job? (*Interviewer: Indicate either the hourly OR weekly OR monthly wages.*)

\_\_\_\_\_ dollars \_\_\_\_\_ cents per HOUR Or  
 \_\_\_\_\_ dollars \_\_\_\_\_ cents per WEEK Or  
 \_\_\_\_\_ dollars \_\_\_\_\_ cents per MONTH

- Don't know / Can't remember ..... 1
- Refuses to answer (*Circle*)..... 2

**Skip to Question 14.**

**Use of Basic Skills**

**Now, I am going to ask you some questions about the type of reading, writing and math you do at home or at work.**

14. Which of the following things do you have in your home? *(Interviewer: Read each category to the learner and circle all that apply.)*

- Computer..... 1
- A specific place to study..... 2

15a. Do you buy or subscribe to any magazines?

- Yes..... 1
- No (*Skip to Question 16a*)..... 2

15b. If Yes to Question 15a: What are the names (or topics) of magazines that you buy or subscribe to?

16a. Are there books in your home?

- Yes..... 1
- No (*Skip to Question 17*)..... 2

16b. If Yes to Question 16a: What types of books do you currently have in your home? *(Interviewer: Read each category to the learner and circle all that apply.)*

- Novels, stories, poems, biographies, etc..... 1
- Children's books..... 2
- Reference books, e.g., dictionary, computer books, cook books..... 3
- Religious books, e.g., the Bible..... 4
- Other (Specify the type)..... 5

**Strengthening Adult Reading  
Instructional Practices**

OMB#:

Exp. Date:

Code # \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_



17. Here is a list of things that people may read or write in English. How often do you do the following things? Select the answer that comes closest to how often you do each activity.

*(Interviewer: Use response card. Read and point to categories across the card. Ask learner to select one response for each item. Circle each response.)*

	Almost every day	A few times a week	About once a week	About 2 to 3 times a month	About once a month	Almost never
1. Read school/class assignments, materials	1	2	3	4	5	6
2. Read advertisements in the mail, coupons	1	2	3	4	5	6
3. Read letters, bills	1	2	3	4	5	6
4. Read labels on food, cooking recipes	1	2	3	4	5	6
5. Read religious materials	1	2	3	4	5	6
6. Read street signs, bus schedules	1	2	3	4	5	6
7. Read newspapers, magazines	1	2	3	4	5	6
8. Read books	1	2	3	4	5	6
9. Read TV Guide or other television listing	1	2	3	4	5	6
10. Read other things (Specify below)	1	2	3	4	5	6
11. Write school/class assignments, materials	1	2	3	4	5	6
12. Write checks, money orders	1	2	3	4	5	6
13. Write letters, e-mail, greeting cards, notes, memos	1	2	3	4	5	6
14. Write forms or applications	1	2	3	4	5	6
15. Write entries in a diary, stories, poems	1	2	3	4	5	6
16. Write grocery lists	1	2	3	4	5	6
17. Write other things (Specify below)	1	2	3	4	5	6
18. Do math	1	2	3	4	5	6
19. Use a computer	1	2	3	4	5	6



**Strengthening Adult Reading  
Instructional Practices**

OMB#:

Exp. Date:

Code # \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_



18a. Does anyone help you with your writing or reading other than teachers or tutors in the adult education program you are attending?

- Yes ..... 1  
 No (*Skip to Question 19a*)..... 2

18b. If Yes to Question 18a: Who helps you with your writing or reading? (*Interviewer: Read each category to the learner and circle all that apply.*)

- Spouse or partner..... 1  
 Child..... 2  
 Other relative(s)..... 3  
 Friend..... 4  
 Neighbor..... 5  
 Other (Specify)..... 6

**Interviewer: If respondent is currently employed then proceed with Question 19a. If not, skip to Question 20.**

19a. Do you read, write, or do math for your job?

- Yes ..... 1  
 No (*Skip to Question 20*)..... 2

19b. If Yes to Question 19a: How often do you do the following things at work? Select the answer that is closest to how often you do each activity. (*Interviewer: Use response card. Read and point to categories across the card. Ask learner to select one response for each item. Circle each response.*)

	Almost every day	A few times a week	About once a week	About 2 to 3 times a month	About once a month	Almost never
1. Read instructions, manuals, safety documents, schedules, forms, etc.	1	2	3	4	5	6
2. Read reports, books, trade magazines, etc.	1	2	3	4	5	6
3. Read or write e-mail, letters, memos, etc.	1	2	3	4	5	6
4. Read a computer screen or enter information into a computer	1	2	3	4	5	6
5. Search information on the Internet	1	2	3	4	5	6
6. Handle money, use cash register	1	2	3	4	5	6
7. Do math	1	2	3	4	5	6
8. Assist or teach new or other employees	1	2	3	4	5	6

20. Do you have a library card?

- Yes ..... 1
- No ..... 2



21a. Since \_\_\_\_ (*Interviewer: Tell learner the month of the pre-test interview*), have you gone to a library?

- Yes ..... 1
- No (*Skip to Question 22a*)..... 2

21b. *If Yes to Question 21a:* About how many times have you gone to a library since (*Interviewer: Tell learner the month of the pre-test interview*)?

\_\_\_\_\_ (number of times)

21c. *If Yes to Question 21a:* What did you do at the library? (*Interviewer: Read each category to the learner and circle all that apply.*)

- Check out books to bring home to read myself..... 1
- Check out books for my child(ren) to read ..... 2
- Check out other materials (e.g., CD's, video tapes) to use at home..... 3
- Use reference materials..... 4
- Study, do my school work..... 5
- Read magazines or newspapers in the library..... 6
- Attend social events..... 7
- Other (Specify) \_\_\_\_\_..... 8

22a. What language do you usually speak at home?

- English..... 1
- Spanish..... 2
- Other (specify) \_\_\_\_\_..... 3

22b. (*Interviewer: Ask only if the learner is currently working.*) Which language do you usually speak at work?

- English..... 1
- Spanish..... 2
- Other (specify) \_\_\_\_\_..... 3

**Health**

**Now, we would like to know if your health has influenced your ability to participate in work or educational activities.**

23. Overall, how would you rate your health? (*Interviewer: Use response card. Read and point to the categories across the card. Ask learner to select one response. Circle the response.*)

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

- Very good..... 1
- Good ..... 2
- Fair..... 3
- Poor..... 4

24a. Have you experienced any problem with your health since we talked in **(Interviewer: Tell the learner the month of the pre-test interview)?**

- Yes..... 1
- No (Skip to Question 25)..... 2

24b. If Yes to Question 24a: Has this problem affected your participation in the adult education program?

- Yes..... 1
- No (Skip to Question 25)..... 2

24c. If Yes to Question 24a: In what ways has this problem affected your participation in the program?

25. Many people have a problem or disability that gets in the way of work or education. Do you currently have any of the following problems? **(Interviewer: Read all categories and circle all that apply.)**

- An illness that has lasted a long time..... 1
- Vision problems..... 2
- Hearing problems..... 3
- Other physical handicap or disability..... 4
- Learning problems ..... 5
- Speech problems..... 6
- Emotional problems..... 7
- None..... 8

**Demographic Information**

26. Can you tell me your current legal marital status? **(Interviewer: Read all categories below and circle one response.)**

- Single..... 1
- Married..... 2
- Common-law marriage..... 3
- Divorced..... 4
- Separated..... 5
- Widowed ..... 6

27. About how much money do **you** currently make or receive per year or per month? Think about all sources of income, such as jobs, alimony, child support, public assistance, Unemployment Insurance, Social Security or SSI that you receive. Don't include any income that someone else in your household makes. **(Interviewer: Record the amount of income, probe/verify whether it is the MONTHLY or YEARLY income, and circle 1 or 2 accordingly.)**

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

Amount of income: \$ \_\_\_\_\_ Per MONTH . . . . 1 Per YEAR . . . . 2

**Interviewer: ONLY IF the learner hesitates to report an exact amount, say:**

If you prefer, I'll read you a general range and you can pick the one that applies to your income. Is it easier to think about your MONTHLY income or YEARLY income? **(Interviewer: Read the MONTHLY OR the YEARLY income ranges and circle the range the learner selects.)**

<b>MONTHLY</b>		<b>YEARLY</b>	
Under \$100 per month.....	1	Under \$999 per year .....	1
\$100 – \$249 per month.....	2	\$1,000 – \$2,999 per year.....	2
\$250 – \$499 per month.....	3	\$3,000 – \$5,999 per year.....	3
\$500 – \$749 per month.....	4	\$6,000 – \$8,999 per year.....	4
\$750 – \$999 per month.....	5	\$9,000 – \$11,999 per year.....	5
\$1,000 – \$1,249 per month.....	6	\$12,000 – \$14,999 per year.....	6
\$1,250 – \$1,664 per month.....	7	\$15,000 – \$19,999 per year.....	7
\$1,665 – \$2,084 per month.....	8	\$20,000 – \$24,999 per year.....	8
\$2,085 – \$2,499 per month.....	9	\$25,000 – \$29,999 per year.....	9
\$2,500 or more per month.....	10	\$30,000 or more per year.....	10
Don't know.....	11	Don't know.....	11
Refuses to answer.....	99	Refuses to answer.....	99

28a. Do you currently receive any public assistance (e.g., TANF, food stamps, Supplemental Security Insurance, refugee cash assistance, old age assistance, etc.)?

Yes ..... 1  
 No (Skip to Question 29a) ..... 2

28b. If Yes to Question 28a: Since **(Interviewer: Tell learner the month of the pre-test interview)** how many months have you been receiving public assistance?

\_\_\_\_\_ Months

**Skip to Question 30a.**

29a. If No to Question 28a: Did you receive any public assistance (e.g., TANF, food stamps, Supplemental Security Insurance, refugee cash assistance, old age assistance, etc.) since **(Interviewer: Tell learner the month of the pre-test interview)**?

Yes ..... 1  
 No (Skip to Question 30a) ..... 2

29b. If Yes to Question 29a: Since **(Interviewer: Tell learner the month of the pre-test interview)** how many months did you receive public assistance?

\_\_\_\_\_ Months

30a. About how many times have you missed class since **(Interviewer: Tell learner the month of the pre-test interview)**?

\_\_\_\_\_ days

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

30b. What were some of the reasons why you missed class? *(Interviewer: Probe for reasons related to child care, transportation, work schedule, family problems, health, motivation, etc.)*

31a. Has your life been affected or changed by any of the things that you've learned this year in this class/program?

- Yes..... 1
- No (*Skip to Question 32a*)..... 2

31b. If Yes to Question 31a: In what ways has your life been affected by the things that you've learned this year in this class/program? *(Interviewer: Probe for specific activities learner has undertaken; changes learner has made in his/her life.)*

32a. Do you have any plans to continue going to school or taking classes?

- Yes..... 1
- No (*Skip to Question 33*)..... 2

32b. If Yes to Question 32a: What do you want to learn or plan to learn?

32c. If Yes to Question 32a: When do you want to take those classes or plan to take those classes?

33. What kinds of things would you like to learn more about in your lifetime? *(Interviewer: Probe for specific things, skills or information that learner can use at home or at work.)*