

SOUTHWEST INDIANA NETWORK FOR EDUCATION

Adult Literacy Marketing Questionnaire

The Southwest Indiana Network for Education is prepared to launch its marketing campaign for the adult literacy programs supported by S.I.N.E. funding. Through the adult literacy needs assessment, the need for marketing of programs was repeated by many of the providers of adult literacy services.

Potential clients as well as service providers are many times unaware of programs within their communities and have expressed the need for consolidation of information. S.I.N.E.'s plan is to provide a clearinghouse for clients seeking services. The clearinghouse will enable a potential learner to call a central telephone number at any time of the day or night and receive information regarding services in the S.I.N.E. nine-county region.

The following questionnaire will enable S.I.N.E. to provide up-to-date and accurate information regarding services of each organization. Please fill out the following questions and return to kchattin@sineonline.com by 09/18/2002. If you have any questions about this questionnaire or the Adult Literacy program please call SINE at 866-380-7463.

Thank you for your cooperation and participation.

Sincerely,

Instructions for Completion of the Questionnaire of the Adult Literacy Marketing Questionnaire

Below are brief instructions for completing the attached questionnaire. Duplicate as necessary for additional programs and services. Send the completed questionnaire to SINE. If you have any questions about the completion of this questionnaire please call Kevin Chattin at 866-380-7463, fax at 812-749-4972.

Name of the Organization

Please enter the full name of your organization in this field.

Contact Person(s)

Please list the name and title of the contact person or persons for your organization. This person could be the person in your organization that is responsible for the intake of new learners. This persons name will be given to the potential client by the clearinghouse.

Phone Number(s)

Please list the phone number(s) that the clearinghouse should provide to the potential learner. This number should be the direct number of the contact person or the main line for the organization.

County(ies) of Programs

Enter the name of the county in which the organization provides services. If your organization provides services in more than one county please list each county that your organization serves.

Website of Organization

Please list the URL or link to your organizations website, if you do not have a website please indicate as N/A (not applicable).

Email Address of Contact

Please list the email address of the contact you listed in an earlier section of the questionnaire. If the contact does not have an email address, please provide the name, title and email address of another contact in the organization.

Address of the Organization

Please provide the address of your organization including street, city, state and zip code.

Literacy Programs

Under the program section list the literacy programs offered at your organization. These programs should include basic literacy, Adult Basic Education, GED preparation and testing, English as a Second Language, and basic computer literacy. For each of the programs indicate the days and hours of the service, and location of the service. Also indicate the environment of the service whether it is a classroom setting, one-on-one, or computer based. Also list any costs to the learners involved.

Additional Programs and Services

Please list any additional programs and services that are not listed in the literacy program section above. These programs and services could include programs for job services, parenting, childcare, transportation or others. Also provide the specific details for each of the programs and services.

Qualifications

Please list any program qualifications. List the program and the qualifications or requirements that the learner must meet in order to participate in a service.

Adult Literacy Marketing Questionnaire

Name of Organization:	County(ies) of Programs:	Address of the Organization:
Contact Person(s):	Website of Organization:	Street
Phone number(s):	Email Address of Contact:	City State Zip Code

Literacy Programs (Literacy, ABE, GED Prep, ESL, Basic Computer Literacy, etc...)

Program	Day(s) of the week	Hours	Location	Environment	Costs
1.					
2.					
3.					
4.					
5.					
6.					

Additional Programs and Services (Job services, parenting, childcare, transportation etc...)

Program	Day(s) of the week	Hours	Location	Environment	Costs
1.					
2.					
3.					
4.					
5.					
6.					

Please list any required qualifications of learners and indicate the corresponding program or service.
