



Career Pathways Assessment Form

This form is intended to find out more about your background, experience, and college and career goals. These questions will help us maximize the resources and support we can provide, to best assist you with reaching your goals.

Demographic Information

Last Name		First Name		Middle Name	
Preferred Name		Date of Birth (mm/dd/yyyy)		Student Number	
Address			City	State	Zip Code
Mailing Address (Check if same <input type="checkbox"/>)			City	State	Zip Code
Cell Phone		Alternative Phone		Email Address	
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Choose not to specify <input type="checkbox"/> Other Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> Ze <input type="checkbox"/> They <input type="checkbox"/> Other _____					
Primary Language Spoken at Home:			Other Languages Spoken by Student:		
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Racial _____ <input type="checkbox"/> Choose not to specify					
The following questions could help us identify special programs that you may qualify for: Are you a Veteran of the United States Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse of a Veteran of the United States Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently or have you ever been in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Conviction _____ Any other involvement with the criminal justice system that might impact your college or career goals? Please Explain:					
Household Information					
Is your current housing situation unstable? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been homeless in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Family Size: How many people live in your household including you? _____					

Household Information Continued

Estimated Family Income:

- Less than \$20,000 per year
 \$20,000 to \$30,000 per year
 \$60,000 or more per year
 \$40,000 to \$50,000 per year
 \$50,000 to \$60,000 per year

Do you or anyone in your household receive any of the following (mark all that apply):

- SNAP/Food Stamps
 Free or Reduced Lunch
 SSI
 TANF
 WIC
 Housing Assistance
 Unemployment
 Trade Act Assistance

Have you applied for and or do you receive any of the following Financial Aid (mark all that apply):

- Pell Applied for Receive
 Oregon Promise Applied for Receive
 Oregon Opportunity Grant Applied for Receive
 Scholarships Applied for Receive
 Student Loans Applied for Receive
 Work-Study Applied for Receive (currently employed in a work-study job)

Are you currently (mark all that apply):

- Caring for a child under 6
 A single parent caring for a child/children ages 6 to 12
 Caring for a disabled adult or child
 None of the above
 A teen parent

Are you currently receiving support finding a job, getting training anywhere, or enrolled in any programs such as SNAP 50/50, WorkSource, Oregon Employment Department, WIOA? If so, please describe?

Education

Are you currently a student? Yes No

If yes, are you enrolled: Half Time or Less ¾ Time Full Time GED/ABE/ESL

<i>Highest Grade Completed:</i>	You	Parent/Guardian 1	Parent/Guardian 2
Below High School/GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some High School /GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some college but no credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associates Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Degree _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended School in another country Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you attended any other colleges, universities, vocational, or trade schools? Yes No

If Yes, where? (school name/s, location/s)? _____

Have you had your prior transcripts sent to SWOCC? Yes No

Employment**Are you currently physically and mentally able to work?** Yes No**Please Note:** Accommodation is available through Disability Services. If you have a disability that requires academic adjustments and services, please contact Disability services as soon as possible for information regarding eligibility and deadlines to receive services. Some accommodations require several weeks to put into place. Call Director of Disability Services at 541-888-1578.Are you currently working? Yes NoIf you are currently working:

Name of your current employer: _____

Current Job Title: _____

Benefits? _____ Current wage: \$ _____

Average hours currently worked per week? _____

Work Schedule (please note if it varies):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If you are not currently employed:

When were you last employed? (Month and Year) _____

Name of your most recent employer: _____

Most recent Job Title: _____

Why did you leave your last job? _____

Do you have a current Driver's License? Yes NoIf no, do you have a current ID? Yes No**How did you hear about our program?** GED/ESOL Class Flyer SWOCC Website DHS

Name of the person referring?

 SWOCC college faculty or staff

Name of the person referring?

 Friend/family member

Name of the person referring?

 WorkSource Center

Location and name of the person referring?

 Community-based organization /Non-profit

Name of agency and person referring?

 Other (please explain):

Student Signature

Date

Staff Use Only

SNAP GED ESL ABS
 OED GW DHS SCBEC

SNAP Eligibility: Yes No Applying
Verification Date:

Courses enrolled in prior:

GED/HS Diploma completed: Yes No Date: _____

Placement Scores: RD _____ Date: _____ WR _____ Date: _____
MTH _____ Date: _____ CASAS _____ Date: _____

GPA: Overall: _____ Most recent term: _____

Was student referred to any other resources or programs within or outside of college? Yes No

Recommended next steps:

Staff Name

Date

Notes:
