



# CalWORKs STUDENT SURVEY

Current Quarter: \_\_\_\_\_

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SID: \_\_\_\_\_ Case # \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Survey must be completed each quarter and returned with your TBA to the office.

Did you receive Academic Counseling services from the following areas?

- CalWORKs Counselor  Y  N
- EOPS  Y  N
- Counseling Center  Y  N

What was your family status *last quarter*?  1 Parent Family  2 Parent Family

Did you receive services in the following areas?

Check services:  Career Closet  Personal Counseling  Resume Writing

Were you working last quarter?  Y  N

If you answered NO, you have completed this survey. Please turn over and fill out Student Needs Assessment. – Please return it with your TBA.

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If you answered YES, you were working last quarter, please complete the additional questions.

- Check your job type:  Work Study (if so) →  On-campus  Off-campus
- Unsubsidized Employment (A paid, regular job)
  - Volunteer Position
  - Externship/Internship

List your field of work: \_\_\_\_\_  
(Example: customer service, business administration, computers, etc.)

Employment Start Date: \_\_\_\_\_ END date or current date if still employed: \_\_\_\_\_  
(If you do not know the exact date please list month) (If you do not know the exact date please list month)

Average number of hours worked per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_

Student Needs Assessment(over) →