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.

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) ➔