Edmonds Career Access Program (EdCAP) Student Questionnaire

This questionnaire is a way for us to learn more about you and your experiences, and will help us to support you better. The answers in this packet <u>will not</u> be used in order to determine your eligibility for the EdCAP program.

Student Information		
Student Name: Si	tarting Quarter: Fall Winter Spring 20	
Student Age: Student Grade Level: Please tell us how you heard about EdCAP:	Student Original Grad Year:	
Housing Information		
My Housing is stable: ☐Yes ☐No If experiencing homeles	ssness, do you have a place to sleep: □Yes □No	
Student Lives With: (Check all that apply) Relatives Other: Parent/s Legal Guardian Relatives Other:	-	
School information		
Do you have a GED?		
Are you Currently Employed? □Yes □No If yes, Emp	,	
Job Title:	Hours A week:	
Are you able to schedule work around your school schedule? Please select your preference of class times (Advisors will do their best to accommodate your preferred schedule)	Notes:	
☐ I prefer to take classes in the morning (Before 12pm) ☐ I prefer to take classes in the afternoon (12-5pm) ☐ I prefer to take classes in the evening (After 5pm) ☐ I have other scheduling needs not listed above		

(Utilize notes section to explain)

Personal Background

These questions are meant to help us support you, advocate for you and direct you to campus and community resources. The answers in this packet <u>will not</u> be used in order to determine your eligibility for the EdCAP program. If you are uncomfortable answering the questions in this section, you may check the box below and skip to "Plans in EdCAP"

Are any automatic and account and a series and	destions in Tersonal Buckground
Are you currently, or have you ever been/experienced:	
Involvement in the Criminal Justice System: Are you Currently on Probation? Do you have any upcoming Court Dates Are you required to be in school as term	
	ng? □Yes □No Due Date? es of Children? Yes □No
Use of drugs/Alcohol: \[\text{Have you received treatment?} \tag{\text{Urrently in Outpatient?}} \text{ \text{UYes}} \tag{\text{Uyes}} \tag{\text{If yes, what dates/times do you attend?}} \]	
Use of State Assistance: □Yes □No	
Please Check any resources that you utilize: ☐ Food Stamps ☐ Social Security ☐ WIC (women, Infants and Children) ☐ Child Care Subsidy Program	 ☐ Unemployment ☐ Cash Assistance ☐ Housing Assistance ☐ TANF (Temporary Assistance for Needy Families)
Littlia Care Subsidy Program	i TANF (Temporary Assistance for Needy Families)
Plan	s in EdCAP
What are you planning on working on while in EdCAP?	What Majors/Focus areas are you interested in?
□GED □High school Diploma □College Certificate □College Degree	
Do you plan on continuing in higher education once you are	finished with EdCAP? □Yes □No
Please use this section to answer the following questions: W	/hy do you think EdCAP is a good fit for you? What are you most
Please use this section to answer the following questions: We looking forward to in EdCAP, and how can we best support y	