

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 will not be used in order to determine your eligibility for the EdCAP program.

Student Information

Student Name: _____ Starting Quarter: Fall Winter Spring 20____

Student Age: _____ Student Grade Level: _____ Student Original Grad Year: _____

Please tell us how you heard about EdCAP: _____

Housing Information

My Housing is stable: Yes No If experiencing homelessness, do you have a place to sleep: Yes No

Student Lives With: Parent/s Agency
(Check all that apply) Legal Guardian On-Own
 Relatives Friends
 Other: _____ Spouse/Partner

Please Check this box if you are currently or have ever been in the Foster Care System

School information

Do you have a GED? Yes No If No, are you interested in obtaining your GED? Yes No

Have you ever been eligible for the following:
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> College Credit: |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> College in the High School |
| <input type="checkbox"/> ELL Services | <input type="checkbox"/> Tech Prep |
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> AP or IB (Circle which one) |
| <input type="checkbox"/> College Bound Scholarship | <input type="checkbox"/> Running Start |
| <input type="checkbox"/> Other Scholarships/Supports: _____ | |

Employment/Schedule Information

Are you Currently Employed? Yes No If yes, Employer: _____

Job Title: _____ Hours A week: _____

Are you able to schedule work around your school schedule? Yes No

Please select your preference of class times
(Advisors will do their best to accommodate your preferred schedule)

- 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)

Notes: _____

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 **will not** 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"

I Prefer not to answer questions in "Personal Background"

Are you currently, or have you ever been/experienced:

Involvement in the Criminal Justice System: Yes No

Are you Currently on Probation? Yes No

Do you have any upcoming Court Dates: Yes No Date? _____

Are you required to be in school as terms of probation? Yes No

Pregnancy/Parenting: Yes No

Are you/your partner Currently expecting? Yes No Due Date? _____

Have Children? Yes No Ages of Children? _____

Do you have arranged Childcare? Yes No

Use of drugs/Alcohol: Yes No

Have you received treatment? Yes No

Currently in Outpatient? Yes No

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)

Plans in EdCAP

What are you planning on working on while in EdCAP?

GED

High school Diploma

College Certificate

College Degree

What Majors/Focus areas are you interested in?

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: Why do you think EdCAP is a good fit for you? What are you most looking forward to in EdCAP, and how can we best support you? *Continue on back of page if needed*

