



Rising to Success PATHWAYS Student Needs Assessment

CSID: _____	DOB: _____
Campus/Site: _____	
Term: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT
Program: _____	
Course(s): _____	
Instructor: _____	
Preferred Language: _____	

1. I am looking for employment: YES NO | PT FT Undecided

2. Check all boxes you are interested in receiving information on or support in:

- | | |
|--|--|
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Housing Referrals |
| <input type="checkbox"/> CalWORKS | <input type="checkbox"/> Immigration Resources |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Interview Techniques |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Class Supplies/Materials | <input type="checkbox"/> Mental Health/Wellness |
| <input type="checkbox"/> College Transition/ SD Promise Program | <input type="checkbox"/> Paid Work Experience |
| <input type="checkbox"/> Disabled Student Programs + Services (DSPS) | <input type="checkbox"/> Resume Writing |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Education Planning | <input type="checkbox"/> Textbook Loans |
| <input type="checkbox"/> Food Programs | <input type="checkbox"/> Testing Fees |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Volunteer Opportunities |

Other: _____

I understand case managers provide direct and indirect resources and referral to the best of their ability and cannot guarantee services.

Student Signature: _____ **Date:** _____

Print Name: _____

Case Manager Signature: _____ **Date:** _____

Print Name: _____

OFFICE USE ONLY:
Resources Provided: _____ _____
Referrals Provided: _____ _____
Direct Services Provided (SDCE): _____ _____