STUDENT SERVICES NEEDS ASSESSMENT

Counseling Center

Welcome to Southwestern College!

We are very pleased that you have chosen SWC to provide you with the educational preparation you seek. We wish to provide you with the exact services you need that will help you to become the most successful student you can be.

After you complete this form, we will respond to you by e-mail within 7 business days (Mondays-Friday).
The response you receive will detail for you the next steps you should take to plan your education well.

***Disclaimer:** **If you provide us with unclear or illegible information, a response may be delayed.**

Directions: Please take your time to carefully complete this intake form. Neatly print your name, e-mail and other personal contact information.

SWC ID#:	0				–				**TODAYS DATE:**

PLEASE PRINT

Name *(Last, First, M.I.):* **Former Name:**

E-mail Address:

Cell Phone Number: ( ) – **Telephone Number: ( )** –

EDUCATIONAL GOALS

1. Why have you come to the Counseling Center today?

☐ **Veteran Request for SEP**	☐ **Graduation Check**	☐ **Probation/Disqualification**
☐ **Financial Aid Request for SEP**	☐ **Change Major**	☐ **Semester By Semester Plan**
☐ **Transcript Evaluation Request**	☐ **On Track to Transfer**	☐ **Student Education Plan**

2. List at least 3 specific questions that need answers on the day of the counselor appointment.

A. _____

B. _____

C. _____

3. Would you like to request a consultation for personal matters from a therapist at Southwestern College? ☐ Yes ☐ No

4. What college major do you want to study? ☐ Undecided Major

5. Which of the following do you want to complete? (*PLEASE CHECK ALL THAT APPLY)*

A degree at Southwestern College (AA/AS)?	☐ Yes	☐ No
A certificate (short-term job training) at Southwestern College?	☐ Yes	☐ No
Transfer to a University?	☐ Yes	☐ No

If you plan to transfer, list the University(s) you would like to attend.

_____
Names of colleges or Universities

6. If you can have any job in the world, what would you choose?

Show/No Show

STUDENT EDUCATIONAL STATUS

7. Please list ALL colleges/universities, including Southwestern College, that you have attended and the number of estimated units you have completed. *(YOU MAY ESTIMATE THE UNITS)*

Southwestern College *Name of other college or university*	_____ *units completed*	_____ *Name of other college or university*	_____ *units completed*
_____ *Name of other college or university*	_____ *units completed*	_____ *Name of other college or university*	_____ *units completed*
_____ *Name of other college or university*	_____ *units completed*	_____ *Name of other college or university*	_____ *units completed*

8. Have you requested to have all previous college or university official transcripts sent to Southwestern College Admissions Center?	☐ Not Applicable ☐ Yes	☐ No
9. Are you currently enrolled in one or more classes? **If so, for which semester:** *(PLEASE CHECK ONLY ONE)* ☐ **FALL** ☐ **SPRING** ☐ **SUMMER**	☐ Yes	☐ No

10. If you are a returning or a continuing college student, how many units have you <u>completed</u> *(circle one):*

1-15 units	16-24 units	25-40 units	more than 40 units

11. Have you ever completed a college degree?	☐ Yes	☐ No

If yes, which degree and at which college or university?

_____ _____
Name of other college or University *Degree*

12. Are you a former foster youth?	☐ Yes	☐ No
13. Do you have high school diploma? GED?	☐ Yes	☐ No
14. If you completed any Advanced Placement (AP) or International Baccalaureate (IB) college credit courses while in high school, what scores did you receive?	☐ Not Applicable **AP** ☐ 3 ☐ 4 ☐ 5 **IB** ☐ 5 ☐ 6 ☐ 7	
15. Did you attend high school or college in another country? If yes, what country?	☐ Yes	☐ No

SPECIAL SERVICES YOU ARE RECEIVING

16. Are you <u>currently</u> receiving any of the following? Check all that apply.

Veteran's benefits? If yes, which Chapter? (check one) ☐ 35 ☐ 30 ☐ 31 ☐ 33	☐ Yes	☐ No
Are you Active Military?	☐ Yes	☐ No
Disability Support Services?	☐ Yes	☐ No
EOPS (***E**xtended **O**pportunity **P**rogram and **S**ervices*)?	☐ Yes	☐ No
FAFSA Financial Aid?	☐ Yes	☐ No
Cal Works?	☐ Yes	☐ No

ASSESSMENT TESTS

17. Within the last 3 years, have you completed an Assessment exam at another college?	☐ Yes	☐ No

If yes, which college?

_____
Name of other college or University

Student Name: _____

SWC #:_____

"Thank you. We will be in contact within 5 business days to advise you of your next steps".

-THE SECTION BELOW IS FOR OFFICE USE ONLY-

Front Staff		
		SWC GPA Total
		Total Units Completed
		Total Degree Units
Yes	No	Micro-Fiche (prior to 1983)
Yes	No	SWC Assessments completed:
☐	☐	English
☐	☐	Math
☐	☐	Reading
☐	☐	ESL

Transcripts	(On File)	Evaluated
1.	☐ Yes ☐ No	☐ Yes ☐ No
2.	☐ Yes ☐ No	☐ Yes ☐ No
3.	☐ Yes ☐ No	☐ Yes ☐ No
4.	☐ Yes ☐ No	☐ Yes ☐ No

Yes	No	Probation Seminar
Yes	No	Has attended a Transfer and/or Career and/or CTEC Workshop?
Yes	No	SEP (Student Educational Plan)
Yes	No	SxS (Semester By Semester Plan)
Yes	No	AP Test Scores
Yes	No	Military credit summary only
Yes	No	Question #3:Therapy appointment made or referred to schedule?
Not Applicable		

ADDITIONAL STAFF COMMENTS:

Staff Name:

Date:

PRIORITIZE NEXT STEPS *(1,2,3…)*	
___CTECS/Steps to an A.A. Degree	
___Career Assessment Workshop	
___Career Research Workshop	
___Steps to Transfer Workshop	
Other Recommendations	
❑ Take Assessment Test	
❑ Academic Success Seminar (probation)	
❑ Request AP scores & Petition for Credit	
❑ Evaluation request form completed and sent, wait for an e-mail from evaluations	
B.S.I Appointment	☐ Yes ☐ No
E-Mail Sent to Student	☐ Yes ☐ No
☐ **Schedule appointment RIGHT AWAY**	
Counselor Name:	
Date:	

Counselor: Turn page over to complete the Student Learning Outcome.

STOP!

THE SECTION BELOW WILL BE COMPLETED AFTER YOUR COUNSELING APPOINTMENT.

At the completion of your counseling appointment, please read the following introduction, and ask your students to rate their level of understanding on a 5-point scale as follows:

1 = I am unclear on what to do next

3 = I am somewhat clear on what to do next

5 = I am totally clear on what to do next

In our efforts to provide the best service possible to our students, we are assessing the Student Learning Outcomes for our counseling appointments. Please rate your level of understanding on a 5-point scale on the following two questions:

1. **I can identify the next steps to follow as a result of completing my counseling appointment today.**

   1 – 3 - 5

2. **I can use the information, materials and resources provided in my SEP or Semester by Semester to select and enroll in the courses needed to reach my goal.**

   1 – 3 - 5 – N/A