

<p>Staff Use Only</p> <p><b>NEED:</b></p> <input type="checkbox"/> SEP A
<input type="checkbox"/> SEP C: Initial
<input type="checkbox"/> SEP C: Change Major
<input type="checkbox"/> SEP C: Update

# 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 (Monday-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#:		TODAYS DATE:	
PLEASE PRINT			
Name <small>(Last, First, M.I.):</small>	Former Name:		
E-mail Address:			
Cell Phone Number: (     )	-	Telephone Number: (     )	-

## EDUCATIONAL GOALS

<b>1. Why have you come to the Counseling Center today?</b>		
<input type="checkbox"/> Veteran Request for SEP	<input type="checkbox"/> Graduation Check	<input type="checkbox"/> Probation/Disqualification
<input type="checkbox"/> Financial Aid Request for SEP	<input type="checkbox"/> Change Major	<input type="checkbox"/> Semester By Semester Plan
<input type="checkbox"/> Transcript Evaluation Request	<input type="checkbox"/> On Track to Transfer	<input type="checkbox"/> Student Education Plan
<b>2. List at least 3 specific questions that need answers on the day of the counselor appointment.</b>		
A. _____		
B. _____		
C. _____		
<b>3. Would you like to request a consultation for personal matters from a therapist at Southwestern College?</b>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. What college major do you want to study?</b>		
		<input type="checkbox"/> Undecided Major
<b>5. Which of the following do you want to complete?</b> <small>(PLEASE CHECK ALL THAT APPLY)</small>		
A degree at Southwestern College (AA/AS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A certificate (short-term job training) at Southwestern College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transfer to a University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you plan to transfer, list the University(s) you would like to attend.		
_____ <small>Names of colleges or Universities</small>		
<b>6. If you can have any job in the world, what would you choose?</b>		

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?**  Yes  No  
**If so, for which semester:** (PLEASE CHECK ONLY ONE)  FALL  SPRING  SUMMER

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

1-15 units	16-24 units	25-40 units	more than 40 units
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**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?**  Yes  No  
 If yes, what country?

## SPECIAL SERVICES YOU ARE RECEIVING

**16. Are you currently receiving any of the following? Check all that apply.**

Veteran's benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which Chapter? (check one) <input type="checkbox"/> 35 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 33		
Are you Active Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Support Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EOPS ( <i>Extended Opportunity Program and Services</i> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FAFSA Financial Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cal Works?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASSESSMENT TESTS

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

If yes, which college?

**“Thank you. We will be in contact within 7 business days to advise you of your next steps”.**

Student Name: \_\_\_\_\_

SWC #: \_\_\_\_\_

**-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:	
<input type="checkbox"/>	<input type="checkbox"/>	English	
<input type="checkbox"/>	<input type="checkbox"/>	Math	
<input type="checkbox"/>	<input type="checkbox"/>	Reading	
<input type="checkbox"/>	<input type="checkbox"/>	ESL	
Transcripts		(On File)	Evaluated
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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			
Veteran's benefits?			
If yes, which Chapter? (check one) <input type="checkbox"/> 35 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 33			
Are you Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disability Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EOPS ( <i>Extended Opportunity Program and Services</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FAFSA Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No/ CALWORKS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	
<input type="checkbox"/>	Take Assessment Test
<input type="checkbox"/>	Academic Success Seminar (probation)
<input type="checkbox"/>	Request AP scores & Petition for Credit
<input type="checkbox"/>	Evaluation request form completed and sent, wait for an e-mail from evaluations
B.S.I Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Sent to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Schedule appointment RIGHT AWAY</b>	
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 4-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 4-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**