

# Mt. San Antonio College

## CalWORKs Needs Assessment Form

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Term: ☐ Summer ☐ Fall ☐ Winter ☐ Spring 20\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
A\_\_\_\_\_

### FINANCIAL AID

- Have you completed the Free Application for Federal Student Aid (FAFSA) for the current school year? ☐ Yes ☐ No
- Have you applied for the California College Promise Grant, formerly BOGW? ☐ Yes ☐ No
- Have you requested Work Study through FAFSA? ☐ Yes ☐ No
- Have you received any scholarships? ☐ Yes ☐ No If yes please provide details:  
\_\_\_\_\_

### BASIC SKILLS PREPARATION

- Have you completed the Assessment Questionnaire? ☐ Yes ☐ No
  - Do you feel that you need to improve your math skills? ☐ Yes ☐ No
  - Do you feel that you need to improve your reading skills? ☐ Yes ☐ No
  - Do you feel that you need to improve your writing skills? ☐ Yes ☐ No
- Do you feel that you have computer skills sufficient enough to help you be a successful college student? ☐ Yes ☐ No
- Do you feel that you would benefit from improving your English skills? ☐ Yes ☐ No
  - Is English your second language? ☐ Yes ☐ No

### VOCATIONAL/CAREER TRAINING AND DEVELOPMENT

- Please place a check in the box(es) for areas where you need assistance:  
☐ Job Skills ☐ Job Search ☐ Job Placement ☐ Resume Writing ☐ Interview Skills
- List current employer and job position if applicable: \_\_\_\_\_  
Hours per week: \_\_\_\_\_
- Would you like to attend career development workshops? ☐ Yes ☐ No

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### LEARNING AND PHYSICAL DISABILITIES

- Have you ever experienced challenges in learning new information? ☐ Yes ☐ No If yes, please provide a brief description of when and where:

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- Do you feel that you may have learning difficulties? ☐ Yes ☐ No
- Do you have any physical conditions/limitations that may impact your success as a college student? ☐ Yes ☐ No  
If yes please provide more information: \_\_\_\_\_

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### OTHER

Have you in the past or currently experiencing any of the following problems and need referrals to address them so that your educational success is not negatively impacted?

- ☐ Mental Health and/or emotional challenges
- ☐ Addiction Problems
- ☐ Domestic Violence

Have you shared this information with your County Welfare-to-Worker?

☐ Yes ☐ No

Have you been referred for treatment of these issues by your County Welfare-to-Worker?

☐ Yes ☐ No

Student Signature: \_\_\_\_\_

### For Staff Use Only:

#### Referrals Made to the Following On Campus Resources:

- ☐ Financial Aid Office
- ☐ Community Education GED/High School Diploma
- ☐ Program Community Education Computer Skills
- ☐ Assessment Center
- ☐ Career and Transfer Services
- ☐ Access Center
- ☐ Student Health Center
- ☐ Child Development Center
- ☐ Tutoring
- ☐ Other: \_\_\_\_\_

#### Referrals Made to the Following Off Campus Resources: ☐

- ☐ LA County GAIN Regional Office \_\_\_\_\_
- ☐ San Bernardino County Employment Services \_\_\_\_\_
- ☐ Harriet Buhai Center for Family Law
- ☐ PUSD/Options Childcare
- ☐ Food Bank \_\_\_\_\_
- ☐ Other: \_\_\_\_\_