

## Career Pathways Assessment Form

*This form is intended to find out more about your background, experience, and college and career goals. Your answers will help us maximize the resources and support we can provide, to best assist you with reaching your goals.*

Demographic Information				
Last Name		First Name		Middle Name
Preferred Name		Date of Birth (mm/dd/yyyy)		
Address		City	State	Zip Code
Mailing Address (Check if same <input type="checkbox"/> )		City	State	Zip Code
Primary Phone		Alternative Phone		Email Address
<b>Gender Identity:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Choose not to specify <input type="checkbox"/> Other Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> Ze <input type="checkbox"/> They <input type="checkbox"/> Other _____				
Primary Language Spoken at Home:			Other Languages Spoken by Student:	
<b>Race/Ethnicity:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Racial _____ <input type="checkbox"/> Choose not to specify				
The following questions could help us identify special programs that you may qualify for: Are you a Veteran of the United States Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the spouse of a Veteran of the United States Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently or have you ever been in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Conviction _____ Any other involvement with the criminal justice system that might impact your college or career goals? Please Explain:				
Household Information				
Is your current housing situation unstable? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been homeless in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Size: How many people live in your household including you? _____				

<b>Household Information <i>Continued</i></b>																					
<i>Estimated Family Income:</i>																					
<input type="checkbox"/> Less than \$20,000 per year <input type="checkbox"/> \$20,000 to \$30,000 per year <input type="checkbox"/> \$30,000 to \$40,000 per year <input type="checkbox"/> \$40,000 to \$50,000 per year <input type="checkbox"/> \$50,000 to \$60,000 per year <input type="checkbox"/> \$60,000 or more per year																					
<i>Do you or anyone in your household receive any of the following (mark all that apply):</i>																					
<input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Trade Act Assistance																					
<i>Have you applied for and or do you receive any of the following Financial Aid (mark all that apply):</i>																					
<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Pell</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received</td> </tr> <tr> <td>Oregon Promise</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received</td> </tr> <tr> <td>Oregon Opportunity Grant</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received</td> </tr> <tr> <td>Scholarships</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received</td> </tr> <tr> <td>Student Loans</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received</td> </tr> <tr> <td>Work-Study</td> <td><input type="checkbox"/> Applied for</td> <td><input type="checkbox"/> Received (currently employed in a work-study job)</td> </tr> </table>				Pell	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received	Oregon Promise	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received	Oregon Opportunity Grant	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received	Scholarships	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received	Student Loans	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received	Work-Study	<input type="checkbox"/> Applied for	<input type="checkbox"/> Received (currently employed in a work-study job)
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<i>Are you currently (mark all that apply):</i>																					
<input type="checkbox"/> Caring for a child under 6 <input type="checkbox"/> A single parent caring for a child/children ages 6 to 12 <input type="checkbox"/> Caring for a disabled adult or child <input type="checkbox"/> None of the above <input type="checkbox"/> A teen parent																					
<i>Funding provided by United States Department of Agriculture. USDA is an equal opportunity employer provider and lender.</i> <i>Are you currently receiving support finding a job, getting training anywhere, or enrolled in any programs such as SNAP 50/50, WorkSource, Oregon Employment Department, WIOA? If so, please describe?</i>  <i>Are you currently receiving support from Concurrent Enrollment Program (CEP), SOHOPE, or STEP? If so, please describe?</i>																					
<b>Education</b>																					
<i>Are you currently an ABS student?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<i>If yes, how many hours a week are you enrolled:</i> <input type="checkbox"/> 4 or Less hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> 8-12+ hours																					
What are you currently studying or considering studying?: _____																					
Have you completed your High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<i>Highest Grade Completed:</i>	You	Parent/Guardian 1	Parent/Guardian 2																		
Below High School/GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Some High School /GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
U.S. High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
GED completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Some college but no credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
College Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Associates Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Advanced Degree _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Attended School in another country Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<i>Have you attended any other colleges, universities, vocational, or trade schools?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No																					
<i>If Yes, where? (school name/s, location/s)?</i> _____																					

<b>Employment</b>						
<p><b>Please Note:</b> Disability Services: Any student who feels that he or she may need academic accommodations for a disability, such as vision, hearing, orthopedic, learning disabilities, psychological or other medical conditions, should make an appointment with the Disability Services Office. Redwood Campus (Wiseman Tutoring Center): Phone: 541-956-7337; Fax: 541-471-3550; Oregon Relay Service: 7-1-1, Riverside and Table Rock Campuses (main office: Riverside Campus B-9): Phone: 541-245-7537; Fax: 541-245-7649; Oregon Relay Service: 7-1-1, For more information, go to <a href="http://www.roguecc.edu/disabilityservices/">http://www.roguecc.edu/disabilityservices/</a>.</p>						
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>If you are currently working:</i>						
Name of your current employer: _____						
Current Job Title: _____						
Benefits? _____ Current wage: \$ _____						
Average hours currently worked per week? _____						
Work Schedule (please note if it varies):						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>If you are not currently employed:</i>						
When were you last employed? (Month and Year) _____						
Name of your most recent employer: _____						
Most recent Job Title: _____						
Why did you leave your last job? _____						
Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>If no, do you have a current ID?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>How did you hear about our program?</b>						
<input type="checkbox"/> GED/ESL Class		<input type="checkbox"/> Flyer		<input type="checkbox"/> RCC Website		
<input type="checkbox"/> DHS		Name of the person referring? _____				
<input type="checkbox"/> RCC college faculty or staff		Name of the person referring? _____				
<input type="checkbox"/> Friend/family member		Name of the person referring? _____				
<input type="checkbox"/> WorkSource Center		Location and name of the person referring? _____				
<input type="checkbox"/> Community-based organization /Non-profit		Name of agency and person referring? _____				
<input type="checkbox"/> Other (please explain): _____						
Student Signature					Date	

<b>Staff Use Only</b>	
<input type="checkbox"/> <b>SNAP</b> <input type="checkbox"/> <b>CEP</b> <input type="checkbox"/> <b>SOHOPE</b> <input type="checkbox"/> <b>REACH</b>	
SNAP Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applying ABAWD: <input type="checkbox"/> Yes <input type="checkbox"/> No   Voluntary: <input type="checkbox"/> Yes <input type="checkbox"/> No   Mandatory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Courses enrolled in prior:</i>	
GED/HS Diploma completed: <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: _____	
Placement Scores: RD _____ Date: _____ WR _____ Date: _____ MTH _____ Date: _____ CASAS _____ Date: _____	
GPA: Overall: _____ Most recent term: _____	
Was student referred to any other resources or programs within or outside of college? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommended next steps:	
Staff Name	Date

*Notes:*

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