SEARK TRIO STUDENT SUPPORT SERVICES
NEEDS ASSESSMENT

Date _____ **Name** _____ **Student ID #** _____

E-mail Address _____**Contact Number** _____

Have you ever participated in any other TRIO programs? (check all that apply)

☐ Talent Search ☐ Upward Bound ☐ Educational Opportunity Center ☐ Student Support Services

High School Graduation Year _____ or **GED Year** _____

Did either of your parents (or guardian) graduate with a Bachelor's degree before you turned age 18?

☐Yes ☐No

College Major _____ **Year and Semester started at SEARK** _____

Current Student Status: ☐ Part-time ☐ Full-time

☐ Evening/Weekend ☐ Daytime

Total college credit hours earned so far at SEARK _____ **Cumulative GPA** _____

College(s) previously attended _____

Your educational goal(s) at SEARK (check all that apply):

☐ Technical Certificate ☐ Transfer to a four-year school (non-degree seeking at SEARK)

☐ Associate's Degree ☐ Associate's Degree and then transfer

If you plan to transfer, what colleges/universities are you considering?

_____

What challenges do you face while attending SEARK?

☐ Disability ☐ Limited English ☐ Financial Issues

☐ Motivation ☐ Transportation ☐ Lack of study skills

☐ Health Problems ☐ Child Care ☐ Family Problems

☐ Other (please explain) _____

Please check all services that apply to your need(s):

☐ Personal counseling & college adjustment issues ☐ Transfer counseling

☐ Study & college survival skills development ☐ Academic advising

☐ Class scheduling/registration ☐ Tutoring

☐ Financial Aid and Scholarship Assistance ☐ Computer lab

☐ Special instruction (reading, writing, math, computers) ☐ Career counseling

On the reverse side (or another sheet of paper), please write a paragraph (each) to describe:

1. Main reason why you are applying to SEARK's TRiO SSS Program
2. Your educational and professional goals beyond SEARK