**Survey for GED class**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This survey is to help us understand your needs and help us to get to know you better.

This information will not be shared with other agencies. Check all that apply.

1. For the CASAS basic skills test you are taking today – do you need ear plugs or would like to test in a part of the room with no distractions? Yes or No
2. Why do you want to earn your GED? (check all that apply):

 Better place to live

 Make more money

 Get a better job or promoted

 Need a car

 Role model for my children/grandchildren and/or want to help them with their homework

 Go to college or trade school

 Not be depend on friends and relatives as much

 Not collect public assistance such as SNAP (food stamps), cash or medical assistance, public housing etc.

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will you get to GED class? (check all that apply):

 Your own vehicle

 A friend/relative

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you have an IEP or any testing accommodations in school; working by yourself or extended time taking tests? Yes or No.

If yes, do you want information on extra help for taking GED tests? Yes or No.

1. Do you have a valid Illinois ID or driver’s license that is not expired? Yes or No.
2. Would you like Career Training in (check all that apply):

 Searching or exploring for a career

 Resume writing

 Interviewing

 Filing out job applications

 Speaking up for yourself in the workplace

 Communication and Conflict in the workplace

 Making a budget/managing your money to pay bills

 Computer Skills

1. Do you have a resume? Yes or No.

If yes, do you want help updating your resume? Yes or No.

Do you need help finding a job? Yes or No

1. Check all the hurdles you would like to overcome to achieve your goals (check all that apply):

 Drug or alcohol problems

 Criminal record or other legal problems

 Little or no work experience

 Bad work record

 Abusive or unsafe situation (Fear of partner or household member)

 Unstable housing

 Depression or emotional problems

 Health problems

 Do you have children but lack of daycare

 Do you need information on local food banks

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check all the strengths you have for making change (check all that apply):

 I have worked before.

 I am doing, or have done, volunteer work at school, church, or in my community.

 I am now helping, or have helped friends, family, and neighbors.

 When faced with a problem, I can usually find ways to solve it.

 I have overcome difficult personal problems.

 I have good references from past jobs or people in my community.

 My family and friends will encourage me.

 I have people in my life who are supportive of my goals.

 I have set goals for myself and my family.

 I do something every day to work on my goals.

1. How did you find out about our GED program? (check all that apply)

 Facebook

 Flier

 Friend and/ or family

 TRIO Educational Opportunity Center

 Attended before and returning

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_