AB 86 Student Survey

1. What program are you in now? Mark all that apply:
   a. □ ABE Adult Basic Education or VABE Vocational ABE
   b. □ ASE Adult Secondary Education
   c. □ ESL English as a Second Language, VESL Vocational ESL or Citizenship
   d. □ CTE Career Technical Education/Job Training
   e. □ AWD Adults with Disabilities
   f. □ Apprenticeship/Pre-apprenticeship

2. What are your education goals? Mark all that apply:
   a. □ High School Diploma
   b. □ High School Diploma Equivalency Test (GED)
   c. □ 2 or 4 Year College Degree
   d. □ CTE: Job Training or certification or license
   e. □ Other: ____________________________

3. Are there any courses you wished the school offered? If so, which ones?
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________

4. What times or when do you wish we had classes? Mark all that apply:
   a. □ Mornings
   b. □ Afternoons
   c. □ Evenings
   d. □ Saturday
   e. □ Summer
   f. □ Other: ____________________________

5. What are your job training goals?
   ____________________________

6. What services or help would you like offered at your school? Mark all that apply:
   a. □ Job counseling
   b. □ College counseling
   c. □ Job placement
   d. □ Financial aid
   e. □ Psychological counseling
   f. □ Financial counseling
   g. □ Health services
   h. □ Other: ____________________________

7. What job training would you take if money, time or location were not a problem?
   ____________________________
8. Are there enough classes at your school?
   a. ☐ Yes
   b. ☐ No. If no, what other classes should your school offer? __________________________

9. Do you know about job training and college opportunities at other places/schools?
   a. ☐ A lot
   b. ☐ Some
   c. ☐ A little
   d. ☐ Nothing

10. Would you be interested in attending job training at the same time as your academic or ESL class? For example, attending ESL class in the morning and job training in the afternoon?
    a. ☐ Yes
    b. ☐ No

11. How many times have you met with a school counselor this year?
    a. ☐ None
    b. ☐ 1 to 2
    c. ☐ 3 to 5

12. What barriers/problems prevent you, or a family member, from coming to school?
    Mark all that apply:
    a. ☐ Child care
    b. ☐ Transportation
    c. ☐ Distance.
    d. ☐ Tuition is too expensive
    e. ☐ Not enough money for school supplies, books or food (like lunch at school)
    f. ☐ Not safe
    g. ☐ Job schedule
    h. ☐ Other: __________________________________________________________

13. How many miles will make it too far for you to go to school?
    a. ☐ 1 – 3
    b. ☐ 4 – 7
    c. ☐ 8 – 11
    d. ☐ 12 – 15
    e. ☐ 16 or more

14. Comments: ____________________________________________________________________