



EOPS/CARE/LINC

Student Support Services

Student Wellness Survey

Student Name: _____

Student ID number: _____

For these areas of Wellness, which areas would you want to learn more about, to improve on, and/or have concerns about.

ACADEMIC WELLNESS	FINANCIAL WELLNESS	OCCUPATIONAL WELLNESS
<input type="checkbox"/> Develop Study Skills <input type="checkbox"/> Manage Test Anxiety <input type="checkbox"/> Explore Learning Styles <input type="checkbox"/> Develop Time-Management Skills <input type="checkbox"/> Technology/Accessibility Need <input type="checkbox"/> Other: _____	<input type="checkbox"/> Financial Hardship Assistance <input type="checkbox"/> Financial Aid Awareness <input type="checkbox"/> Money Management <input type="checkbox"/> Scholarship Opportunities <input type="checkbox"/> Other: _____	<input type="checkbox"/> Employment Opportunities <input type="checkbox"/> Job Satisfaction Concerns <input type="checkbox"/> Career Related Opportunities <input type="checkbox"/> Work-Life Balance <input type="checkbox"/> Other: _____

EMOTIONAL HEALTH	PHYSICAL HEALTH	BASIC NEEDS
<input type="checkbox"/> Increasing Motivation <input type="checkbox"/> Anxiety/ Depression thoughts <input type="checkbox"/> Isolation <input type="checkbox"/> Concentration Concerns <input type="checkbox"/> Relationship Concerns <input type="checkbox"/> Other: _____	<input type="checkbox"/> Personal Safety <input type="checkbox"/> Eating Habit Concerns <input type="checkbox"/> Accessibility Support <input type="checkbox"/> Medical Health Needs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Housing Needs & Support <input type="checkbox"/> Food Security & Support <input type="checkbox"/> Transportation Needs <input type="checkbox"/> Clothing/Hygiene Needs <input type="checkbox"/> Other: _____

SOCIAL & PERSONAL WELLNESS	IDENTITY WELLNESS	TRANSFER AWARENESS
<input type="checkbox"/> Self-Care Practices <input type="checkbox"/> Learning to ask for help <input type="checkbox"/> Networking/Friends <input type="checkbox"/> Communication Skills <input type="checkbox"/> Other: _____	<input type="checkbox"/> Access to Identity Based Support Services (e.g.: LGBTQ, Undocu, Parenting, API) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Major/Career Exploration <input type="checkbox"/> University Search <input type="checkbox"/> Guaranteed Admissions <input type="checkbox"/> Other: _____

STUDENT'S ACTION PLAN

Complete with counselor:

Action Item:	Contact of Referral:	Timeline:

Student's Signature: _____

Date: ____/____/____

Counselor Signature: _____

Date: ____/____/____

Disclaimer: Checking box does not guarantee counselor will be able to provide direct services or referrals. Counselors will provide guidance, direction, and referrals based on availability, knowledge, discretion as well as adherence to policy, and procedures of the institution of Cerritos College or EOPS/CARE/LINC department. Student has the right to decline discussion or conversation or choose the extent of information provided on any subject matter pertaining to Student Wellness Survey.