

SGU ADULT BASIC EDUCATION/GED PROGRAM
Student Intake Survey

Student Name: _____

Date: _____

Your responses to the student survey will help program staff identify any barriers that may prevent you from attending class. Please answer all questions honestly. Your responses will be kept confidential. *THANK YOU FOR YOUR FEEDBACK!*

1. How did you hear about the ABE/GED Program or which program referred you? (check all that apply):
 - Family/Friend
 - SD Dept. of Labor and Regulation
 - DSS/TANF
 - Court/Probation
 - SFIS FACE Program
 - RST SNETP/General Assistance
 - RST Head Start
 - Employer
 - Vocational Rehab
 - Advertisement (print/radio)
 - Facebook
 - SGU Website
 - Other: _____
2. Do you proficiently speak a language other than English?
 - Yes (please specify below) _____ No
3. What are your goals for enrolling?
 - Obtain my GED certificate
 - Enroll in college or vocational school
 - Find a job
 - Keep my current job
 - Start a job/workforce training program
4. What times would work best for you to attend class regularly?
 - Mornings Evenings
 - Afternoons Weekends
5. Do you have access to any of the following outside of class? (check any that apply)
 - Computer or tablet
 - Home internet access
 - Community internet access or public Wi-Fi hotspot
 - Smartphone
6. Do you currently use Facebook?
 - Yes No
7. Would you use educational software or online learning options such as Zoom?
 - Yes No
8. Please check the box next to the events you would be interested in attending:
 - Career readiness workshops/seminars
 - College readiness workshops/seminars
 - Cultural workshops
 - Student recognition events/activities
9. Are you interested in attending Sinte Gleska University or receiving more information about academic programs?
 - Yes No
10. How far do you have to travel to attend class (one way)?
 - Less than 1 mile 6 to 10 miles
 - 1 to 5 miles 10 or more miles
11. If provided by the program, would transportation assistance help you attend class or GED testing sessions?
 - Yes No
12. Do you have any children?
 - Yes, I have _____ child(ren)
 - No
13. Do you have access to childcare so you can attend class regularly?
 - Yes No
14. Is there anything else that might prevent you from attending class?
 - Class day or times are not convenient
 - No motivation or long term goals
 - Fear of failure
 - Personal issues (health issues, lack of support from partner, family, or friends)
 - Other, please specify: _____