

SAMPLE STUDENT INTEREST SURVEY



SparkPoint Centers work with students to reach their financial goals including meeting basic needs, increasing income, building credit, increasing savings, and reducing debt. Centers also partner with other groups on and off campus to connect students to resources. We are planning to open a SparkPoint Center on campus soon and are hoping to get your input on what should be included in that Center.

Please take a moment to help us improve your experience by providing feedback. Participation is voluntary and should take about 5-10 minutes.

1. Do you have long-term goals for your education, career and finances? Our SparkPoint center is meant to support you in developing and reaching those goals. Write your goals below (optional).

3. Please list any services NOT listed in the previous question that you would be interested in or think are important for a SparkPoint Center to offer.

2. Which of the following services would you be interested in using if they were offered through a SparkPoint center on campus? (Select all that apply)

Financial Services

- Building and following a budget
- Establishing and building credit
- Finding and applying to benefit programs (e.g., CalFresh/food stamps, health insurance)
- Free tax help & preparation
- Growing savings
- Managing debt

Job and Career Preparation

- Career counseling
- Interview preparation
- Job search support
- Professional development opportunities such as:
 - Internships
 - Trainings
 - Vocational training programs
 - Volunteer opportunities
- Resume building

School

- Academic counseling
- Student financial aid

4. Which of the following barriers to reaching your goals could you use assistance with? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Legal barriers |
| <input type="checkbox"/> Emotional wellbeing | <input type="checkbox"/> Physical health |
| <input type="checkbox"/> Food access | <input type="checkbox"/> Technology access |
| <input type="checkbox"/> Housing/living situation | <input type="checkbox"/> including internet |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Transportation |

5. Please list anything NOT listed in the previous question that you consider a barrier to continuing your educational program.

6. When visiting a center, what is important to you? (Select all that apply)

- Childcare
- Children welcome to join appointment
- Diverse staff (ethnicity, language)
- Early hours (7am-9am)
- Easy to access on campus
- Late hours (4pm-8pm)
- Limited amount of paperwork
- Walk-ins welcome
- Welcoming front desk
- Other (please specify): _____

7. Do you prefer to have services offered in-person or virtually?

- In-person Virtually Both

DEMOGRAPHIC QUESTIONS:

The following questions are optional.

8. Please select the option that best describes you:

- Full-time student
- Part-time student
- Other (please specify): _____
- I prefer not to answer

9. Are you a parent or caregiver of a child under 18 years-old?

- Yes
- No
- I prefer not to answer

10. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
- I prefer not to answer

11. Do any of the following apply to you? (Select all that apply):

- DREAMer
- EOPS participant
- Financial aid recipient
- First-generation college student
- Pell Grant recipient
- Veteran

12. How would you describe your housing situation? Please select the option that best applies to you. (Select one option only)

- Currently without housing
- Living in home (as owner)
- Living in shelter, vehicle, or temporary housing
- Living in subsidized home (such as Section 8)
- Living in unsubsidized home (as renter)
- Living with family or friends with no plans to move
- Other: _____
- I prefer not to answer

13. What is your gender? Please select the option that best applies to you.

- Female
- Genderqueer/Gender nonconforming/Non-binary
- Male
- Other
- I prefer not to answer

14. Do you identify as transgender?

- Yes
- No
- I prefer not to answer

15. Do you have a long-term physical, hearing, visual, cognitive, or mental health disability, injury or other condition that affects one or more of your major life activities?

- Yes No I prefer not to answer

16. What is your race or ethnicity? Please select the option that best applies to you.
(Select one option only)

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black, African, or African American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic /Latino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cuban | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican, Mexican American, Chicano | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Pacific Islander: _____ |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Hispanic, Latino, or Spanish origin: _____ | <input type="checkbox"/> White |
| <input type="checkbox"/> Japanese | | <input type="checkbox"/> Multi-ethnic: _____ |
| <input type="checkbox"/> Korean | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Other Asian: _____ | | |