

## Adult Education Barrier Assessment

Name: \_\_\_\_\_

**Students: Please read each statement below and check the box next to all statements that apply to you.**

|                              |   |
|------------------------------|---|
| 1. <input type="checkbox"/>  | I need to improve my academic skills (reading, writing, or math).                                     |
| 2. <input type="checkbox"/>  | I don't have a high school diploma.   |
| 3. <input type="checkbox"/>  | I don't feel part of American culture or society, in general.   |
| 4. <input type="checkbox"/>  | I feel that my beliefs, religion, or other personal lifestyle choices are keeping me from a job.      |
| 5. <input type="checkbox"/>  | I have a physical disability.   |
| 6. <input type="checkbox"/>  | I have been diagnosed with or believe I have a learning disability.                                   |
| 7. <input type="checkbox"/>  | I have an emotional or mental health issue.   |
| 8. <input type="checkbox"/>  | I lost my last job due to a lay-off, downsizing, lack of work, or shutdown.                           |
| 9. <input type="checkbox"/>  | I was terminated from my last job.  |
| 10. <input type="checkbox"/> | I've been dependent on another person's income (homemaker, etc.) and now need to get a job.           |
| 11. <input type="checkbox"/> | It's hard to make ends meet with my income.   |
| 12. <input type="checkbox"/> | I'm not fluent in the English language.   |
| 13. <input type="checkbox"/> | I have a felony on my record.   |
| 14. <input type="checkbox"/> | I'm on probation or parole.   |
| 15. <input type="checkbox"/> | I currently receive or within the past 6 months have received TANF.                                   |
| 16. <input type="checkbox"/> | I'm receiving assistance through the SCWorks (One-Stop).  |
| 17. <input type="checkbox"/> | I'm currently in foster care or have recently "aged out" of foster care.                              |
| 18. <input type="checkbox"/> | I live with a family member or friend and/or I don't have a permanent place to live right now.        |
| 19. <input type="checkbox"/> | I've been unemployed for more than 6 months.  |
| 20. <input type="checkbox"/> | I don't read very well.   |
| 21. <input type="checkbox"/> | I or my family travel to or relocate where farming jobs are available.                                |
| 22. <input type="checkbox"/> | I or my family work seasonal farm work.   |
| 23. <input type="checkbox"/> | I or my children have Medicaid Insurance.   |
| 24. <input type="checkbox"/> | I currently receive or within the past 6 months have received SNAP benefits (formerly food stamps).   |
| 25. <input type="checkbox"/> | I currently receive or within the past 6 months have received WIC benefits for myself or my children. |
| 26. <input type="checkbox"/> | I live in public housing or receive rental assistance.  |
| 27. <input type="checkbox"/> | I receive Social Security Insurance benefits for myself or my children.                               |
| 28. <input type="checkbox"/> | I'm a single, separated, divorced, or widowed parent with primary custody of children under 18.       |
| 29. <input type="checkbox"/> | I'm receiving services from SC Vocational Rehabilitation Services.                                    |
| 30. <input type="checkbox"/> | I'm receiving unemployment benefits.  |
| 31. <input type="checkbox"/> | I don't have a driver's license.  |
| 32. <input type="checkbox"/> | I don't have a birth certificate.   |
| 33. <input type="checkbox"/> | I don't have a social security card.  |
| 34. <input type="checkbox"/> | I don't always have transportation when I need it.  |
| 35. <input type="checkbox"/> | I don't have reliable childcare.  |
| 36. <input type="checkbox"/> | I'm caring for a sick or disabled family member or friend.  |
| 37. <input type="checkbox"/> | I have a difficult work schedule. (long or odd hours, rotating shifts, etc.)                          |
| 38. <input type="checkbox"/> | I move often to a different house or town.  |
| 39. <input type="checkbox"/> | I'm a part-time or full-time student.   |

