

AODS/PSYC/SOC 140/298 Student Information Sheet - Fall 2009

Name: _____

Please answer the following questions and use the backside if you need more space.

Contact information in case of class cancellation or messages.

Phone number w/area code) _____

Email Address _____

Educational Goals

What is your educational goal? _____

Are you pursuing a Certificate in Alcohol and Drug Studies Yes No

Are you pursuing a Certificate in Psychological and Social Services Yes No

Are you pursuing an AA Degree in Alcohol and Drug Studies Yes No

Are you pursuing an AA Degree in Psychological and Social Services Yes No

Are you pursuing AODS Certification? Yes No

Are you considering a transfer to a four-year college? Yes No

Please check the courses listed below that you have completed. Indicate the classes that you are currently enrolled in.

- AODS 150 Intro to Chemical Dependency
- AODS 250 Group Leadership
- AODS 260 Chemical Dependency Family Counseling
- AODS 155 The Physiology and Pharmacology of Psychoactive Drugs
- AODS 140 Introduction to Psychological and Social Services
- AODS 160 Prevention, Intervention and Education
- AODS 255 Treatment Modalities, Law and Ethics
- AODS 298 Directed Field Experience 1

1. List the level of education which you have completed as of August 2008. Include all that apply: High School diploma or equivalent, some college courses, AA Degree, Bachelor's Degree, Master's Degree.

2. Tell me briefly about your **work history**. Do you work? What kind of work do you do? What kind of jobs have you had in the past, if any? Please list the experience you have had working in the Human Services and/or Alcohol and Drug treatment field. Include internship placements, volunteer work and paid employment.

3. Briefly describe your **family responsibilities** (married, dependent children, elderly parents, etc).

4. What is your career goal? What job do you see yourself doing in 3-5 years?

5. Do you have any special needs or a psychiatric condition that I should be aware of? Please describe. (Example: learning disabilities, psychological problems, fear of speaking in front of groups, physical limitations, etc) Are you on medication? Are you in an alcohol or other drug **recovery program**? If so, describe.

6. From the following, please select three need areas below that you consider to be most critical to the Palomar College Alcohol and Other Drug Studies (AODS) Psychological and Social Services (PSS) programs. Put a check mark next to the three items you select.

- Times and locations that AODS/PSYC/SOC courses are offered.
- Teaching methods for AODS/PSYC/SOC courses.
- Procedures for student evaluation and testing in AODS/PSYC/SOC courses.
- Assistance to students seeking internship placements.
- Standards for internship placements and site supervision.
- Employment assistance for students in AODS and PSS.
- Media resources (DVD/Videos) used in AODS courses.
- An AODS website which provides information for students.
- Orientation sessions to prospective students about the AODS/PSS programs.
- Student advising regarding course selection, AA degree completion and transfer.
- Assistance for students seeking CAADAC or CAADE certification.
- Recruitment of students from Hispanic, Native American, Asian/Pacific Islander, African American and other under represented populations to the AODS program.
- New tracks within the AODS program such as Addiction Counseling for Gambling, Eating Disorders.
- Career counseling to assist students with resume and interview preparation.
- Assistance with basic skills such as reading, writing, studying and time management.

7. Of the three selected, which one would you rank as your **top concern**.

8. **Why** did you rank this issue as your top concern?

