

Parent (HCC student) Last Name _____
 Child Full Name _____

Howard Community College Statistical Information

The Children’s Learning Center is required to collect data for annual reports for the college and county grants. Please complete the following questionnaire for the statistical information needed.

 Today’s Date

 Howard Community College Student Name Highest Education Level achieved (to date)

 Program of study # of credits required by the program of study

 Program Goal (i.e. AA, Certificate Program, transfer, or other)

 Number of credits completed in the program Anticipated graduation date

 Semester/Year (Current) # of credits Semester/Year (Previous) # of credits

Employed? Yes* No *Is the position in field of study? Yes No
 *Employer _____ *Job Title _____ *# of hours per week _____

Short Term Goal(s) (next step from here) _____

Long Term Goal(s) _____

Change to above information _____

 _____ Date of change _____

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 Below please write additional information that will support program funding for the college or Community Development Block Grant: (i.e.: positive achievements due to college education or support from child care such as good grades, improved job situation...)

(Continue on other side)