

EDUCATIONAL PLANNING AND COUNSELING SERVICES

STUDENT ASSESSMENT FOR COLLEGE PLACEMENT

STUDENT MUST HAVE A CUMULATIVE GRADE POINT AVERAGE OF 2.5 OR HIGHER

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: _____ AGE _____ GRADE _____

GENDER ___ MALE ___ FEMALE ETHNIC BACKGROUND _____

DATE OF BIRTH _____ CITIZENSHIP _____

COUNTRY OF BIRTH _____

PLACE OF BIRTH _____ STATE _____ CITY _____

PREVIOUS SCHOOLS _____

CURRENT SCHOOL _____

ANTICIPATED DATE OF GRADUATION _____ MONTH _____ YEAR

BRIEFLY TELL US THE REASON YOU ARE INTERESTED IN ATTENDING COLLEGE

ACADEMIC PREPAREDNESS

HOW WOULD YOU DESCRIBE YOUR CURRENT ACADEMIC PERFORMANCE?

___ EXCELLENT ___ GOOD ___ FAIR ___ POOR ___ FAILING

WHAT IS YOUR CURRENT GRADE POINT AVERAGE _____

HAVE YOU TAKEN THE SCHOLASTIC ACHIEVEMENT TEST OR THE ACT?

___ YES ___ NO

RESULTS

HAVE YOU EVER DISCUSSED YOUR PLANS WITH A HIGH SCHOOL COUNSELOR?

___YES ___NO

DESCRIBE YOUR DISCUSSION

WHAT WERE THE COUNSELOR'S COMMENTS OR FEEDBACK GIVEN?

ARE YOU CURRENTLY TAKING ANY COLLEGE COURSES ___YES ___ NO

WHAT COURSES: DESCRIBE:

DESCRIBE YOUR CURRENT GRADES IN THESE COURSES

EXCELLENT ___AVERAGE ___GOOD ___ POOR ___ FAILING

ARE THESE COURSES TRANSFERABLE:

DESCRIBE IN DETAIL THE COURSES AND THE APPLICATION TO YOUR GOING TO COLLEGE :

ARE THESE AP COURSES (ADVANCED PLACEMENT COURSES?)

DESCRIBE

FINANCIAL PREPARNESS

HAVE YOU SAVED ANY MONEY FOR COLLEGE?

HOW MUCH: _____ ARE YOU WORKING ___ YES ___ NO

WHAT IS YOUR JOB? _____ WHERE _____

WOULD YOU BE WILLING TO WORK IN COLLEGE ___YES ___NO?

DOES YOUR EMPLOYER KNOW YOU HAVE PLANS TO ATTEND COLLEGE?

DESCRIBE:

HAVE YOU COMPLETED THE FAFSA? FREE APPLICATION FOR STUDENT AID? ___YES ___NO

DESCRIBE WHETHER YOU HAVE A PIN NUMBER AND IF YOUR PARENTS COMPLETED THE APPLICATION:

DESCRIBE

ARE YOU A MERIT SCHOLARSHIP RECIPIENT? ___ YES ___NO

ARE YOU AN INTERENATIONAL STUDENT

WHAT COUNTRY

HAVE YOU TAEEN THE TOFEL ___YES ___NO

DESSCRIBE YOUR PROFICEINCEY IN ENGLISH

CAN YOU WRITE AND READ ENGLISH

WHAT IS YOUR NATIVE LANGUAGE

DO YOU HAVE A STUDENT VISA

DATE ISSUED

EXPIRATION DATE

HAVE YOU RECEIVED ANY OTHER SCHOLARSHIP? DO YOU HAVE A GRANT?

DESCRIBE THE SCHOLARSHIP OR GRANT

BASED ON YOU SUBMITTING OF THE (FAFSA) WHAT IS YOUR ESTIMATED FAMILY CONTRIBUTION? WHAT PART CAN YOU PAY?

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT

BRIEFLY DESCRIBE WHETHER YOUR PARENTS ARE ABLE TO SUPPORT YOU IN COLLEGE?

KNOWLEDGE OF CAMPUS

HAVE YOU VISITED THE CAMPUS OF ANY OF THE COLLEGES YOU SELECTED? ___YES ___NO

DATE _____LENGTH OF VISIT_____

WHOM DID YOU SPEAK WITH:_____

WOULD YOU BE INTERESTED IN RE VISITING THE CAMPUS AGAIN?

WOULD YOU LIKE FOR US TO ARRANGE A TOUR? ___YES ___NO ___NOT SURE

DESCRIBE YOUR VISIT:

CAMPUS/DATE_____

HAVE YOU EVER BEEN ON ACADEMIC PROBATION OR SUSPENDED FROM COLLEGE?

YES ___NO ___ DATE _____YEAR?

HOW DO YOU FEEL ABOUT DORM LIFE?

WHAT IS YOUR PREFERENCE TO LIVE ON CAMPUS OR OFF CAMPUS?

___ON CAMPUS ___OFF CAMPUS

CAN YOU NAME THREE REFERENCES FOR COLLEGE WHICH WOULD GIVE YOU A RECOMMENDATION?

REFERENCES

NAME _____RELATIONSHIP TO YOU _____

NAME _____RELATIONSHIP TO YOU _____

NAME _____RELATIONASHOPO TOP YOU _____

DO YOU PREFER TO LIVE AT HOME ___YES ___NO?

WOULD YOU BE A FULL OR PART TIME STUDENT ___FULL TIME ___PART TIME?

A FULL TIME STUDENT MUST HAVE 12 HOURS OF COURSE WORKS!

WERE YOU AWARE A PART TIME STUDENT WILL NOT RECEIVE A FULL SCHOLARSHIP AWARD? ___YES ___NO

WHAT COLLEGE ARE YOU THINKING OF ATTENDING? LIST AT LEAST 4 COLLEGES

CITY AND STATE OF THE COLLEGES

COLLEGE 1 CITY _____STATE_____

COLLEGE 2 CITY _____STATE_____

COLLEGE 3 CITY _____STATE_____

COLLEGE 4 CITY _____STATE_____

STUDENT RESEARCH

WHAT ARE THE REQUIREMENTS FOR THE COLLEGES YOU HAVE SELECTED?

GRADE POINT AVERAGE

LETTER OF RECOMMENDATION___ HOW MANY

SAT OR ACT SCORES

RESULTS

ESSAY OR LETTER OF ADMISSION

ADMISSION APPLICATION

DATE DUE_____

HAVE YOU APPLIED TO ANY OF THESE COLLEGES ___YES ___NO?

HAVE YOU BEEN ACCEPTED AT ANY OF THESE COLLEGES ___YES ___NO?

DATE OF ACCEPTANCE LETTER _____

DO YOU KNOW WHERE THE ADMISSIONS OFFICE IS LOCATED AT ANY OF THESE COLLEGES?

___ YES ___ NO

ARE YOU LOOKING AT ANOTHER COLLEGE OR A COMMUNITY COLLEGE ___ YES ___ NO?

WHAT COMMUNITY COLLEGE _____

WHAT FIELD OF STUDY ARE YOU THINKING OF PURSUING:

MINOR FIELD OF STUDY:

WHAT SCHOLARSHIPS HAVE YOU RECEIVED OR ANY LETTER OF ACCEPTANCE?

INSURANCE AND LIABILITY

DO YOU HAVE MEDICAL INSURANCE ___ YES ___ NO?

WHAT IS THE INSURANCE _____ COVERAGE DATE?

WILL IT COVER MEDICAL NEEDS IN SCHOOL: _____?

DO YOU OWN A CAR ___ YES ___ NO?

WILL THE CAR BE USED WHILE YOU'RE ATTENDING SCHOOL ___ YES ___ NO?

DO YOU PA RENTS OWN THE CARE? ___ YES ___ NO

ARE YOU PREPARED TO LIVE ON CAMPUS?

DO YOU HAVE A DEBIT OR CREDIT CARD _____

WHAT WOULD YOU SAY THE COST FOR LIVING AT COLLEGE WITH TUITION BOOKS, MEALS CARD COST, TRANSPORTATION, CLOTHING. AND OTHER EXPENSES?

COMMENTS:

DOES YOUR HAVE A LEARNING DISABILITY?

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG

HOW WOULD YOU DESCRIBE YOUR LEVEL OF CONFIDENCE?

HAVE YOU EVER BEEN DIAGNOSED WITH ADD OR ADD?

ARE YOU TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

WHAT IS THE NATURE OF THEIR CONDITION?

HOW LONG HAVE YOU BEEN UNDER THIS CARE?

WHO WAS THE DOCTOR: _____MAY WE CONTACT THEM

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR OVERALL HEALTH AS?

_____EXCELLENT _____GOOD _____NOT SO GOOD_____ VERY POOR

DO YOU HAVE AN EATING DISORDER?

DO YOU HAVE ANY FEARS ABOUT GOING TO COLLEGE_____?

TELL ME:_____

WHAT ARE YOU FEARS OR ANXIETY ABOUT GOING TO COLLEGE?

DESCRIBE: _____

AGREEMENT

BY GIVING CONSENT THE STUDENT IS SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WILL ADVISE THE PARENT OF ANY DISCUSSION IF THE STUDENT IS UNDER THE AGE OF 18 YEARS.

STUDENT SIGNATURE

PARENT SIGNATURE

FULL NAME/PLEASE PRINT

ARE YOU OVER THE AGE OF 18 ____ YES ____ NO?

WHEN WILL YOU BE 18 _____ DATE OF BIRTH EXAMPLE (10/30/2011?)

WHO IS YOU LEGAL GUARDIAN _____

ADDRESS

_____ EMAIL _____

CITY/STATE/COUNTRY/

_____ PHONE _____

WHAT IS YOUR ADDRESS: (IF SAME JUST WRITE SAME ON THE LINE BELOW

WHAT IS YOUR EMAIL ADDRESS _____?

CELL PHONE _____

WHAT IS THE BEST TIME TO REACH YOU _____?

MORNING'S ____ WEEKEND ____ EVENINGS

HAVE YOU DISCUSSED YOU PLANS WITH YOUR PARENTS

_____ YES ____ NO

DESCRIBE

ARE THEY IN SUPPORT OF YOU ATTENDING COLLEGE

____YES ____NO

WOULD THEY BE WILLING TO MEET WITH ME TO DISCUSS YOUR PLANS?

DESCRIBE:

AFTER MEETING WITH OUR EDUCATIONAL CONSULTANT WOULD YOU BE WILLING TO
SPEAK TO YOU LEGAL GUARDIAN OR FAMILY MEMBER

YES ____NO_____

WHAT DATE CAN YOU MEET NEXT?

DATE_____TIME_____

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

PLEASE FAX THE FORM TO OUR FAX: 623 322-9481