

Date Completed: _____

Date Received: _____

COLLEGE/POST SECONDARY PLANNING WORKSHEET

Student Name: _____ SHS ID # _____

Parent/Guardian (s) Name: _____ Best Contact # _____

Student's E-Mail: _____

CONFIRMATION E-MAIL. Please note: We will send information regarding scheduling this appointment to this e-mail - _____

Who is completing this form? _____ Student _____ Parent/Guardian(s) _____ Both

FAMILY BACKGROUND: What is the status of your parent/guardian(s)?

_____ Married to each other _____ Divorced/Separated _____ Deceased Parent _____ Remarried

Did Parent /Guardian#1 attend college? ___Yes ___No; *Is this your* _____ Father _____ Mother _____ Stepparent _____ Guardian

If "Yes", what undergraduate school (include non-US, too)? _____

What is his/her occupation? _____

Did Parent/Guardian #2 attend college? ___Yes ___No; *Is this your* _____ Father _____ Mother _____ Stepparent _____ Guardian

If "Yes", what undergraduate school? (include non-US, too) _____

What is his/her occupation? _____

Do you have a religious preference? _____

What is the primary language spoken at home? _____

Please list your brothers and sisters, their ages, and their level of education (including name of school):

<u>Name</u>	<u>Age</u>	<u>Education</u>

TYPE OF COLLEGE: _____ Trade/Vocational School _____ Two-Year _____ Four-Year
(Student Preference)

_____ Public _____ Private _____ Coed _____ Single-sex

UNDERGRAD ENROLLMENT: _____ <2,000 _____ 10,000-15,000

(Check all that apply) _____ 2,000-5,000 _____ 15,000-20,000

_____ 5,000-10,000 _____ >20,000

LOCATION: _____ New England _____ South _____ Mid-Atlantic

(Check 1 or 2) _____ Midwest _____ West _____ Southwest

Indicate specific states in which you are interested:

POPULATION SETTING OF COLLEGE:

_____ Rural/College Town (fewer than 20,000 residents)

_____ Suburban (20,000 - 250,000 residents)

_____ Urban (greater than 250,000 residents)

COST: Place an "X" on the continuum below:

Very Important

Neutral

Not Important

Date Completed: _____

Date Received: _____

ACADEMIC INFORMATION: List your academic areas or majors(s) of interest. If unsure, list "undecided." If you are undecided, but have some interest, please include (i.e. STEM, Business, Liberal Arts).

Primary Area of Interest _____

Secondary Area of Interest _____

HOUSING: _____ On Campus _____ Live at home

ATHLETICS: Are you currently being recruited by colleges for athletics? _____

If "yes" for which sport(s) and by which college(s) ? _____

Which Divisions: (please circle) NCAA I NCAA II NCAA III NAIA

What is the most important factor to you when choosing a college? _____

CO-CURRICULARS: List the 4 most meaningful co-curriculars to you (inside or outside SHS, including jobs or family commitments). Place "√" after any activity in which you plan to participate in college.

<u>Activity</u>	<u>9, 10, 11</u>	<u>√</u>	<u>Activity</u>	<u>9, 10, 11</u>	<u>√</u>

TEST DATA: (Please complete ALL standardized tests taken)

PSAT: Date: _____ EBRW: _____ Math: _____ Writ.: _____ Total: _____

SAT: Date: _____ EBRW: _____ Math: _____ Total: _____ Essay: _____
 Date: _____ EBRW: _____ Math: _____ Total: _____ Essay: _____
 Date: _____ EBRW: _____ Math: _____ Total: _____ Essay: _____

SAT Subject Tests: Date: _____ Subject: _____ Score: _____
(if applicable) Date: _____ Subject: _____ Score: _____

ACT: Date _____ Eng. _____ Math _____ Read _____ Sci. _____ Writing _____ Comp. _____
 Date _____ Eng. _____ Math _____ Read _____ Sci. _____ Writing _____ Comp. _____
 Date _____ Eng. _____ Math _____ Read _____ Sci. _____ Writing _____ Comp. _____

LIST THE COLLEGES IN WHICH YOU ARE ESPECIALLY INTERESTED:

What are particular topics you hope to discuss at this meeting? _____

How is the student feeling about post-secondary planning? Place an "X" on the continuum below:

Unsure/Apprehensive

Neutral

Super Excited

***Once we have received this completed form, we will e-mail you the link to schedule an appointment.
You may fax this form to: 847-634-6015 by Monday, April 16th.***