Date Completed:	Date Received: _	Date Received:				
COLLEGE/POST SEC	CONDARY PLANNING W	ORKSHEET (please write l	egibly)			
Student Name:	Name:					
Parent/Guardian(s) Name:		Best Contact #				
Student's E-Mail: Parent/Guardian E-mail(s):**A confirmation email, with a lin						
Who is completing this form? _	Student	rudent Parent/Guardian(s)Bot				
FAMILY BACKGROUND: What isMarried/TogetherDivorced			Single Parent			
Did Parent /Guardian#1 attend college? _ If "Yes", what undergraduate school What is his/her occupation?	ol (include non-US, too)?					
Did Parent/Guardian #2 attend college? _ If "Yes", what undergraduate school What is his/her occupation?	ol? (include non-US, too)					
What is your religion, if applicable What is the primary language spok Please list your siblings, their ages	ken at home?					
<u>Name</u>	Age	Age <u>Education</u>				
	_ Public Pr	ol Two-Year _ rivate Coed _ 2,000 – 5,000	Single-sex			
LOCATION: New	England Sovest Wou are interested:	outh Mid-Atl 'est Southw	antic vest			
COLLEGE ENVIRONMENT:						
HOUSING: On Campus	Live at home					
ATHLETICS: If you are being recru Sport: Which Divisions: (please circle)						
COST: Place an "X" on the continu	um below:					
Very Important	Neutral	Not Imp	ortant (over			

Student Name:		Student ID Number:							
indicate any potentia	l interest; be as s	pecific as possible	e (i.e. en	majors(s) of interest. If gineering, math, statistics tilize Naviance Career As	s, writing, comput	er science, fin	e arts,		
Primary A	rea of Interest								
Secondary	Area of Intere	est							
PREFERENCES: Please indicate (other than academics/mathe most important factors for you and your family, current Region of CountrySetting (urban, rural, suburban)Size				currently, in your collCostPersonal File IEP/504 a List:	tly, in your college search:Cost				
				iculars to you (inside o h you plan to participa		cluding jobs	or		
<u>Activity</u>		9, 10, 11	√	<u>Activity</u>	7	9, 10, 11	√		
TEST DATA: (Ple	ease complete	e <i>ALL</i> standar	dized	tests taken)					
•	T: Date: EBRW: Math:			·					
SAT: Date: EBRW: Date: EBRW: Date: EBRW:		RW:	Ma	th: To	tal: tal: tal:	Essay: Essay: Essay:			
		:: S				Score:			
(if applicable)	Date:	Subje		ıbject:	Sco	Score:			
ACT: Date	Eng.	Math Math	Re Re	ad Sci ad Sci	Writing _ Writing	Comp Comp.			
				LLY INTERESTED:		gompi_			
				this meeting?					
How is the stude	nt feeling abo	out post secon	ıdary ı	planning? Place an "X	X " on the conti	nuum belov	v:		
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 or email to SHS_collegecareer@d125.org. To ensure an appointment by mid-June please return this form by <u>Thursday, April 9th</u>.