

EDUCATIONAL TALENT SEARCH
STUDENT INTERVIEW

Name _____ S. S. Number _____

Address _____ Home Phone _____
Street / Apt. # Zip code

School _____ Grade _____ Home Room _____

.....
1. What for you, is the hardest part about being a student? _____

2. In what academic course are you getting your worst grades? _____

3. What have you done (if anything) to try to raise your grades in this subject? _____

4. In what academic course are you getting your best grades? _____

5. What have you done to get this good grade? _____

6. Is going to college something you want to do? Yes _____ No _____ (if no please explain)

7. Have you thought about/planned for college before now? Yes _____ No _____

8. Approximately how much time do you spend on homework each night? _____

9. Do you have a special place where you study at home? Yes _____ No _____

10. How many brothers/sisters are now living at home with you? _____

11. Are you currently employed? Yes _____ No _____

12. Do you contribute to the financial support of your family? Yes _____ NO _____

TO BE COMPLETED BY EDUCATIONAL
TALENT SEARCH OUTREACH COUNSELOR

13.SERVICES NEEDED

- | | |
|---|---|
| <input type="checkbox"/> career counseling | <input type="checkbox"/> financial aid counseling |
| <input type="checkbox"/> career tests | <input type="checkbox"/> financial aid applications |
| <input type="checkbox"/> test interpretation | <input type="checkbox"/> financial fee waiver |
| <input type="checkbox"/> career information | <input type="checkbox"/> SAR to financial office |
| <input type="checkbox"/> college options | <input type="checkbox"/> Institutional aid app. |
| <input type="checkbox"/> college information | <input type="checkbox"/> work-study permit |
| <input type="checkbox"/> ACT / SAT preparation | <input type="checkbox"/> Award notice returned to FAO |
| <input type="checkbox"/> ACT / SAT fee waiver | <input type="checkbox"/> college support referral |
| <input type="checkbox"/> study skills | <input type="checkbox"/> child care arrangements |
| <input type="checkbox"/> college applications | <input type="checkbox"/> college enrollment |
| <input type="checkbox"/> college life information | |
| <input type="checkbox"/> self-esteem, motivation
& /or personal counseling | |

14. comments (field of interests, etc.) :

Talent Search Counselor _____ Date of Interview _____

EDUCATIONAL TALENT SEARCH

FIELD TRIP REQUEST

Trip to:

Date: _____ Time(arrival) _____ Time(return)

Alternate Date _____ School(s)

_____ Number of Students to attend

Counselor _____ **Date**

Cost of bus _____ **Bus Company**

Cost of bus _____ **Bus Company**

Approval _____ **Date**

Date bus ordered

Pick up time(s)

Office Manager _____ **Date**

EDUCATIONAL TALENT SEARCH

--Parent Workshop Evaluation--

Date of Workshop Attended:

Name of Student:

Name of School that Student attends:

Student's Current Grade in School:

1. Did you receive adequate (useful) information at the workshop?
Yes__ No__ If No, Please explain

2. Does the information which you received related to your concerns regarding your child's academic and personal success? Yes_ No
If No, please explain

3. Would you attend similar future workshops? Yes__ No__ If No,
Please explain

4. Did the speaker deliver information in a clear and interesting manner?
Yes_ No__ If No, Please explain

5. Do you feel that the presenter(s) had adequate and thorough knowledge of workshop topics? Yes__ No__ If No, Please explain

6. Was the location of the workshop convenient? Yes__ No__ If No,
Please explain

7. Was the workshop held at a convenient time of the evening? Yes__ No__ If No, Please explain

8. How would you rate the overall quality of this workshop?
(check one) Good__ Fair__ Outstanding

Comments