

## APPLICATION SURVEY (Please answer the

following questions to help us assess your needs.)

***This information will remain confidential.***

1. What subject(s) do you feel that you do your **best** in? Why? (Be specific, for example English because I like to read, or Math because I am good with numbers).

2. What subject(s) do you feel that you do your **worst** in? Why? (Be specific, problems with language, adding, vocabulary etc.)

3. In the subjects that you do your **worst** in, would you say you...? (*Mark all that apply*).

- Study **less** than you should
- Avoid studying the subject because it makes you **anxious**
- Try** just as **hard** as the ones you do the best
- Try** to go over your notes **right after** class to see if your understanding improves
- Wait until the night before the test to study the notes
- Try** to get a good amount of sleep before taking the test
- Feel unprepared** because you believe you do not have the basic skills (reading, writing or math) to do well
- Do you ask the teacher for **help**, or ever seek assistance from a **counselor**? If not, why?

4. What is the **single most important reason** affecting your performance in tests and in grades in general? (For example, if it's time commitment because you are a parent, being tired from working all day, problems with Math or English skills etc.)  
(The more detail you provide us, the more we might be able to do for you.)

**Please circle the answer:**

5. The program of courses that I took in high school was designed primarily to prepare me for:
- b. **a manual trade** (auto mechanics, farming, plumbing, carpentry, manufacturing, etc.)
  - c. **a technical trade** (electrical, electronics, data processing, commercial art, medical technician, nursing, etc.)
  - d. **secretarial work** (typing, filing, dictation, etc.)
  - e. **general commerce** (sales, purchasing, banking, bookkeeping, etc.)
  - f. **a college education** leading to various occupations
  - g. **other** \_\_\_\_\_

6. The **average** of all your grades during your **last two years in high school** was approximately:
- a. A
  - b. Halfway between A and B
  - c. B
  - d. Halfway between B and C
  - e. C
  - f. Halfway between C and D
  - g. D or lower

**NOTE:** If your school did not use letter grades, do your best to translate your grades into the above system.

7. In **high school**, which of the following Math courses did you take? (Circle all that apply)
- a. Consumer Math
  - b. Algebra I
  - c. Algebra II
  - d. Geometry
  - e. Pre-Calculus
  - f. Calculus or higher

8. The **average** of all my **math grades** during high school was approximately:
- a. A
  - b. Halfway between A and B
  - c. B
  - d. Halfway between B and C
  - e. C
  - f. Halfway between C and D
  - g. D or lower

**NOTE:** If your school did not use letter grades, do your best to translate your grades into the above system.

9. The **average** of all my **English grades** during high school was approximately:
- a. A
  - b. Halfway between A and B
  - c. B
  - d. Halfway between B and C
  - e. C
  - f. Halfway between C and D
  - g. D or lower

**NOTE:** If your school did not use letter grades, do your best to translate your grades into the above system.

10. What is the **highest** level of education completed by your **mother**?
- a. 9 years or less of elementary school
  - b. some high school but no diploma
  - c. a high school diploma or equivalent
  - d. 1 to 3 years of college (including study at a technical, community, or junior college)
  - e. a 4-year undergraduate college degree (bachelor's degree)
  - f. a master's degree
  - g. a doctoral degree

11. What is the **highest** level of education completed by your **father**?
- a. 9 years or less of elementary school
  - b. some high school but no diploma
  - c. a high school diploma or equivalent
  - d. 1 to 3 years of college (including study at a technical, community, or junior college)
  - e. a 4-year undergraduate college degree (bachelor's degree)
  - f. a master's degree
  - g. a doctoral degree

Do you have any children?  
 NO  
 YES  
If so, how many? Please list their ages: \_\_\_\_\_

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Please mark Yes or No:

#### TIME MANAGEMENT

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|--|--|
| • I use a daily/weekly/monthly calendar to manage my time.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I always plan my study time as a top priority and therefore do not procrastinate when it comes to my school work.                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • When I study enough, I still have sufficient time left for social activities.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • For every hour spent in the classroom, I study approximately 3 hours outside of class.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • My studying is very regular and predictable.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I schedule preparation periods (time set aside to prepare homework)and review periods (time set aside for reviewing class materials) for each class. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • It is easy for me to say “no” to too many activities.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • After learning about my assignments in class or on my syllabus, I immediately start to work.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### STUDY SKILLS

|   |  |
|---|--|
| • I know how to take good notes in class.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I normally try to review what I have learned as soon as possible after lectures.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Regardless of the class, I am usually able to keep up without getting confused, and my notes are very complete.                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I study all of the assigned readings in my courses.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I attend all of my classes regularly.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I talk to instructors/professors about class questions and requirements.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I complete all work assigned to me.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I miss out on study time, I immediately apply myself to make up for lost time.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I take a 5-10 minute break after each hour of concentrated studying.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I study and review my notes and reading assignments for short periods every day instead of cramming all information into one day. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I frequently use information processing strategies such as paraphrasing, summarizing, and outlining.                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • As I read textbooks, I highlight and write summary notes.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I know how to pick out what is important in the text and have no trouble identifying the main ideas.                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • When my teachers assign papers, I don't get overwhelmed, but rather break down the task into manageable steps.                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • I think about potential questions to guide my reading or help me prepare for an exam.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## TEST TAKING SKILLS

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • I feel that I know effective test-taking techniques.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • In preparing for a test, I review regularly instead of cramming at the last minute.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • On the night before the test, I make a final comprehensive review, and then go to bed early so I can be rested at the time of the exam. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • When taking a test, I make sure that I fully understand directions before answering any part of the test.                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • When taking a test, I look over the entire test and decide how am I going to divide up the time.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I normally work first in items that are worth the most points.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I am good at figuring out what material is most important for an exam and what is secondary.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • If I have time left over after a test, I usually review, edit, and check my answers.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## CONCENTRATION

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • I avoid conversing and engaging in other distracting activities during my study time.                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Concentrating on school work is not an issue for me.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • When studying, I am able to keep my attention clearly focused on the material.                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I have discovered the most productive time and place to study.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • When I try to study, I seldom get bored and quit after a few minutes.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I normally remain alert during class and get the right material into my notes.                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • When I am in class, I listen carefully, evaluate what is being said, and write important notes in my own words. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I usually remember/retain the information that I study or read in a chapter.                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## COMPUTER SKILLS

- |  |                                       |  |                                       |  |
|--|---------------------------------------|--|---------------------------------------|--|
| • Word that best describes my computer skills:   | <input type="checkbox"/> non-existing | <input type="checkbox"/> basic             | <input type="checkbox"/> intermediate | <input type="checkbox"/> advanced                |
| • I use computers at (indicate all that apply):  | <input type="checkbox"/> Home         | <input type="checkbox"/> CCSN Computer Lab | <input type="checkbox"/> Work         | <input type="checkbox"/> Friend/relative's house |
| • I am familiar with at least one word processor application:                                  | <input type="checkbox"/> None         | <input type="checkbox"/> Microsoft Word    | <input type="checkbox"/> Word Perfect |  |
| • I have an e-mail account.  |                                       |  | Yes <input type="checkbox"/>          | No <input type="checkbox"/>                      |
| • I conduct school related research on the Internet.   |                                       |  | Yes <input type="checkbox"/>          | No <input type="checkbox"/>                      |
| • I know how to use a search engine on the Internet.   |                                       |  | Yes <input type="checkbox"/>          | No <input type="checkbox"/>                      |
| • I use CCSN's web page to find and register for classes.                                      |                                       |  | Yes <input type="checkbox"/>          | No <input type="checkbox"/>                      |
| • I am familiar with how to take Web CT courses and expect to take a distance education class. |                                       |  | Yes <input type="checkbox"/>          | No <input type="checkbox"/>                      |