

STUDENT QUESTIONNAIRE INSTRUCTIONS

At least three days before your first appointment we would like to receive your personal and academic records. This includes:

- Your completed Student Questionnaire
- A copy of your most current courses and grades
- A copy of your high school academic transcript **OR** your end-of-year report cards from 9th grade on and reports of your standardized testing, i.e., PSAT, SAT, ACT
- Copies of teacher reports for independent school students (optional)

You may send them by e-mail, fax, or mail to the appropriate office below.

For appointments with Ginger Miller, please use the New York office information. **For Howard or Matthew Greene, please send to the Westport office, even if your appointment is scheduled for New York.**

Westport Office

60 Post Road West

Westport, CT 06880

Phone: 203.226.4257

Fax: 203.226.5595

Email: counseling@howardgreeneassociates.com

New York Office

39A East 72nd Street

New York, NY 10021

Phone: 212.737.8866

Fax: 212-535-4312

Email: ginger@howardgreeneassociates.com



HOWARD GREENE & ASSOCIATES

The Educational Consulting Centers

Howard R. Greene, M.A., M.Ed.

Matthew W. Greene, Ph.D.

Ginger F. C. Miller

COLLEGE STUDENT QUESTIONNAIRE

NAME _____ Nickname _____

Date of Birth _____

Home Address _____

(street)

(city)

(state)

(zip code)

Home Telephone _____ FAX _____

Your E-mail _____ Mobile _____

School Attending _____ Location _____

(name)

(city)

(state)

Student Mailing Address at School (if boarding)

(street & box)

(city)

(state)

(zip code)

Student's Current Grade (circle one) (9) (10) (11) (12) other (specify) _____

Year you plan to enter college _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Names of Brothers and Sisters

Ages

School/College attending (or attended)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PREFERENCES

What type of college do you see yourself in? Please review the following characteristics and review your current priorities before ranking your choices. You may wish to discuss your answers with your parents prior to completing the questionnaire.

Geographic Location Please rank in order of preference.

Northeast _____ Mid-Atlantic _____ South _____ Midwest _____
Mountains/Southwest _____ West Coast _____ Doesn't Matter _____

Setting Urban _____ Suburban _____ Rural _____ Doesn't Matter _____

Size of Total College/University

Very Small (under 1,500 students) _____ Small (1,500-3,500) _____
Medium (3,500-6,000) _____ Large (6,000-15,000) _____
Very Large (15,000-35,000+) _____ Doesn't matter _____

Type of Institution A **College** (with undergraduate students only) _____ **OR**
A **University** (with undergraduates and graduate students) _____ **OR**
Doesn't matter _____

Coeducational _____ Single-Sex _____ Doesn't Matter _____

Atmosphere

Conservative _____ Traditional _____ Middle-of-the Road _____
Liberal _____ Alternative _____

What characteristics would you like to incorporate? _____

What characteristics would you like to avoid? _____

How important a consideration is institutional prestige? _____

How intensive an academic workload do you want? _____

Intended Major _____ Possible Majors, if undecided _____

Academic interests apart from your major? _____

Are there any colleges in which you are particularly interested at this time? Please tell us why.

Have you ruled out any colleges? Please tell us why. _____

Will you need financial aid? _____ Do you want a part-time job? _____

YOUR ACADEMIC PROFILE

Please list the courses you are currently taking and your approximate grades

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Tests taken to date and Scores:

	<u>Critical Reading</u>	<u>Mathematics</u>	<u>Writing</u>
PSAT (10 th Grade)	_____	_____	_____
PSAT (11 th Grade)	_____	_____	_____
SAT (Date) _____	_____	_____	_____
SAT (Date) _____	_____	_____	_____
SAT Subject Tests:	Math Level 1 _____	Math Level 2 _____	
Biology E/M _____	Chemistry _____	Physics _____	
U.S. History _____	World History _____	Other _____	
Other _____	Other _____		

	<u>COMP</u>	<u>English</u>	<u>Math</u>	<u>Reading</u>	<u>Science</u>
ACT PLAN	_____	_____	_____	_____	_____
ACT	_____	_____	_____	_____	_____

	<u>Subject</u>	<u>Score</u>
AP	_____	_____
	_____	_____
	_____	_____
	_____	_____

How do you assess yourself as a student? What do you consider your academic strengths and weaknesses? Do you think your transcript and teacher/counselor reports accurately reflect your academic abilities?

EXTRA-CURRICULAR ACTIVITIES

Please list your most important extra-curricular pursuits. Specify years of involvement, positions of leadership or responsibility, and rank them in importance to you.

	<u>Freshman</u>	<u>Sophomore</u>	<u>Junior</u>	<u>Senior</u>	<u>Leadership Position/ Responsibility</u>	<u>Rank</u>
School Activities:						

School Sports:						

Outside Activities (Include outside sports):						

Work/Volunteer/Summer Activities:						

Other Hobbies and Interests:						

