

University of Tulsa
Center for Student Academic Support
INTAKE INTERVIEW

Name: _____
Social Security Number: _____
Sex: _____ Age: _____ Date of Birth: _____
Local Address: _____ Phone: _____

Referral Problem:

Describe:

First thought there was a problem:

Educational Background Information:

Native Language: _____
Native Language of Parents: _____
College Major: _____
College Status: _____
Are you a student athlete?: _____ What Sport?: _____
Academic Standing: _____
Career Goal: _____

Started at University of Tulsa: _____
Current GPA: _____
Special Services: _____
Utilization of campus services? (Counseling, Labs, Tutors, etc.) _____

Previous College: _____
GPA: _____
Special Services: _____
How many schools did you attend from kindergarten through 12th grade? _____
Were you ever retained in school (i.e. held back to repeat a grade)? _____
If yes, how many times? _____
On the average, how frequently were you absent each year while you were in high school? _____
What was the most frequent reason for your absences?
____ Illness ____ Lack of Interest
____ Work ____ Taking care of children/siblings ____ Moving
____ Other: _____

In high school, were you ever absent for two consecutive weeks or longer? _____
If yes, how long? _____
Reasons: _____

Did you drop out of school between kindergarten and 12th grade? _____
If yes, how many times? _____ What grades did you drop out? _____

Have you ever been tested for learning disabilities or special class placement? _____
If yes, what is the date of your most recent testing? _____
Results: _____

Have you ever been in a special education or remedial class? _____
If yes, describe: _____

As far as you can recall, in what grade did you first start having problems in school?
Grade: _____ Not Applicable: _____

To what do you attribute your problems in school? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Specific L.D. | <input type="checkbox"/> Motor Handicap | <input type="checkbox"/> Bad Luck |
| <input type="checkbox"/> Home Environment | <input type="checkbox"/> Tasks Too Difficult | <input type="checkbox"/> Poor Teaching |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Poor Attendance | <input type="checkbox"/> Limited Ability |
| <input type="checkbox"/> Economical Disadvantage | <input type="checkbox"/> Cultural/Language Differences | <input type="checkbox"/> Lack of Interest in school |
| <input type="checkbox"/> Other (specify): _____ | | |

Health Information:

Are you on any medication at the present time? _____
If yes, give name of medication: _____
Do you have any major illnesses? _____
Do you have vision problems? _____
If yes, describe: _____
What was the date of your last eye exam? _____
Do you wear glasses or contact lenses? _____
Do you have hearing problems? _____
If yes, describe: _____
What was the date of your last hearing exam? _____
Do you use a hearing device (e.g. a hearing aid)? _____
Did you have ear infections as a child/adult? _____ Tubes? _____
Have you ever been hospitalized for a head injury? _____
If yes, specify when and describe? _____
Have you ever had seizures? _____
If yes, specify when and describe: _____
Are you participating in individual or group counseling? _____
Describe any additional health issues? _____

Educational Information:

Courses usually do best in: _____
Strengths: _____
Courses usually do poor in: _____
Weaknesses: _____
List your current classes:

Last semester classes and grades:

Courses repeated: 3+ _____ 1-2 _____ 0 _____
Courses with U, F, D: 3+ _____ 1-2 _____ 0 _____
On average, time spent each day (including Saturday and Sunday) preparing for your classes? _____ Hours
Describe your Study Habits: _____

DESCRIPTION OF PROBLEM:

Math: _____
Reading Problem:
Grade Level: _____ Colored Overlays? _____

Reading Rate:	Slow	Average	Strong
Comprehension:	Reread	Average	Strong
Sustained Attention:	5-30 minutes	30-60 mins.	60+ mins.
Skimming Skills:	Weak	Average	Strong
Speed Reading Skills:	Weak	Average	Strong
Phonics Skills:	Weak	Average	Strong

Language Skills Area:

Frequently skip over words, cannot pronounce: Yes _____ No _____
Problem with word meanings: Yes _____ No _____
Frequent need or use of a dictionary: Yes _____ No _____

General writing skills: _____

<u>Spelling:</u>	Slow	Average	Strong
<u>Computers:</u>	Slow	Average	Strong
<u>Notetaking:</u>	Slow	Keep Up	Strong

Test Taking Skills:

Essays:	Weak	Average	Strong
Multiple Choice:	Weak	Average	Strong
Fill-Ins:	Weak	Average	Strong

Listening Skills:

Conversations:	Weak	Average	Strong
Lectures:	Weak	Average	Strong

FAMILY INFORMATION:

Has anyone in your immediate family had learning problems in school?

____ No one ____ Father ____ Brother(s)
____ Don't Know ____ Mother ____ Sister(s) ____ Children

Parents' educational background and aspirations for you:

Father: _____

Mother: _____

Siblings: _____

Spouse: _____

Children: _____

What clubs or activities do you participate in? _____

What do you need? _____

What would help? _____
