



# CLIENT SELF-ASSESSMENT

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

What is your reason for visiting?

Are you proficient in English?

- Yes
- No

What is your highest completed grade level?

What is your current enrollment status?

## Postsecondary Education Plans

Intended enrollment term:

Are you planning to enroll full-time or part-time?

- Full-time
- Part-time

What are your career goals (please list)?

What is your first school of choice (please list)? \_\_\_\_\_

Your second (please list)? \_\_\_\_\_

What is your intended major (please list)? \_\_\_\_\_

Do you feel that you are prepared to enroll into a postsecondary program (select one)?

- Yes
- No

## **Financial Aid**

Are you familiar with the financial aid process?

- Yes
- No

Have you completed your financial aid application process?

- Yes
- No

If yes, how did you complete the application?

- Online
- Paper

## Assistance and Information

On what area or areas would you like to receive information  
(select all that apply by holding the Ctrl or Opt key)?

- College application
- Financial aid application
- Study skills
- Career assessment
- Balancing school/work
- Stress management
- Test taking skills
- Other

If other, please specify:

What are your academic goals (please list)?

What are your academic strengths (please list)?

What are your academic weaknesses (please list)?