College Internship Program

PARENT QUESTIONNAIRE

PARENT NAME: ________________________________________________

STUDENT NAME: ____________________________________________

APPLYING FOR ADMISSION TO:

☐ Berkshire, MA  ☐ Brevard, FL  ☐ Bloomington, IN  ☐ Berkeley, CA  ☐ Long Beach, CA  ☐ Amherst, NY

STARTING TERM:

☐ Fall  ☐ Spring  ☐ Rolling  ☐ Summer

STARTING YEAR: ____________________________________________

For each of the following questions, please write the letter of the answer that BEST describes your son/daughter in the space provided. This form MUST be submitted BEFORE the Interview date.

INDEPENDENT LIVING SECTION

_____ 1. Please rate the student's experience living away from home:
   A. Has lived away from home for more than 6 months successfully on his/her own
   B. Has lived away from home for than 6 months but had regular residential support.
   C. Has experience living away from home only a few weeks at a time and would need support and regular check-ins.
   D. Has never lived away from home before.

_____ 2. Has the student lived with a roommate(s) who is not a family member?
   A. Has lived with roommate(s), formed positive relationships and advocated for himself/herself when necessary.
   B. Has lived with roommate(s) but has struggled at times to communicate/advocate for himself/herself.
   C. Has lived with roommate(s), but tended to isolate himself/herself.
   D. Has never lived with roommate(s) before.

_____ 3. Which best describes how the student maintains his/her own space/bed room?
   A. Neat and doesn’t feel anxiety if something is out of order.
   B. Neat but does feel anxiety if something is out of order.
   C. Messy but has help from parent/advisor regularly to clean space.
   D. Messy and always keeps the space this way.
4. What assistance does the student need when cooking?
   A. Can cook a well-balanced meal on his/her own and can follow a moderately difficult recipe.
   B. Has some cooking experience, but needs some assistance in making healthy choices.
   C. Can “boil water and make toast” and will need assistance in preparing a full, well-balanced meal and with following recipes.
   D. Has never cooked before so he/she will need regular assistance.

5. Please rate the student’s experience with grocery shopping:
   A. Has gone to store on his/her own and used a shopping list successfully.
   B. Has gone to the store on his/her own but usually returns with several items missing.
   C. Usually goes with a parent who assists with shopping.
   D. Not used to going to the store on his/her own.

6. Which best describes the student’s eating choices?
   A. Always has a well balanced meal with plenty of fruits and veggies.
   B. Makes good choices but doesn’t always eat enough fruits and veggies.
   C. Eats healthy foods but has a restricted range of food he/she will eat.
   D. Prefers a diet of convenience foods, soda, and starches.

7. Rate the student’s laundry experience:
   A. Can load washer and dryer correctly, use proper settings, fold and put laundry away with no assistance.
   B. Can perform tasks listed in A but needs some assistance.
   C. Has done laundry a few times on his/her own but needs regular supervision.
   D. Has never done his/her own laundry.

8. Rate the students showering, grooming, and dressing habits:
   A. Always manages these tasks independently with no help.
   B. Occasionally needs a prompt but most of the time handle these tasks on his/her own.
   C. Occasionally needs a prompt and sometimes resists taking care of these tasks.
   D. Regularly needs a prompt and assistance.

9. Rate the students overall grooming:
   A. Always looks good.
   B. Sometimes looks groomed.
   C. Sometimes looks groomed but needs prompts.
   D. Usually unkempt (wrinkled shirts, messy hair, body odor, etc).

10. Which of the following best describes the student’s morning wake-up routines?
    A. Regularly sets own alarm and gets up on time.
    B. Hits snooze but is usually out the door on time.
    C. Is usually running late.
    D. Needs extensive prompts to get out of bed.
11. **Rate the student’s experience with a checking account:**
   A. Has successfully maintained a checking account on his/her own for at least 1 year with no issues.
   B. Has maintained a checking account but needs assistance with balancing and reconciliation.
   C. Has a checking account but has regular assistance in managing his/her funds.
   D. Has never maintained a checking account.

12. **Rate the student’s experience with a credit card:**
   A. Has used a credit card for at least 1 year with no outstanding balances and no issues.
   B. Has a card but does not comprehend spending limits.
   C. Had a card but no longer has one due to negligence.
   D. Has never had a card or is not ready for a card for one at this time.

13. **Rate the student’s driving background:**
   A. Has his/her own license and a clean driving record for at least a year.
   B. Just passed the driver’s test or has permit.
   C. Is interested in learning.
   D. Not yet ready for this step or may not obtain due to safety issues.

14. **Rate the student’s experience with public transportation (bus, taxi, subway, etc.):**
   A. Has used it regularly on his/her own and is confident finding his/her way around.
   B. Has used it before but not on his/her own.
   C. Has used it before but did not have a positive experience and felt anxious.
   D. Has not used it before.

15. **Has the student maintained friendship/relationships with people in the same group (not on the internet)?**
   A. He/She has several friends and meets with them regularly for social activities.
   B. He/She has a couple of friends at school but does not see them regularly outside of school.
   C. He/She perceives others as friends but the friendship is not reciprocated.
   D. He/She prefers to be alone and stay to himself/herself.

16. **When the student engages with his/her peers, who initiates the plans?**
   A. The student initiates activities with his/her peers.
   B. The student sometimes initiates activities with his/her peers.
   C. His/Her friends typically initiate the activity.
   D. The parent typically initiates the activity.

17. **How often does the student understand the perspective of others?**
   A. All of the time.
   B. Most of the time.
   C. Occasionally.
   D. Never.
18. Rate the level of social activities the student engages in with friends outside of school (going to movies, shopping, dances, clubs, etc):
   A. Engages in several activities a week.
   B. Engages in at least one activity each week.
   C. May engage in an activity monthly.
   D. Rarely will engage in social activity.

**ACADEMIC/VOCAIONAL SECTION**
*CIP offers classes separate from the college so please fill out even if the student is on vocational track only.*

19. What are the student’s academic goals?
   A. Knows exactly what degree or career he/she wants.
   B. Would like to go to college, but is not sure of a major or degree.
   C. Is not sure about college, but would like to try it out.
   D. Is not quite ready for college at this time but would like to try it in the future.
   E. N/A Does not apply to my student - vocational track only.

20. Has the student had experience taking college level college level classes before?
   A. Yes, and He/She did quite well.
   B. Yes, overall it was a positive experience but he/she had some challenges. Please explain:
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   C. Yes, but it was not a positive experience for the student. Please explain why:
      ______________________________________________________________
      ______________________________________________________________
   D. No, the student has never taken a college class before.
   E. N/A Does not apply to my student - vocational track only.

21. Rate the student’s academic independent working skills:
   A. Totally independent and has succeeded in the past with organizing his/her own assignments and managing his/her own time.
   B. Needs small amounts of assistance in getting started or in organizing his/her time, but once he/she gets going, can work independently.
   C. Needs moderate assistance to organize his/her academic work and is more successful when checking in with someone on a regular basis.
   D. Needs a high level of assistance where a teacher or parent can break down assignments into smaller chunks to help him/her decide what to do and when to do it.

22. Rate the students need for an academic tutor/study halls:
   A. Works well independently and will not need tutorial/study hall assistance.
   B. May need some assistance periodically (1-2 hours of tutorial/study hall per week)
   C. Will need to meet with a tutor or have study halls regularly (3-4 hours per week)
   D. Will need as much time as possible with a tutor or in study halls (5+ hours per week)
_____ 23. **Rate the student’s previous relationship level with teachers/supervisors:**

A. Feels very comfortable speaking with and seeking assistance from his or her teacher/supervisor and has formed close relationships in the past.

B. Seeks assistance / clarification from the teacher/supervisor but tends to shy away from regular contact.

C. Sought Assistance / clarification in the past but did need encouragement from a tutor or parent to follow through.

D. Does not feel comfortable speaking with teachers/supervisors and will need help in learning to approach them.

_____ 24. **Please rate the student’s classroom skills listed below based on the following scale:**

A. Competent

B. Minimal Support

C. Moderate Support Needed

D. High Need for Support

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Please list any special accommodations the student has had in the past and may need in a class (extra time for tests, books on tape oral exams, note taking, etc)
25. Which best describes the student’s employment/internship experience?
   A. Has successfully maintained a position for more than 6 months.
   B. Has tried working but resigned.
   C. Has tried working but was discharged/released by supervisor.
   D. Has no employment/internship experience.

26. Please rate the student’s need for a job coach:
   A. Will not need assistance.
   B. May need instruction from vocational class but will not need a job coach.
   C. Needs occasional assistance from job coach (1x per month)
   D. Needs regular assistance from a job coach (weekly).

27. Has the student ever been discharged or suspended from a school, program, or job?
   A. No
   B. Over 3 years ago but it has not been an issue again.
   C. 1-2 years ago but it has not been an issue again.
   D. Within the last year.

**CLINICAL SECTION**

28. Rate the student’s understanding and acceptance of their psychological diagnosis:
   A. Clearly knows and understands diagnosis.
   B. Accepts diagnosis and has does express interest in learning more.
   C. Accepts diagnosis but does not clearly understand what it means.
   D. Has not fully accepted the diagnosis and feels it is best to not discuss it.

29. How often does the student attend clinical therapy?
   A. Never
   B. Sometimes-when needed
   C. Regularly-biweekly or monthly
   D. Frequently-weekly or more than once a week.

30. Which best describes the student’s feeling toward therapy?
   A. A helpful, positive experience.
   B. Reluctant to go at first but he/she found it helpful.
   C. Reluctant to go and he/she found it unhelpful.
   D. Does not like to attend.

31. Has the student ever been in the hospital for psychiatric reasons?
   A. No
   B. Yes-over 3 years ago but has been stable since.
   C. Yes-1-3 years ago but has been stable since
   D. Yes-within last year.

If hospitalized, please give dates and explain reasons in more detail:
 Rate the student’s present level of emotional and behavioral stability:
   A. Has always been stable.
   B. Has been stable the last three years.
   C. Has been stable the last year.
   D. Is not presently stable.

 Does the student take medication?
   A. No.
   B. Yes, for reasons unrelated to learning difference (allergies, acne, etc.)
   C. Yes, to help him/her focus, pay attention (ADHD, ADD), or for slight anxiety.
   D. Yes, for more extensive anxiety or depression.

 Which best describes the student’s medication routine:
   A. Takes his/her medication regularly without any prompts.
   B. Takes his/her medication with occasional prompts.
   C. Takes his/her medication with regular prompts.
   D. Needs daily assistance in taking medication or possibly does not want to take.
   E. N/A Does not apply to student—does not take medication.

 Has the student ever had difficulty controlling his/her anger or anxiety so that he/she broke things or maybe lost his/her temper with people?
   A. No
   B. Over 3 years ago but it has not been an issue again.
   C. One time within last three years but it has not been an issue again.
   Please explain:

 Is the student able to accept constructive criticism?
   A. Yes, he/she can use constructive criticism in a positive way.
   B. He/she accepts feedback but has difficulty interpreting suggestions.
   C. He/she has difficulty accepting constructive criticism and usually does not learn from what is said.
   D. He/she gets upset when given constructive criticism and may get angry or walk out.

 Please rate the student’s attitude toward alcohol:
   A. No tolerance.
   B. If used recreationally in a safe environment and of legal age, its ok.
   C. May have tried in the past but not within the last year.
   D. Has used regularly before and may still be.

 Please rate the student’s attitude toward recreational (non-prescription) drugs including marijuana:
   A. No tolerance.
   B. If used recreationally in a safe environment, its ok.
   C. May have tried in the past but not within the last year.
   D. Has used regularly before and may still be.
Please explain and substance abuse issues that the student has had in the past or may still have:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for taking the time to complete this form.
Please return to:

College Internship Program
National Admissions Office
199 South Street.
Pittsfield Ma, 01201
admissions@cipworldwide.org
Fax: 413-243-2517