IUP Labyrinth Center

Intake Questionnaire for Current IUP Students

In an effort to anticipate your needs at college, please complete this form to the best of your ability prior to our appointment. Feel free to ask your parents or other people who know you well to assist. Please provide as much information as possible, so that we can get a better understanding of how we can help you be successful in college. Please bring a copy of the form with you and also mail or fax to:

The IUP Labyrinth Center
110 Stouffer Hall
1175 Maple Street
Indiana, PA 15945 Fax: (724) 357-3767

Today's Date: _____

Biographical Information:

Your Full Name: _____

Nickname/ Preferred Name to be Called: _____

Your Age: _____

Your Birthday: _____

Your Phone: _____

Your Email: _____

Your Home Address:

House or Apt Number/ Street: _____

City: _____, State: _____ Zip Code: _____

Mother's Name: _____ Mother's Phone: _____

Father's Name: _____ Father's Phone: _____

Your Family Address (street, state, zip code) (***skip this if it's the same address as yours***):

House/ Apt Number/ Street: _____

City: _____, State: _____ Zip Code: _____

Do you have an open case with the Office of Vocational Rehabilitation (OVR) _____ Yes _____No

Do we have permission to contact your parents? Yes____ No____

Did anyone help you with this form? Yes____ No____

If so, who helped you fill out this form? _____

Educational Background:

Where did you go to high school? _____

Year Graduated? _____

ACT or SAT Scores (Verbal, Quantitative, Writing): _____

Advanced Placement Courses and Test Scores: _____

Were you in special education? Yes_____ No_____

If so, please describe services received and for how long:

_____

Guidance Counselor Name, Address, and Phone Number: _____

_____

Do we have permission to speak with this individual? Yes_____ No_____

Other Colleges You Attended:

College or Program (name and address): _____

_____

Dates attended: _____

Degrees or Certificates Received: _____

Admission to IUP:

Have you been formally accepted into IUP? Yes _____ No_____

Anticipated Start at IUP: Fall _____ Spring _____

I am a current student at IUP. Yes _____ No _____

Year (circle one): High School Freshman Sophomore Junior Senior Grad

Current School Information:

College or University Attending: _____

City and State: _____

Student ID Number: _____

School or Degree Program: _____

Current Major: _____

Academic Standing (circle one):

Good

Academic Warning

Probation

Suspension

Academic Advisor's Name: _____

Advisor's Phone/ E-mail:_____

Do we have permission to speak with this individual? _____

Campus Life Information:

Please tell us about your lifestyle and habits (privacy needs, personal space needs, neatness, etc.). _____

_____

On-Campus Residents:

Do you live or plan to live on campus? Yes _____ No _____

Do you live on campus now? If so, we would like to know where and with whom:

_____

Name of Residence Hall: _____

Single Room? Yes_____ No_____

Suite? How Many Suitemates? _____

With Roommate? Yes_____ No_____ How Many? _____

How are you getting along with your roommate(s)? _____

Off-Campus Residents (Skip this portion if you live on campus):

With Parents at Home? Yes: _____ No: _____

With Other Family Member? _____ If so, with whom? _____

Off Campus Apartment? Shared or Alone? _____

Other (such as group home): _____

Are you having any difficulties with you living arrangements? _____

Dining:

Are you on a meal plan? _____ Which one? _____

Do you know where the dining halls are for your residence? _____

Please tell us about your food preferences or needs._____

_____

_____

_____

Do you follow any specific diet? _____

Do you have strong food likes and dislikes? _____

Student Activities:

Are you a member of any groups on campus? Yes_____ No_____

If so, which ones? _____

What is your role in these groups? _____

Would you like help locating groups and activities on campus?

Yes_____ No_____

Tutoring:

Do you have tutors for your academic subjects? Yes_____ No_____

If so, which subjects and from where? _____

Do you need help locating tutors? Yes_____ No_____

Do you use academic centers on campus? Yes_____ No_____

Which ones? _____

Would you like help locating appropriate resources? _____

Judicial or Disciplinary Actions:

Are you involved in any judicial actions now or in the past? _____

Are you aware of any situations that make you uncomfortable, such as bullying or drug use that you would like to discuss with someone? _____

Personal Care:

Have you located the laundry rooms? _____

Do you know how to use the machines? _____

Are you comfortable with the washroom facilities in your residence? _____

Do you have a cellular phone/ know where the public phones are for your hall?

_____

Do you know important phone numbers? _____

Doctor? _____

Parents? _____

Transportation:

How do you plan to get around campus? _____

Do you get lost easily? Yes_____ No_____

Will you need help? Yes_____ No_____

Walk:

Do you know the route between your residence and academic buildings?
Yes_____ No_____

Are you okay walking at night? Yes_____ No_____

Bicycle:

Do you know where the bike racks are on campus or in your residence hall?
Yes_____ No_____

Do you have a chain and lock? Yes_____ No_____

Car:

Do you have a car? Yes_____ No_____

Do you have a driver's license? Yes_____ No_____

Do you carpool? Yes_____ No_____

Public Transportation:

(Do you use or are you comfortable with…)

Bus? Yes_____ No_____

Subway/ Train? Yes_____ No_____

Campus Shuttle? Yes_____ No_____

Health and Disability Information:

Please tell us about your main disability: _____

_____

_____

When were you first diagnosed with this condition? _____

When was your latest assessment? _____

By Whom? _____ (*Please Attach Reports*)

Please describe your condition and how it affects you:

At Home? _____

_____

_____

At Work? _____

_____

_____

At School? _____

_____

_____

With Friends? _____

_____

_____

Do you have any other health issues or medical conditions (such as anxiety, sleep issues, depression, etc.)? Yes_____ No_____

Have you been treated for a psychological disorder such as anxiety or depression?

Yes_____ No_____

If yes, please provide details_____

_____

_____

_____

_____

_____

Diagnosis? Treatment Plan? Medications? Duration of Treatment? Continuing Symptoms? _____

_____

_____

_____

_____

Name of Physician or Therapist (name, address, phone):

_____

_____

Do we have permission to speak with this individual? Yes_____ No_____

Medications Taken: _____

Side Effects: _____

Do you have a current prescription? _____

Do you know how to take your medications? Yes_____ No_____

Would you like to understand more about your conditions and how they affect you? Yes_____ No_____

Have you used accommodations in school in the past? If so, please list them below:

_____

_____

_____

_____

_____

Will you be requesting any accommodations at this school? If so, please list them:

_____

_____

_____

_____

_____

Please make sure you or your parents sent all current documentation of your disability to the Office of Disability Services at the following address:

Pratt Hall, Room 216
201 Pratt Drive
Indiana, PA 15705

Phone: 724-357-4067

Fax: 724-357-2889

Personal Strengths, Weaknesses and Goals:

My best subjects and skills are: _____

_____

_____

My areas of special interest and talent are: _____

_____

_____

My goals for this semester are: _____

_____

_____

My long range goals are: _____

_____

_____

_____

I really need a lot of help with: _____

_____

_____

_____

_____

Contacts:

Please indicate below (by checking yes or no) that we may contact the following parties.

Parents:

Mother: Yes_____ No_____

Father: Yes_____ No_____

Current Academic Advisor at IUP: Yes_____ No_____

All Current Professors (**if you are comfortable with us speaking to some of your professors but not all of them, check *Yes* and write in the professors you would prefer we *NOT* contact**): Yes_____ No_____

List of professors you would prefer we ***NOT*** contact (only fill out this portion if there is certain professors you would ***NOT*** like us to contact):

_____

_____

_____

Consent:

I agree to allow the Labyrinth Center Staff at Indiana University of Pennsylvania to provide my name, and the fact that I am joining the Labyrinth Center at Indiana University of Pennsylvania for support, to the University's Admission Office. Furthermore, this signature grants the Labyrinth Center staff permission to contact the individuals mentioned in the previous section.

Signature of Agreement: _____

Stouffer Hall at Indiana University of Pennsylvania

The *Labyrinth Center is on the 1st Floor in Room 110*

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