

ENTRANCE INTERVIEW -NEW DIMENSIONS HIGH SCHOOL

Student's Name:

Today's Date:

Please check all that apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Improve general study habits | <input type="checkbox"/> Improve math skills | <input type="checkbox"/> Receive transfer information |
| <input type="checkbox"/> Improve note taking skills | <input type="checkbox"/> Improve vocabulary | <input type="checkbox"/> Make career decisions |
| <input type="checkbox"/> Improve time management skills | <input type="checkbox"/> Improve test taking skills | <input type="checkbox"/> Plan college courses |
| <input type="checkbox"/> Improve reading comprehension | <input type="checkbox"/> Improve grade point average | <input type="checkbox"/> Improve spelling |

Please check any of the following

- | | |
|--|---|
| <input type="checkbox"/> Out of school too long | <input type="checkbox"/> My family does not understand school demands |
| <input type="checkbox"/> Afraid of failing in school | <input type="checkbox"/> Unsure of NDHS procedures |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Difficulty participating in discussions |
| <input type="checkbox"/> Afraid I might not fit in at NDHS | <input type="checkbox"/> Little or no experience on the Internet |
| <input type="checkbox"/> Difficulty meeting new people | <input type="checkbox"/> Difficulty managing money |
| <input type="checkbox"/> Panic during tests | <input type="checkbox"/> Difficulty meeting deadlines |
| <input type="checkbox"/> Few computer skills | <input type="checkbox"/> May need personal counseling |

What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Bad grades | <input type="checkbox"/> Family medical problems |
| <input type="checkbox"/> Lack of money | <input type="checkbox"/> Take things too seriously | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Taking the wrong classes | <input type="checkbox"/> Problems at home | <input type="checkbox"/> No close friends at NDHS |
| <input type="checkbox"/> Always feeling tired | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Recurring health concerns | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Too shy |
| <input type="checkbox"/> Alcohol and/or drug problems | <input type="checkbox"/> Feeling depressed or sad | <input type="checkbox"/> Always worrying |
| <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Dealing with bills | <input type="checkbox"/> Test anxiety |

What other areas will you need assistance with?

FINANCIAL:

- Personal budget
- FAFSA
- Grants/Scholarships
- Loans

PERSONAL ISSUES:

- Stress Management
- Substance Abuse
- Relationships
- Anxiety
- Depression
- Motivation
- Exploring Diversity

LIFE:

- Homeless
- Food
- Pregnancy/Childcare
- Suicidal

CAREER:

- Interviewing
- Resume/Cover letter
- Job Searching
- Leadership development
- Goal/Decision Making

Describe your feelings about the following subjects in one or two sentences:

Math:

Reading:

Writing:

Science:

List your personal goals and career objectives:

Explain why you selected NDHS to continue your educational endeavors:
