## ACADEMIC READINESS

		ACADEMIC READINESS			
	<ul><li>A. To assess academic readiness for postsecondary program.</li><li>B. To register for and complete enrichment courses.</li></ul>				
	C. To register for and complete rem	edial courses.			
	D. To obtain tutorial referrals.				
	A. To discuss the implementation of	CAREER COUNSELING			
_	A. To discuss the implementation of	•			
_	B. To complete the career exploration process.				
_	<ul><li>C. To select a career.</li><li>D. To attend a career awareness wo</li></ul>	arkahan			
		are:			
7	Δ To explore the curriculum of seve	ADMISSIONS			
	·	<ul><li>A. To explore the curriculum of several postsecondary institutions.</li><li>B. To select schools, complete and submit admissions application(s).</li></ul>			
]	C. To attend a campus tour.	oustille admissions application(s).			
]	•	completion GED program by	20		
_	•	D. To be admitted to a high school completion GED program by  E. Name of Secondary Institutions			
]		F. To be admitted to a Postsecondary Institution by semester 20			
_		erest			
] ] ]	<ul><li>A. To review financial aid procedure</li><li>B. To complete and submit financial</li><li>C. To consolidate defaulted loan(s).</li><li>D.</li></ul>	aid forms.			
	I	DAILY LIVING CONCERNS			
	A. To learn time management, study	y skills building, etc.			
	B. To learn money management ski	lls.			
	C. To explore family concerns, such as childcare, transportation and counseling.				
	D. The learner will be released from	Institution	n		
			Date		
	E. Other				
	EOC PARTICIPANTS SERVI	CED BY OTHER FEDERALLY FUND	ED PROGRAM(		
	A. Upward Bound (UB)	D. Talent S			
	B. Upward Bound (UBMS)	□ E. GEAR	Jp		
	C. Veterans Upward Bound (VUB)	□ F. Other			
Refer	rence Source (circle one): (a) Agency	REFERRAL SOURCE (b) Family/Friend (c) Flyer (d) F	Radio		
	, , , , ,				
(e) O	ther	Please list name of source:			
-					

## TRIO EDUCATIONAL OPPORTUNITY CENTER INTAKE SHEET

WSU EOC COUNSELOR:				
SITE:				
PARTICIPANT NAME: (LAST NAME, FIRST NAME)				
SOCIAL SECURITY NUMBER ( <u>LAST 4 DIGITS</u> )				
ADDRESS:				
CITY:				
MI/ZIP:				
TELEPHONE:				
EMERGENCY CONTACT NAME/PHONE:				
Sex: Male Female				
Date of Birth:				
Ethnic-Racial Background: Black Asian/Pacific Is	•			
American Indian/Alaskan Native Multiracia	al Other: (please list)			
Citizenship: U.S. Citizen? Yes No If no	ot, under what conditions are you allowed to remain in the United States:			
Alien Resident Permanent Resident	_ Do you have Limited English: YesNo			
Marital Status: Single Married Other	(please circle one - Divorced, Widowed, Separated)			
Educational Background: High School Grad	Year GED Certificate Year			
complete (dropout) Currently in High School Program (pending) Currently in GED Program (pending)				
Postsecondary (check if you have atten	nded any college, voc/tech school, etc.) Please list postsecondary schools attended:			
Select from one of the following: 1) Postsecondary	Student 2) Postsecondary Transfer 3) Postsecondary Dropout			
Have you obtained a degree or certificate from any	r institution? Yes No If so, what type of degree or certificate, and			
name of institution				
Employment Background: How many years have y	ou worked? List positions you have held, include volunteer experience:			
INCOME INFORMATION: (A) INDEPENDENT ****	(SEE COUNSELOR FOR THIS SECTION)			
****What income tax return did or will you file fo				
a. IRS 1040 b. IRS 1040A c. IRS 1040I	EZ d. 1040 Telefilee. A foreign tax return f. None			
If you will or have filed taxes, how many people	can or will you claim on your tax return who receive half of their support from			
you? (Be sure to include yourself)				
If you did not and/or will not file taxes, how man	yy noonlo aro you reenoneible for (Re sure to include yourself)?			
	E HAD FROM EMPLOYMENT IN 2014? \$			
LIST THE AMOUNT OF ANY OTHER INCOME YO	DUR SPOUSE HAD IN 2014? \$			
	DUR SPOUSE HAD IN 2014? \$			
LIST THE AMOUNT OF ANY OTHER INCOME YO	DUR SPOUSE HAD IN 2014? \$  2014? \$			
LIST THE AMOUNT OF ANY OTHER INCOME YOU LIST YOUR (THE STUDENT) INCOME FOR 2014 TOTAL FAMILY INCOME FOR 2014? \$	E HAD FROM EMPLOYMENT IN 2014? \$  DUR SPOUSE HAD IN 2014? \$  ? \$  DEPENDENT ON THEIR PARENTS' INCOME			
LIST THE AMOUNT OF ANY OTHER INCOME YOU LIST YOUR (THE STUDENT) INCOME FOR 2014 TOTAL FAMILY INCOME FOR 2014? \$	DUR SPOUSE HAD IN 2014? \$  DURSPOUSE HAD IN 2014? \$  DEPENDENT ON THEIR PARENTS' INCOME  Number of parents:			
LIST THE AMOUNT OF ANY OTHER INCOME YOU LIST YOUR (THE STUDENT) INCOME FOR 2014 TOTAL FAMILY INCOME FOR 2014? \$	E HAD FROM EMPLOYMENT IN 2014? \$  DUR SPOUSE HAD IN 2014? \$  ? \$  DEPENDENT ON THEIR PARENTS' INCOME			

parents claim on their taxes?						
LIST THE AMOUNT OF INCOME YOUR PARENTS HAD FROM EMPLOYMENT IN 2014:						
OR 2014 (include your parents and yours	self):					
ncome higher, lower or the same as 201	4?					
rces of 2014 Income listed in 8A or 8B:						
lameSocial S	Security/SSI#					
Unemployment Comp#	Other (list) #					
Are you a veteran?	Yes No					
Do you have a physical disability? Do you have a mental disability?	Yes No Yes No					
ture of your disability:		_				
om a four year college or university?  Year a four year college or university?  Year						
n this form is correct and complete.						
n this form is correct and complete.	Date					
nature						
	OTHER INCOME YOUR PARENTS HAD INCOME 2014 COR 2014 (include your parents and yours) Income higher, lower or the same as 2014 Inces of 2014 Income listed in 8A or 8B: ItameSocial State Unemployment Comp# Are you a veteran? Do you have a physical disability? Do you have a mental disability? Intuitive of your disability: Indent Information: In a four year college or university? Year a four year college or university?	TOTHER INCOME YOUR PARENTS HAD IN 2014:  T) INCOME 2014  DR 2014 (include your parents and yourself):  Income higher, lower or the same as 2014?  Increes of 2014 Income listed in 8A or 8B:  Islame  Social Security/SSI #  Unemployment Comp  Yes  No  Do you have a physical disability?  Yes  No  Do you have a mental disability?  Yes  No  Indent Information:  In a four year college or university?  Yes  No  Yes  No  No  No  No  No  No  No  No  No  N				



## STOP AND RETURN FORM TO COUNSELOR.



## SELECTION SUMMARY

FOR OFFICE I	USE	ONLY
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Check appropriate items:				
First Generation Low Income Other Ex-Offender Homeless College Ready				
Unprepared Single Parent Female Military Connected: Please indicate whether the person				
is: 1) Active duty military 2) Spouse of active duty military or 3) Child of active duty military				
Participant/Learner was selected to participate in the EOC Program for the following reasons:				
1. The learner is a first generation college student or a potential first generation college student.				
According to the financial information given on the student intake sheet, the learner will be considered low income.				
3. The learner expressed a desire to continue his/her postsecondary education.				
4. The learner requested admissions information.				
5. The learner expressed a need for additional information on the types of financial aid available.				
6. The learner requested information on the financial aid procedure for the application.				
7. The learner requested career information.				
<ol><li>The learner expressed a need for information on the educational preparation required for selected fields.</li></ol>				
9. List other reasons for selection				
PLAN OF WORK				
Please Check Appropriate Items The learner and counselor planned the following activities:				
TESTING AND EVALUATION				
A. To complete and explore the results of the General Aptitude Test.				
B. To complete and explore the results of a Career Inventory.				
C. To learner plans to graduate from on				
Institution Month/year				
D. To review high school transcripts.				
E. The learner plans to obtain the GED certificate by				
Month/year				
F. To review GED test scores.				
G. To review college/postsecondary transcripts.				