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A Multi-Specialty Behavioral Health Practice

## **CRG Gap Year Services Student Intake Form**

<u>Directions</u>: Please complete this form and bring it with you to your intake appointment. We ask that you answer each question as thoroughly as you can. In addition, please bring the following to your intake appointment:

addition, please bring the following to your intake appointment:		
	Your high school transcript Your college grades/transcript (if appropriate) Your SAT and/or ACT scores The most recent diagnostic assessment report you have that was NOT done at CRG (We have a copy of any report done at CRG).	
Your n	ame: Today's date:	
	Students participating in CRG's Gap Year services will choose one of two tracks:	
will m	A: LOCAL – These students will live at home or on their own, in central Indiana. They neet each month at CRG in person. This track is designed for students who want to re college plans, develop better job skills, enhance social skills, and strengthen life skills thriving and independent adulthood.	
work/ this ye	B: GLOBAL – These students will receive help finding and then participating in /travel experiences around the U.S. or abroad. They will be coached via computer during ear of personal growth and development. Coaching will help them defer college ment for the year and/or make plans to start college when they return.	
A. EDI	JCATION	
Wł	nat is the highest level of education you have completed?	
1)	What high school and/or college did you attend?	
2)	What extracurriculars did you participate in during high school/college?	

3)	Please identify any accommodations (e.g., extra test time) you have used in high school, on the ACT/SAT, and/or in college:
4)	Did you work with tutors in high school/college? If so, in what subject(s)?
5)	What term best describes your feelings about high school/college (check one): I really enjoyed school.
	<ul><li>I liked some aspects of school but really disliked other aspects.</li><li>I didn't like school and am glad it's over.</li></ul>
6)	What was your favorite subject in school and why?
7)	What was your least favorite subject in school and why?
8)	If high school is your highest level of education so far, we'd like to know about your current interest in colleges. Currently, what are your thoughts or plans and concerns about college?

Please fill in any part of the chart below that you can.

Have Visited?

Have Applied?

Been Accepted?

Name of College

	(Yes/N		lo) (Yes/No)
	ne chart below for the I	ast two jobs you have	e had:
10) Please fill in th			
10) Please fill in th	ne chart below for the l How Long Were You There/Ending Pay	ast two jobs you have Strengths/Talents at that Job	
10) Please fill in th	How Long Were You	Strengths/Talents at	Difficulties/Dislikes
10) Please fill in th	How Long Were You	Strengths/Talents at	Difficulties/Dislikes
10) Please fill in th	How Long Were You	Strengths/Talents at	Difficulties/Dislikes
10) Please fill in th	How Long Were You	Strengths/Talents at	Difficulties/Dislikes
10) Please fill in th Iame of Business/Job Title	How Long Were You There/Ending Pay	Strengths/Talents at that Job	Difficulties/Dislikes about that Job
10) Please fill in the	How Long Were You	Strengths/Talents at that Job	Difficulties/Dislikes about that Job
Name of Business/Job Title	How Long Were You There/Ending Pay	Strengths/Talents at that Job	Difficulties/Dislikes about that Job

12) Right now, what are your thoughts about:

A college major?	A rewarding job or career?	)
C. LIFE SKILLS		
13) Please check the appropriate respor	ses for all items below.	
Finances		
	YES	NO
<ul> <li>I have my own bank account(s) in my</li> </ul>	name	
<ul> <li>I have a debit and/or a credit card in</li> </ul>	my name	
<ul> <li>I pay my own bills.</li> </ul>	<del></del>	
<ul> <li>I have a regular source of income.</li> </ul>	<del></del>	
<ul> <li>I have a personal budget.</li> </ul>		
Transportation		
<ul> <li>I have a driver's license.</li> </ul>		
<ul> <li>I am currently working to get a drive</li> </ul>	r's license	
I feel very nervous about driving.	<del></del>	
I know how to use the city bus system  (2. 2. 116.27) 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.	n or a local ride share	
(e.g., Uber) on my own.	<del>-</del>	
Work		
I have applied for jobs in the past.	<del></del>	
I hold or have held at least one job.		
I enjoy working.  Thinking about looking for a job make		
Thinking about looking for a job mak	es me anxious.	
Life Skills		
I do my own laundry.		
I know how to shop for groceries.	<del></del>	
I can cook my own meals.  I regularly take core of charge groups.		
<ul><li>I regularly take care of chores around</li><li>I usually eat healthy meals.</li></ul>	i tile nouse.	
<ul> <li>I regularly exercise and consider mys</li> </ul>	elf pretty fit	
<ul> <li>I know how to manage my time well</li> </ul>		

• I know how to manage my stress well.

14) Please describe any hobbies you have or hobbies you wo			
15) Please check the best answer to each statement below a	bout fr	iends:	
	Yes	No	Sort C
<ul> <li>I find it very easy to make friends.</li> </ul>			
<ul> <li>I make friends easily and am comfortable "hanging out" with them in person.</li> </ul>			_
<ul> <li>I prefer to spend a lot of time by myself.</li> </ul>			
<ul> <li>Most of my time with friends is spent online.</li> </ul>			
<ul> <li>It is easy for me to talk to other people about their</li> </ul>			
interests.			
<ul> <li>It is easy for me to understand what other people are</li> </ul>			
feeling or thinking.			
<ul> <li>I have good social skills when I meet new people.</li> </ul>			
<ul> <li>If I have a job, I prefer to work by myself rather than with other people.</li> </ul>			
E. PERSONAL ENRICHMENT			
16) If you could imagine your life in 10 years and it turned ou what kind of job would you have? Where would you be li married/in a relationship? Please do some dreaming here that describes what a good life would look like for you in a	ving? \e and w	Would y rite a p	you be

17) Do you have a disability? If so, please tell us the name of your disability (or disabilities) and how these create challenges for you.
18) Do you think your disability has contributed to any of your strengths?
F. GAP YEAR GOALS
19) Please use the space below to share with us your understanding of what a Gap Year would look like for you. Tell us if you want to pursue Track A (LOCAL) or Track I (GLOBAL). What would you like to accomplish during your Gap Year?
20) What areas do you feel you would most benefit from in order to reach your Gap Year goals (academic, work, finances, transportation, social, etc.)?

21) Please share any additional information you would like.	

Thank you. Please bring this intake to your Gap Year intake meeting along with any other records we noted on page 1.