



Student-Athlete Academic Center

LEAP Intake Questionnaire Learning Enhancement Academic Program

LEAP

The Learning Enhancement Academic Program, LEAP, is created to develop skills necessary for new student-athletes to easily transition to FIU through engaging sessions facilitated by cross-campus departments and mentors who are selected student-athletes who have proven to be successful in the classroom and with their sport.

Purpose

In coordinating a successful program, we may need to ask for sensitive information so the SAAC staff can get to know you. This information will help the SAAC staff assist you or refer you to resources that you may need to be successful at FIU. The intake questionnaire asks personal questions that may seem invasive but provides us with a thorough background as it relates to your personal, educational, family, and health history to identify strengths and challenges. The more honest information you share, the more we can provide you with academic support and utilize campus resources in order to maximize your potential.

Privacy Information

Students have the right to privacy and confidentiality. However, it is important to know the right to privacy is not absolute. We cannot promise or guarantee confidentiality but we make every effort to protect your privacy to the extent of the law, FIU, and SAAC policy. General information about your academic profile such as academic goals and test taking concerns will be shared with our academic staff, including learning specialists, tutors, and coordinators; however, sensitive and personal information with **NOT** be released to outside parties, *including coaches*, without prior consent. Forms are kept on file in a private location in the SAAC. Please contact your coordinator if you have concerns about the information released on this form.



Student-Athlete Academic Center

LEAP Intake Questionnaire

Learning Enhancement Academic Program

PLEASE PRINT CLEARLY

Name _____ Panther ID _____

Sport _____ Date of Birth ____/____/____

Are you a freshman or a transfer student? _____

If you are a transfer student, where did you transfer from? _____

Phone Number _____

FIU Email Address _____

Hometown, State, Country _____

Basic Information

1. Where did you go to high school? _____

2. How many different high schools did you attend? _____

3. About how many people were in your graduating class? _____

4. How many different schools did you attend prior to high school? _____

5. On a scale of 1 to 5 what is your attitude toward academics? low 1 2 3 4 5 high

5. Generally, do you tend to struggle with a certain subject? If so, what subject and why?

6. On a scale of 1 to 5 how do you rate yourself academically?

Math: low 1 2 3 4 5 high **Reading:** low 1 2 3 4 5 high

Writing: low 1 2 3 4 5 high **Studying:** low 1 2 3 4 5 high

7. On a scale of 1 to 5, how important is it to your parent(s) or guardian(s) that you earn a college degree? low 1 2 3 4 5 high

8. On a scale of 1 to 5, how committed are you in earning a college degree?

Not very committed 1 2 3 4 5 very committed

9. Where do you see yourself in 5 years? (i.e. college graduate, young professional, professional athlete, in graduate school, etc.) _____

10. How do you feel the SAAC can **MOST** help you with your first semester at FIU?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Assisting in note taking skills | <input type="checkbox"/> Navigating technology (Blackboard, MyFIU) |
| <input type="checkbox"/> Improving study habits | <input type="checkbox"/> Help selecting an appropriate major |
| <input type="checkbox"/> Improving reading skills | <input type="checkbox"/> Ongoing help with time management |
| <input type="checkbox"/> Assisting in various difficulties that may occur in transition from high school to college | |

FIU Goal Setting

1. What is your major? _____
2. Why did you choose this major? _____
3. How do you want to use this major in the future? _____

4. What are your academic goals while at FIU? _____
5. What are your career goals? _____

Athletics

1. On a scale of 1 to 5, how important is it to your parent(s) or guardian(s) that you become a starter on your FIU athletic team? low 1 2 3 4 5 high
2. Would you have attended college if you had not planned to participate in athletics?
 Yes No Not Sure
3. On a scale of 1 to 5, how concerned are you about your ability to balance academics (studying, tutoring, etc.) and athletics (practice, travel, weights, etc.)?
Not very concerned 1 2 3 4 5 very concerned
Are there any other specific concerns? _____

Please share a little about your family history.

1. Describe any family or personal issues that you feel may be interfering with your learning:

2. Are you currently personally responsible for the financial or physical care and/or well-being of anyone other than yourself? (eg: child, parent, grandparent, etc.) Yes No
If yes, please briefly explain. _____

3. Do either of your parents have a bachelor's degree or higher?

Mother _____ Father _____ Step-parent _____

4. How many of each was living in your household during high school?

_____ Parent(s) _____ Guardian(s) _____ Sibling(s) _____ Other _____

If other, please explain _____

5. Does anyone in your family have a learning disability or physical disability? (physical, emotional, vision impaired, etc.) _____

6. Describe any current financial concerns? (unemployment, phone is cut off, etc.) _____

7. Do you anticipate needing a job to help alleviate the financial pressure? _____ Yes _____ No

8. Will you have problems obtaining books or academic supplies? _____ Yes _____ No

Language History

1. What language(s) is/are spoken in your home? _____

2. What language(s) were you first exposed to? _____

3. If English was not your first language, at what age did you begin to learn English? _____

4. Were you ever in an ESOL program? _____ Yes _____ No

Health History

1. Are there any health conditions impacting you now or in the past? (asthma, migraines, shoulder injury, etc.) _____

2. Have you ever been hospitalized? _____ Yes _____ No

If so, when, why, and how long? _____

3. Are you currently on any medications that effect your education? _____ Yes _____ No

If so, what is the name of the medication? _____

We realize balancing academics, athletics, and relationships can create stress.

1. Have you ever had difficulties with attention, concentration or hyperactivity?
_____ Yes _____ No If yes, describe _____

2. Have you ever, or do you currently, have sleep difficulties? _____ Yes _____ No
If yes, please describe _____

3. How many times a week do you eat breakfast? Please circle below.

0 1 2 3 4 5 6 7

4. Do you have current concerns or thoughts about your weight or body image? ___ Yes ___ No

If yes, please describe _____

5. Have you ever had problems with anxiety, depression or relationships? ___ Yes ___ No

If yes, please describe _____

6. Are you concerned that you are or might become homesick? _____ Yes _____ No

7. Have you ever been homesick? _____ Yes _____ No

If yes, please describe _____

8. Do you get lonely easily? _____ Yes _____ No

9. Have you ever engaged in any gambling activities ___ Yes _____ No

If yes, please describe _____

10. Do you have a history of substance abuse? _____ Yes _____ No

11. Have you ever witnessed a traumatic event? ___ Yes ___ No

If yes, please describe _____

12. Have you ever participated in individual or group counseling? _____ Yes _____ No

If yes, can you please describe what type _____

13. Would you like to speak with someone about any of the topics above? _____ Yes _____ No

Educational History

1. What were your highest SAT/ACT scores? _____

Did you have special testing conditions? Please describe _____

2. Have you ever been screened for a learning disability or ADHD? ___ Yes ___ No

If yes, what was the diagnosis? _____

3. Would you like complete Psycho-Education testing at FIU? ___ Yes ___ No

3. Have you ever received help in school for any education-impacting disabilities? ___ Yes ___ No

If yes, when, and what services were used? _____

4. If you have trouble, in what grade did you first start having problems in school? _____

What problems were there? _____

5. Have you ever been placed in a class below current grade level? _____ Yes _____ No

6. Have you ever been placed in a special education or remedial class? _____ Yes _____ No

7. Growing up, what feedback or concerns, if any, did teachers or parents have about your learning? _____

8. Check if any of the following may have contributed to problems in school:

- | | |
|---|---|
| <input type="checkbox"/> Tasks too difficult | <input type="checkbox"/> Home Environment |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Managing time |
| <input type="checkbox"/> Lack of interest in school | <input type="checkbox"/> Poor attendance |

Reading

1. Do you experience frustration when reading? Yes No

If yes, explain _____

2. Do you like to read? Yes No

3. Do you read slowly? Yes No

4. Are you comfortable reading out loud? Yes No

5. Do you have problems:

Understanding what you read? Locating the main idea?

Finding the supporting details? Reading/using maps?

Math

1. Do/did you have problems with basic math skills, such as:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Geometry | <input type="checkbox"/> Money |
| <input type="checkbox"/> Multiplication | <input type="checkbox"/> Subtraction | <input type="checkbox"/> Managing Accounts |
| <input type="checkbox"/> Measurement | <input type="checkbox"/> Division | <input type="checkbox"/> Percentages |

2. Do you have difficulty with other mathematical concepts? Yes No

Learning Style

1. Do you have problems understanding verbal information, such as:

- | | |
|--|---|
| <input type="checkbox"/> Following verbal directions | <input type="checkbox"/> Following a multi-step direction |
| <input type="checkbox"/> Following a lecture | <input type="checkbox"/> Misinterpreting what people are saying |

2. Do you experience difficulty memorizing material (numbers, dates, names, factual information, etc.)? Yes No

3. Do you have problems retrieving info you have learned or stored? Yes No

4. Do you learn better after you do the activity, skill, or problem yourself? Yes No

Academic habits & behaviors

1. Do you have difficulty interacting with others in an educational setting? ____ Yes ____ No

If yes, please explain: _____

2. Check all areas that give you trouble:

- | | |
|---|---|
| <input type="checkbox"/> Going to class on time | <input type="checkbox"/> Difficulty listening to others |
| <input type="checkbox"/> Going to class prepared | <input type="checkbox"/> Making new friends |
| <input type="checkbox"/> Understanding humor | <input type="checkbox"/> Becoming motivated to start school work |
| <input type="checkbox"/> Budgeting your time | <input type="checkbox"/> Fidgeting/restlessness |
| <input type="checkbox"/> Test-taking anxiety | <input type="checkbox"/> Sticking with assignment until completed |
| <input type="checkbox"/> Difficulty waiting your turn | <input type="checkbox"/> Interrupting others |
| <input type="checkbox"/> Maintaining attention | <input type="checkbox"/> Blurting answers before question is finished |
| <input type="checkbox"/> Excessive talking | <input type="checkbox"/> Shifting from one task to another |
| <input type="checkbox"/> Other (explain) _____ | |

Personal Role Model

Who is your role model and why? Please briefly describe your role model and the influence they have had on your life. _____

Is there anything else we should know in order to help you achieve academic success?
