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STUDENT PROFILE FORM

Part 1

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Currently Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_

Were you previously enrolled in Project Ready?

Yes \_\_\_ No \_\_\_If yes, please indicate the year you participated*\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth M/D/YR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_

Male\_\_\_\_\_ Female \_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity: \_\_\_American Indian\_\_\_ Asia American\_\_\_\_ Black or African American \_\_\_Hispanic or Latino

\_\_\_\_Native Hawaiian or Pacific Islander \_\_\_\_White or Caucasian

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of 1. Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Siblings: 1.\_\_\_\_\_\_ 2.\_\_\_\_\_\_ 3.\_\_\_\_\_\_ 4.\_\_\_\_\_\_ Have siblings attended college: \_\_\_Yes\_\_\_ No

In what other UL programs have you previously participated/ are currently participating?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Project Ready?

Walk-in \_\_\_\_ Referral \_\_\_\_\_ Website \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List All Extracurricular / Activities/ Hobbies

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STUDENT SELF-ASSESSMENT FORM

PART II - ACADEMIC PREPARATION

*The student must complete this form as part of the Youth Intake Process*

Check the box most appropriate

Yes No Somewhat Not Applicable Comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you consider yourself to be an academically strong student? |  |  |  |  |  |
| 2. Do you enjoy new academic challenges? |  |  |  |  |  |
| 3. Do you enjoy studying by yourself? |  |  |  |  |  |
| 4. Do you enjoy studying in a group? |  |  |  |  |  |
| 5. Do you see yourself going to college? |  |  |  |  |  |
| 6. Will you be the first in your family to attend college? |  |  |  |  |  |
| 7. Have you visited a college campus before? |  |  |  |  |  |
| 8. Do you consider yourself popular in your school? |  |  |  |  |  |
| 9. Do you find it easy to make friends? |  |  |  |  |  |
| 10. Do you have friends from a different race or ethnicity? |  |  |  |  |  |

**STUDENT SELF-ASSESSMENT FORM**

**PART III - CAREER PREPARATION**

*The student must complete this form as part of the Youth Intake Process Part III*

What will be your future profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Comments

|  |  |  |  |
| --- | --- | --- | --- |
| 11. Are you currently enrolled in Career or Technical Education (CTE) courses? |  |  |  |
| 12. Have you ever held a part-time job? |  |  |  |
| 13. What was your position at the job? |  |  |  |
| Do you have a resume? |  |  |  |
| Do you have any interest in a Science, Technology, Engineering, or Math career path? |  |  |  |
| 15. Do you plan to attend college? |  |  |  |
| 16. Will you be the first in your family to attend college? |  |  |  |
| 17. Have you visited a college campus? |  |  |  |
| 20. Have you taken the PSAT, SAT or ACT? |  |  |  |
| 21. If yes, which test? |  |  |  |

PARENT/GUARDIAN INTERVIEW FORM

**PART IV – Parent Section**

*The parent/guardian must complete this form as part of the Youth Intake Process for the Project Ready program*

First Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity:

\_\_\_American Indian \_\_\_Asian American \_\_\_Black or African American \_\_\_Hispanic or Latino Native

\_\_\_Hawaiian or Pacific Islander \_\_\_\_ White or Caucasian \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Education:

What is the highest level of education you have completed?

\_\_\_Less than High School \_\_\_High School Graduate \_\_\_Some College \_\_\_College Graduate (BS, BA)

\_\_\_Some Graduate School \_\_\_Graduate Degree \_\_\_Post Graduate Degree

Which response best describes how you feel about your child’s academic performance?

My child struggles in certain academic subjects.

\_\_\_ Strongly Disagree \_\_\_ Disagree \_\_\_ Agree\_\_\_ Strongly Agree

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which subjects do you feel your child struggles?

\_\_\_ Mathematics \_\_\_ English/Language Arts \_\_\_ History/Social Studies \_\_\_\_\_Science \_\_\_Foreign Language

PARENT/GUARDIAN INTERVIEW FORM

*The parent/guardian must complete this form as part of the Youth Intake Process for the Project Ready program*

Has your young person ever been retained in an academic year?

\_\_\_\_ Yes \_\_\_\_ No If yes, what grade level was he/she retained?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose the response that best describes how you feel:**

School is the most important thing in our household.

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I encourage my child to study for at least 1-2 hours a night.

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College is not that important, I just want my son/daughter to be happy.

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College is the key to my child’s economic future.

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I encourage my child to play sports after school

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I encourage my child to participate in activities outside of school (i.e. youth ministry at church, scouts, boys/girls club, etc.)

\_\_\_Strongly Disagree \_\_\_Disagree \_\_\_Agree \_\_\_Strongly Agree

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak another language at home other than English: \_\_Yes \_\_\_No If yes, which language?\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Ready**

**Student Media Release Form**

I, Parent/Legal Guardian of *(child’s name)* hereby grant permission to The Urban League of Philadelphia and its assigns and licensees to take photographs, videos, voice recordings and use statements made by and work created by the above named student, for use by the Project Ready Program during the time period that my child is a member of Project Ready.

***If you do not wish to grant permission please check below:***

\_\_\_\_ I DENY permission to The Urban League of Philadelphia to use photographs, videos, voice recordings and use statements made by and work created by my child.

I further acknowledge that I will not be compensated for the use of such media, and that The Urban League of Philadelphia exclusively owns all rights to the images, videos, statement and recordings, and to any derivative works created from them.

I waive the right to inspect or approve the uses of any material. I hereby release The Urban League of Philadelphia and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

***I have read and fully understand and agree to this media release form.***

Parent Name (print):

Address:

Phone:  Cell/other phone:

Signature: Date: