

# Conaway Achievement Project



Columbia College Chicago

Intake Packet





# Conaway Achievement Project

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## Eligibility Criteria:

- Yes, I am a U.S. citizen
- No, but I am an eligible noncitizen  
A\_\_\_\_\_

### ❖ INCOME DATA TO DETERMINE LOW-INCOME ELIGIBILITY

- *Have you applied for financial aid?*
  - Yes - data will be obtained from the Financial Aid Office
  - No - to determine eligibility for program service as a low-income student, you will be asked to complete a financial aid form or provide financial information.

### ❖ FAMILY BACKGROUND TO DETERMINE FIRST GENERATION ELIGIBILITY:

- Did either parent (natural or adoptive) you lived with receive a degree from a four-year college or university?      Yes      No

### ❖ DISABILITY VERIFICATION:

- Do you have a documented disability?  
Yes      No
- Have you been diagnosed as having a learning disability?  
Yes      No
- Have you been diagnosed with a physical disability?  
Yes      No

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## ACADEMIC NEEDS ASSESSMENT

### I. EDUCATIONAL MOTIVATION

(Please check *true* or *false* for the following questions)

- I know how to take good notes in class. \_\_T\_\_F
- I spend two hours studying for every hour I am in class during the week. \_\_T\_\_F
- I study in the library on a regular basis. \_\_T\_\_F
- I study at home. \_\_T\_\_F
- I must have quiet when I study. \_\_T\_\_F
- I read my textbooks. \_\_T\_\_F
- I prepare for class ahead of time. \_\_T\_\_F
- I read over my notes after class. \_\_T\_\_F
- I finish assignments on time. \_\_T\_\_F
- I have set a goal to do well in college. \_\_T\_\_F
- I accept responsibility for doing well in college. \_\_T\_\_F
- It is up to my instructors whether or not I will learn in class. \_\_T\_\_F
- Good grades are a matter of luck and timing. \_\_T\_\_F
- When a subject is difficult for me I study the easy parts. \_\_T\_\_F
- I frequently wonder if school is really worthwhile for me. \_\_T\_\_F

### II. ACADEMIC CONCERNS

(Please mark the box next to the statements which express how you feel.)

- I have trouble reading college-level textbooks.
- I have trouble taking notes from lectures.
- I would like to improve my grammar.
- I am uncomfortable asking questions in class.
- I learn best by actually doing something.
- I learn best by listening to explanations.
- I learn best by watching something being done.
- I am able to research and organize a term paper.
- I have difficulty writing papers.
- I know when it is time to get help in a class.
- I am uncomfortable asking for tutoring/assistance.
- I usually get someone/a friend to help me with my classes.
- I understand what I read.
- I would like to increase my vocabulary.
- I have math anxiety.
- I have test anxiety.
- I use a calendar to keep track of when my exams and quizzes are to be given.
- I read my syllabus for each class.
- I have difficulty concentrating.

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## INDIVIDUALIZED SERVICE PLAN

Please check what services you would like to receive from the Conaway Achievement Project:

### I. ACADEMIC COUNSELING

- a)  Monitoring Academic Progress
- b)  Help with class work. If yes, with what class work and how can we help?

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### II. PERSONAL COUNSELING

- a)  CAP Counselor
- b)  Peer Mentor
- c)  Case Manager

### III. TUTORING

Course name & number

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

### IV. WORKSHOPS (Check the workshops in which you are interested in participating)

- |  |  |
|--|--|
| a) <input type="checkbox"/> Taking Good Notes          | g) <input type="checkbox"/> Stress Management              |
| b) <input type="checkbox"/> Time Management            | h) <input type="checkbox"/> Test Anxiety                   |
| c) <input type="checkbox"/> Study Skills               | i) <input type="checkbox"/> Safety Techniques for Students |
| d) <input type="checkbox"/> Computer Skills            | j) <input type="checkbox"/> Surfing the Net                |
| e) <input type="checkbox"/> Peer/Social Relationships  | k) <input type="checkbox"/> Other _____                    |
| f) <input type="checkbox"/> Budgeting for College Life |  |

My goal for this semester is to \_\_\_\_\_

\_\_\_\_\_. I plan to reach this goal by \_\_\_\_\_

\_\_\_\_\_.



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## STUDENT SUPPORT SERVICES

### Low-Income Verification Form

This form is used for verification of income only. The information will help to determine if the student meets the acceptance criteria of the Conaway Achievement Project. This information is strictly confidential, held only by the Conaway Achievement Project (CAP) office.

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Number of people in the household \_\_\_\_\_

<u>Income Categories</u>	<u>Taxable Income Amount</u>
\$0 - \$11,835	_____
\$11,836 - \$14,805	_____
\$14,806 - \$19,905	_____
\$19,906 - \$25,005	_____
\$25,006 - \$30,105	_____
\$30,106 - \$35,205	_____
\$35,206 - \$40,305	_____
\$40,306 - \$45,405	_____
\$45,406 - \$50,505	_____
\$50,506 - \$100,000	_____

I attest to the accuracy of the information provided above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Conaway Achievement Project

## CONTRACT

I understand that I:

- 1) will be assigned either a counselor or a case manager,
- 2) will have use of the computer lab,
- 3) may receive tutoring, counseling, study skills help, academic pre-advising, peer support, and various support workshops.

I am aware that I am required to:

- 1) complete an update form each semester to ensure that my file remains current and to determine the nature of the services that I need,
- 2) meet with my peer mentor at least once a month,
- 3) meet with my counselor/case manager a minimum of two times during the semester.
  - a. If I am on academic probation, I agree to have contact with CAP at least two times a month in order to develop a plan to improve my academic standing.

We strongly encourage you to remain active in CAP in order to take advantage of all of the benefits that go with membership. Failure to fulfill the above requirements may result in being considered "inactive," which renders you ineligible to receive our services.

I hereby give permission for CAP staff to disclose and receive information concerning the nature of my CAP eligibility and information concerning my academic progress on an as-needed basis with appropriate faculty and staff at Columbia College Chicago. My signature signifies that I have read and understood this contract.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

***YOU'RE FINISHED!***



# Conaway Achievement Project

## Office Use Only

Admitted to Program YES \_\_\_ NO \_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Assigned Counselor/Case Manager \_\_\_\_\_

### ***IN FILE:***

- \_\_\_ Application
- \_\_\_ Contract
- \_\_\_ Schedule
- \_\_\_ Individual Service Plan
- \_\_\_ Income Verification, Director's Initials \_\_\_\_\_  
Adjusted Gross Income \$ \_\_\_\_\_
- \_\_\_ Disability Documentation
- \_\_\_ Student Aid Report
- \_\_\_ Academic Need Assessment
- \_\_\_ Intake Narrative
- \_\_\_ Individualized Accommodation Plan

### ***Check All That Apply:***

- First Generation
- Low-Income
- Disability
- First Generation & Low-Income

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I hereby verify that this file is complete, and this student is eligible for the Conaway Achievement Project

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_