Things I would like to know about you as you prepare to attend college here at Odessa College; we want you to be successful:

1- What do you want to go to college to for? What do you want to do with this certificate/degree?
____________________________________________________________________________

2- Where do you want to transfer to when you graduate from OC? ________________________

3- Where do you see yourself in three, five years from now, and why?
_____________________________________________________________________________
_____________________________________________________________________________

4- What is your learning style?
□ Visual learner □ Kinesthetic learner
□ Auditory learner □ Read and Write learner

5- During what time of day are you a better learner? □ Morning □ afternoon □ evening?

6- Do you have your own study area/space at home? Where is your study area/space?
_____________________________________________________________________________

7- What are some of your hobbies?
  1. _________________________
  2. _________________________

8- Do you take any medication to help you with your disability? Yes/No

9- What medications do you take?
  1- _____________________________
  2- _____________________________
  3- _____________________________

10- Do you carry some form of ID regarding your illness what to do, and who to call in case of an emergency? __________________________________________________________

11- How do you keep up with your tasks/duties and homework?
  1- _____________________________
  2- _____________________________

12- How comfortable are you asking others for help? __________________________________

13- How are your computer skills? ___________________________________________________

14- How many hours of sleep do you get each night during the week?
□ < than 6 hrs, or □ > than8 hrs
15- Do you use a calendar/to do list/planner? Yes/No       What works best for you and why?
______________________________________________________________________________
______________________________________________________________________________
16- What do you do to relax, distress, refocus? ______________________________________
______________________________________________________________________________
17- Do you work? __________ How many hours do you work per week? ________ Have you
       informed your boss that you will be attending college? ____________________________
18- What do you like to do for fun? ________________________________________________
19- Who is a role model you look up to, and why is that person your role model? __________
       ___________________________________________________________________________
20- As a college student, what would you like to get involved in while here at Odessa College?
       ______ Music
       ______ Art
       ______ Sports
       ______ Student Government
       ______ Student Activities
       ______ Other_________________________________, ____________________________
21- What type of volunteer activities are you involved with at this time? _________________
22- What would you like to share about you with me, as we plan for your accommodations for your
       classes while you attend Odessa College?
______________________________________________________________________________
______________________________________________________________________________
23- What are some concerns you might have about attending Odessa College?
______________________________________________________________________________
______________________________________________________________________________