

## Default Question Block

# New Student Intake Form

**Are you a first-year student, transfer student, or another type of student?**

First-year student

Transfer student

Other

**How challenging was your coursework in high school?**

Very Challenging

Challenging

Neutral

Somewhat Challenging

Not Challenging

**During your senior year of high school, how much time did you spend during a typical week doing the following:**

	Less than 5 hours	6-10 hours	11-15 hours	16-20 hours	More than 20 hours
<b>Studying/Doing homework</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Socializing/Going out</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Playing video or computer games</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Using social media</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Working for pay</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Participating in extra-curricular activities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**During your senior year of high school, about how often did you do each of the following:**

	Never	Sometimes	Often	Very Often
<b>Asked questions in class</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Completed all reading or assignments before coming to class</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Contributed to class discussions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Turned in course assignments on time</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Expressed views/opinions in class</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Sometimes	Often	Very Often
<b>Turned in course assignments that reflected your best work</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Attended class regularly</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Asked for help from instructor</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reviewed teacher comments</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you would like to provide more details on any of the items above, please use this comment box: (optional)**

**Were you nervous or anxious about leaving home to attend college? And how are you now?**

Yes, I was nervous/anxious about leaving home. I am feeling fine now.

Yes, I was nervous/anxious about leaving home. I am still experiencing some difficulties.

No, I was not nervous/anxious about leaving home. I am feeling fine now.

No, I was not nervous /anxious about leaving home. I am now experiencing some difficulties.

**How confident are you in the following areas:**

	Not confident	Somewhat Confident	Neutral	Confident	Very Confident
<b>Mathematics</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Science</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Writing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Test Taking Skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Time Management</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Study Habits</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**On a scale of 1 to 5, how confident are you in achieving a 3.0 GPA (B average) or better during your first year at High Point University?**

Very Confident

Confident

Neutral

Somewhat confident

Not confident

**Overall, how challenging or difficult do you think college coursework should be compared to high school coursework?**

Three times as difficult

Twice as difficult

The same

Easier

**I made the right decision in choosing to attend High Point University.**

Definitely yes

Somewhat yes

Unsure at this time

Somewhat no

Definitely no

**I plan to graduate from High Point University.**

Definitely yes

Somewhat yes

Unsure at this time

Somewhat no

Definitely no

**Please rate your overall satisfaction with the following areas to date:**

	Not Satisfied	Somewhat Satisfied	Neutral	Satisfied	Very Satisfied
<b>Living Situation (ex. room, accommodations, location)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Roommate(s) or Suitemate(s)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Courses you are currently enrolled in</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Interactions with Faculty</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Interactions with Peers</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not Satisfied	Somewhat Satisfied	Neutral	Satisfied	Very Satisfied
<b>Interactions with Support Staff</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Social Life on Campus</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Community Meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Panther Chats</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Common Read/Common Experience</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you would like to provide more feedback on any of the items above, please use this comment box: (optional)**

**Campus Services**

	I know where to go for the following services on campus:		Check box if you would like more information about this service.
	Yes	No	Yes, I'd like more information.
<b>Concierge</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

<b>Counseling Services</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Disability Support</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>IT Help Desk</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	Yes	No	Yes, I'd like more information.
<b>Library Services</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Student Health</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Tutoring</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Writing Center</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

**Campus Involvement**

	I know how to get involved with:		Check if you would like more information about getting involved in this area.
	Yes	No	Yes, I'd like more information.
<b>Campus Activities Team</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Clubs/Organizations</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Greek Life</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Intramurals/Club Sports</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Leadership</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	Yes	No	Yes, I'd like more information.
<b>Religious Life</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Service/Volunteer</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Student Employment</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Undergraduate Research</b>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

