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.
**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______________________________________________________**

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**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.) ____________________________________________________________________________________________

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2
10. How do you feel the SAAC can **MOST** help you with your first semester at FIU? (Check all that apply)

- _____ Assisting in note taking skills
- _____ Navigating technology (Blackboard, MyFIU)
- _____ Improving study habits
- _____ Help selecting an appropriate major
- _____ Improving reading skills
- _____ Ongoing help with time management
- _____ 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

4. Have you ever received help in school for any education-impacting disabilities? ___ Yes __No
   If yes, when, and what services were used? __________________________________________

5. If you have trouble, in what grade did you first start having problems in school? __________
   What problems were there? ________________________________________________________

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

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

8. 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:
   _____ Tasks too difficult   _____ Home Environment
   _____ Emotional Problems   _____ Managing time
   _____ Lack of interest in school   _____ 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:
   _____ Addition   _____ Geometry   _____ Money
   _____ Multiplication   _____ Subtraction   _____ Managing Accounts
   _____ Measurement   _____ Division   _____ Percentages
2. Do you have difficulty with other mathematical concepts? _____ Yes _____ No

**Learning Style**
1. Do you have problems understanding verbal information, such as:
   _____ Following verbal directions   _____ Following a multi-step direction
   _____ Following a lecture   _____ 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:
   _____ Going to class on time   _____ Difficulty listening to others
   _____ Going to class prepared   _____ Making new friends
   _____ Understanding humor   _____ Becoming motivated to start school work
   _____ Budgeting your time   _____ Fidgeting/restlessness
   _____ Test-taking anxiety   _____ Sticking with assignment until completed
   _____ Difficulty waiting your turn   _____ Interrupting others
   _____ Maintaining attention   _____ Blurting answers before question is finished
   _____ Excessive talking   _____ Shifting from one task to another
   _____ 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?
_____________________________________________________________________________
_____________________________________________________________________________