



## STUDENT INTERVIEW

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Are you currently enrolled in a high school? (Please circle one) Yes No  
If yes, give name of school below. If no, why and when did you leave your last school?

\_\_\_\_\_

\_\_\_\_\_

2. What will your goals be once registered in our program?

\_\_\_\_\_

\_\_\_\_\_

3. What is your career goal?

\_\_\_\_\_

\_\_\_\_\_

4. Do you currently have a job? If yes, where do you work and how often?

\_\_\_\_\_

\_\_\_\_\_

5. What do you find most difficult about school and why?

\_\_\_\_\_

\_\_\_\_\_

6. What are you best at in school and why?

\_\_\_\_\_

\_\_\_\_\_

7. Do you have any special circumstances the school should be aware of?

\_\_\_\_\_

\_\_\_\_\_

8. Courses requested: 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

9. What is your current e-mail address: \_\_\_\_\_