

**UPWARD BOUND**  
**Weber State University**  
**STUDENT INTAKE FORM/NEEDS ASSESSMENT**  
completed by the student

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

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

1. What is your age, as of today? \_\_\_\_\_ years
2. What is your year in school, as of today? \_\_\_8<sup>th</sup> \_\_\_9<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_11<sup>th</sup> \_\_\_12<sup>th</sup> grade
3. What is your current cumulative (overall) grade point average (GPA)?  
\_\_\_ 3.5 or above    \_\_\_ 3.0 to 3.49    \_\_\_ 2.0 to 2.99    \_\_\_ 1.99 or below
4. How much education would you like to achieve?  
\_\_\_ only high school graduation  
\_\_\_ attend a business or technical school (no graduation)  
\_\_\_ some college  
\_\_\_ Associate degree (two-year or junior college)  
\_\_\_ Bachelor degree (four years of college)  
\_\_\_ Master or Doctorate degree (more than four years)  
\_\_\_ Law or Medical degree  
\_\_\_ Military involvement/education
5. At this moment in time, how much education do you think you will actually complete?  
\_\_\_ only high school graduation  
\_\_\_ attend a business or technical school (no graduation)  
\_\_\_ some college  
\_\_\_ Associate degree (two-year or junior college)  
\_\_\_ Bachelor degree (four years of college)  
\_\_\_ Master or Doctorate degree (more than four years)  
\_\_\_ Law or Medical degree  
\_\_\_ Military involvement/education
6. If your answer to question #5 is less than what you answered for question #4, please explain why you think you will not achieve your goal as stated in question #4.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Which colleges or technical schools are you thinking about applying?  
\_\_\_\_\_  
\_\_\_\_\_
8. Do your parent(s)/guardian(s) approve of your future plans?    \_\_\_Yes    \_\_\_No  
If NO, why? \_\_\_\_\_  
\_\_\_\_\_
9. How many times have you thought of dropping out of school?  
\_\_\_ 5 or more times    \_\_\_ 3 or 4 times    \_\_\_ 2 times    \_\_\_ 1 time    \_\_\_ never (continue to #12)

10. What have been your reasons for thinking about dropping out of school?

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11. Have you ever dropped out of high school?  Yes  No

If YES: a) when, b) which school, and c) reason(s) for dropping out \_\_\_\_\_

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12. Do you presently hold a part-time job?  Yes  No

If YES, where do you work? \_\_\_\_\_

13. What kind of work or occupation do you think you would like to be doing in ten (10) years?

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14. What kind of work do you think you will actually be doing in ten (10) years?

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15. What steps or actions do you think you need to do in order to reach the goal stated in #13?

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16. What do you think your STRENGTHS are as a person?

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17. What do you think your WEAKNESSES are as a person?

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18. Where did you FIRST hear about the Upward Bound program (check one)?

My teacher (name) \_\_\_\_\_

My counselor (name) \_\_\_\_\_

My principle (name) \_\_\_\_\_

My religious advisor (name) \_\_\_\_\_

Parent/relative (name) \_\_\_\_\_

A friend in school (name) \_\_\_\_\_

Radio/Television  A sign or notice

Other \_\_\_\_\_

**UPWARD BOUND**  
**Weber State University**  
**CONDITIONS FOR ACTIVE PARTICIPATION**

completed by the student & parent/guardian

I, \_\_\_\_\_, agree to abide by the rules and commitments of the Weber State  
(student name)  
University Upward Bound program during the years of which I am a participant.

I agree to:

- Maintain at least a 2.5 GPA throughout the course of my high school career
- Maintain good attendance (as described by my school)
- Maintain good citizenship (as described by my school)
  
- Attend and participate in the yearly Upward Bound Academic Residential Summer Program, including a one-week Academic Field Trip (no cost to student)
- Attend at least 75% of all Upward Bound Academic Year Saturday College Prep Sessions
- Attend at least 80% of Upward Bound Tutoring Sessions (when available)
- Attend at least 65% of all Upward Bound Cultural Activities (no cost to student)
- Participate in at least 50% of all Upward Bound Community Service Activities
- Attend all Upward Bound orientations as well as group and individual meetings
- Always present a **POSITIVE IMAGE** of myself at school and at activities sponsored by Upward Bound.

In addition, I will be responsible to notify Upward Bound if I am unable to attend any commitments **before** the said event occurs.

In return, Upward Bound promises to (but not limited to):

- Provide me with academic year tutoring when requested or necessary
- Monitor my academic progress helping me follow and maintain a college track
- Provide college/university-level skills training
- Provide me with access to cultural activities and community service
- Provide me with career exploration
- Help me with college admissions, registrations and navigation
- Help me find and apply for financial aid/scholarships

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

\_\_\_\_\_  
Upward Bound Advisor

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**To the Parent/Guardian:**

Please recognize that your student's future is important and that your support is necessary and vital to his/her success. The US government makes Upward Bound available to students at **no cost** to parents. In return, student commitments are requested to ensure a successful future for each participant.

I have read the above conditions and support the participation of my student in the Upward Bound program. Furthermore, I will do my best to assist my student in this commitment.

X \_\_\_\_\_  
Parent/Guardian Signature

**UPWARD BOUND**  
**Weber State University**  
**RELEASE OF INFORMATION**  
completed by the parent/guardian

I do hereby give my permission for my student's school, educational institution or program, to release grades, transcripts, test scores, and any other relevant information to the Upward Bound program of Weber State University.

I understand that this information will be kept in a locked, confidential location and will be used by authorized Upward Bound staff members only.

X \_\_\_\_\_  
Parent/Guardian Signature

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**UPWARD BOUND**  
**Weber State University**  
**POTENTIAL FIRST-GENERATION COLLEGE STUDENT**  
completed by the parent/guardian

Please indicate the highest level of education attained for each of the following:

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

- Non high school graduate
- High school graduate
- Bachelor's degree
- Master's degree
- Doctorate degree

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

- Non high school graduate
- High school graduate
- Bachelor's degree
- Master's degree
- Doctorate degree

I hereby verify that the information provided above is accurate and true to the best of my knowledge.

X \_\_\_\_\_  
Parent/Guardian Signature

**UPWARD BOUND**  
**Weber State University**  
**INCOME VERIFICATION**  
completed by the parent/guardian

Income Tax Information for Tax Year 20\_\_\_\_\_

Did you file an income tax return last year?

Yes

1. How many exemptions (line 6d) did you claim? \_\_\_\_\_

2. Please enter the amount of your **taxable income**: \$ \_\_\_\_\_  
**Form 1040**: line 43                      **Form 1040A**: line 27

\*Continue to **CERTIFICATION** and signature

No; Please complete the following if you did not file an income tax return:

Total non-reported salaries, wages earned                      \$ \_\_\_\_\_

Total interests, dividends, etc., earned                      \$ \_\_\_\_\_

Total public assistance received                      \$ \_\_\_\_\_

Total unemployment received                      \$ \_\_\_\_\_

Total veterans benefits received                      \$ \_\_\_\_\_

Other income received                      \_\_\_\_\_                      \$ \_\_\_\_\_

\_\_\_\_\_                      \$ \_\_\_\_\_

\*Continue to **CERTIFICATION** and signature

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**CERTIFICATION:**

I certify that the information reported above is accurate and complete to the best of my knowledge. **I agree to provide documentation** to verify the information reported, including a copy of my last Federal Income Tax Return or proof of Public Assistance, etc.

X \_\_\_\_\_

Parent/Guardian Signature

**DOCUMENTATION:** Please attach a copy of applicable federal 1040 tax documents.

**UPWARD BOUND**  
**Weber State University**  
**MEDICAL CONSENT**  
completed by the parent/guardian

CONSENT and RELEASE for \_\_\_\_\_  
student name

I, \_\_\_\_\_, am the parent/guardian of the above named student.  
parent/guardian name

1. I hereby give my consent and permission for the above named student to participate in the activities planned in conjunction with the Upward Bound program at Weber State University.
2. I give my permission to the Upward Bound program to transport the above named student to and from any planned activities.
3. I am aware of the special needs and risks for these activities, which may include physical fitness of the student, as well as the special clothing and equipment necessary.
4. I hereby recognize that there may be personal injury risks involved with respect to the activities planned in this program, including risks inherent in the supervision of a group of young people.
5. I hereby assume such risks and release Weber State University, its agents, employees, and students from any liability arising out of any injury or accident, which may be sustained by the above named student.
6. Furthermore, I understand that in the event of a medical emergency, attempts will be made to contact me, and if said attempts are not immediately successful, that the supervisors of the Upward Bound program may refer the above named student to a licensed medical practitioner and/or clinic, and I hereby give my consent that such physician, hospital, or clinic may treat the said student in response to the medical emergency.

X  
\_\_\_\_\_  
parent/guardian signature

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Other # \_\_\_\_\_

**Please keep the Upward Bound staff updated regarding the health of your student. We only know the current medical information you tell us and we want to be sure not to put your student's health or life at risk.**

Health Insurance Information

Medical Card Information

Insurance Co \_\_\_\_\_

[       ] student is covered by medical card

Card is in the name of \_\_\_\_\_

Policy Holder \_\_\_\_\_

Client ID # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Policy # \_\_\_\_\_

Insurance Codes \_\_\_\_\_

Other Info \_\_\_\_\_

County \_\_\_\_\_

Please provide us with the following medical information on your student. This is for the safety of your student and that of the Upward Bound Program. This information will be kept confidential.

1. Please list any medical/physical conditions that your student has which would interfere with schoolwork, sports and/or other activities. If none, please write **NO**.
  
2. Please list any medications that your student is currently taking. If none, please write **NO**.
  
3. Please list any **ALLERGIES** to food and/or medications your student has. If none, please write **NO**.
  
4. Are there any activities that your student cannot participate in? If so, please explain. If none, please write **NO**.
  
5. Are there any special medical instructions that should be followed? If so, please explain. If none, please write **NO**.
  
6. In case of an emergency and we cannot reach you, who should be contacted?
  - a. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_
  - b. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_
  - c. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**UPWARD BOUND**  
**Weber State University**  
**PARENT QUESTIONNAIRE**  
completed by the parent/guardian

In order for Upward Bound to have a better understanding of your student, please answer the following questions. Also, please feel free to provide any additional information that may be of assistance.

1. What would you say are your student's **STRENGTHS** (not necessarily just academic)? \_\_\_\_\_

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2. What would you say are your student's **WEAKNESSES** (not necessarily just academic)? \_\_\_\_\_

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3. What would you say are your student's basic problems in school? \_\_\_\_\_

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4. How well does your student get along with friends and peers? \_\_\_\_\_

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5. What would you like to see your student do with his/her life? \_\_\_\_\_

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6. General comments about your student: \_\_\_\_\_

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