



# Individual College Development Plan (ICDP)



## STUDENT PROFILE FORM

### Part 1

Date \_\_\_\_\_

Participant Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Previously Enrolled:

Yes \_\_\_ No \_\_\_ If yes, please indicate the date participant was enrolled in *Project Ready* \_\_\_\_\_

Date of Birth M/D/YR \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

Type of Contact \_\_\_ Walk-in \_\_\_ Referral \_\_\_ Telephone \_\_\_ Website \_\_\_ Other \_\_\_\_\_

Home Address \_\_\_\_\_

Race/Ethnicity \_\_\_ American Indian \_\_\_ Asia American \_\_\_ Black or African American \_\_\_ Hispanic or Latino  
\_\_\_ Native Hawaiian or Pacific Islander \_\_\_ White or Caucasian Other \_\_\_\_\_

Names of 1. Parent/Guardian \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_

Age of Siblings 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Have siblings attended college: \_\_\_ Yes \_\_\_ No

What other UL programs were you previously enrolled or currently enrolled

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_

List All Extracurricular / Activities/ Hobbies

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_

Total hours per week \_\_\_\_\_



# Individual College Development Plan (ICDP)



## STUDENT SELF-ASSESSMENT FORM

### PART II - ACADEMIC PREPARATION

*The student must complete this form as part of the Youth Intake Process*

Check the box most appropriate

Yes      No      Somewhat      Not Applicable      Comments

	Yes	No	Somewhat	Not Applicable	Comments
1. Do you consider yourself to be an academically strong student?					
2. Do you enjoy new academic challenges?					
3. Do you enjoy studying by yourself?					
4. Do you enjoy studying in a group?					
5. Do you see yourself going to college?					
6. Will you be the first in your family to attend college?					
7. Have you visited a college campus before?					
8. Do you consider yourself popular in your school?					



# Individual College Development Plan (ICDP)

9. Do you find it easy to make friends?					
10. Do you have friends from a different race or ethnicity?					

## STUDENT SELF-ASSESSMENT FORM

### PART III - CAREER PREPARATION

*The student must complete this form as part of the Youth Intake Process Part III*

What will be your future profession? \_\_\_\_\_

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

Yes No Comments

11. Are you currently enrolled in Career or Technical Education (CTE) courses?			
12. Do you currently hold a part-time job? If yes, what sector?			
13. If yes, what sector?			__Retail __Service __Labor __Administration
14. Do you enjoy study groups?			
15. Do you see yourself going to college?			
16. Will you be the first in your family to attend college?			
17. Have you visited a college campus?			
18. Do you find it easy to make friends?			
19. Do you have friends from a different race or ethnicity?			
20. Have you taken the PSAT, SAT or ACT?			
21. If yes, which test?			



# Individual College Development Plan (ICDP)

## PARENT/GUARDIAN INTERVIEW FORM

### PART IV – Parent Section

*The parent/guardian must complete this form as part of the Youth Intake Process for the Project Ready program*

First Name : \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Demographic Information:

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Mobile # \_\_\_\_\_

Race/Ethnicity:

American Indian  Asian American  Black or African American  Hispanic or Latino Native

Hawaiian or Pacific Islander  White or Caucasian  Other \_\_\_\_\_

Tell me about your child

Child Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School child attends: \_\_\_\_\_

Does your child reside in your home:  Yes  No

Level of Education:

What is the highest level of education you have completed?

Less than High School  High School Graduate  Some College  College Graduate (BS, BA)

Some Graduate School  Graduate Degree  Post Graduate Degree

Which response best describes how you feel about your child's academic performance?

My child struggles in certain academic subjects.

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

In which subjects do you feel your child struggles?

Mathematics  English/Language Arts  History/Social Studies  Science  Foreign Language



# Individual College Development Plan (ICDP)

## PARENT/GUARDIAN INTERVIEW FORM

*The parent/guardian must complete this form as part of the Youth Intake Process for the Project Ready program*

Has your young person ever been retained in an academic year?

Yes  No If yes, what grade level was he/she retained? \_\_\_\_\_

Explain \_\_\_\_\_

Which response best describes how you feel about academics?

School is the most important thing in our household.

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

I encourage my child to study for at least 1-2 hours a night.

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

Which response best describes how you feel about your child attending college?

College is not that important, I just want my son/daughter to be happy.

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

College is the key to my child's economic future.

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

Which response best describes how you feel about your child participating in extracurricular activities?

I encourage my child to play sports after school

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

I encourage my child to participate in activities outside of school (i.e. youth ministry at church, scouts, boys/girls club, etc.)

Strongly Disagree  Disagree  Agree  Strongly Agree

Explain \_\_\_\_\_

Do you speak another language at home other than English:  Yes  No If yes, which language? \_\_\_\_\_



# Individual College Development Plan (ICDP)

## Project Ready

### Student Media Release Form

I, Parent/Legal Guardian of *(child's name)* \_\_\_\_\_ hereby grant permission to The Urban League of Philadelphia and its assigns and licensees to take photographs, videos, voice recordings and use statements made by and work created by the above named student, for use by the Project Ready Program during the time period that my child is a member of Project Ready.

*If you do not wish to grant permission please check below:*

\_\_\_\_ I DENY permission to The Urban League of Philadelphia to use photographs, videos, voice recordings and use statements made by and work created by my child.

I further acknowledge that I will not be compensated for the use of such media, and that The Urban League of Philadelphia exclusively owns all rights to the images, videos, statement and recordings, and to any derivative works created from them.

I waive the right to inspect or approve the uses of any material. I hereby release The Urban League of Philadelphia and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

*I have read and fully understand and agree to this media release form.*

Parent Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/other phone: \_\_\_\_\_

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