

**PEER ACADEMIC COACHING PROGRAM
CONFIDENTIAL INTAKE FORM**

Name _____ DOB ____/____/____

Dorm/Off Campus Address _____ Box # _____ Cell Phone _____

Referred by: Self Friend/Other Student Faculty/Staff _____
(Name of Davidson Faculty/Staff)

GPA _____ Major _____ Class: Fr Sph Jun Sen

Extracurricular Activities: _____

Work Study: Where: _____ Hours/Week: _____

What type of high school did you attend? Public Private Boarding Home Other _____

Are you an international student? Yes No Not Sure

If **YES**, what is your home country? _____

Which of the following best describes your racial and ethnic identity? (Check all that apply)

African American or Black Asian American or South Asian American Caucasian or White

Latin American or Chican Native American, American Indian or Native Hawaiian Multiracial

If **Not Sure**, please describe your cultural identity and national background to the best of your ability in this space:

Are you the first person in your family to attend college? Yes No

Did you participate in: KIPP Posse QuestBridge Stride Other _____

What academic strategies do you wish to enhance? (Check all that apply)

Time Management

Organization

Note-taking

Studying

Reading

Test-taking

Other: _____

Sessions: You and your Peer Academic Coach will determine a mutual time and location to meet each week. Sessions will last approximately 1 hour per week.

Confidentiality: Full confidentiality is maintained by all Peer Academic Coaches and staff members in the Office of Academic Access and Disability Resources. Records kept are maintained solely by the Office of Academic Access and Disability Resources.

Student Signature _____ Date ____/____/____