

Please check all that apply:

Someone else would like me to change or get help.

I am not ready to make changes in my life at this time.

I think that I would like to make changes in my life, but I am not sure that I am ready

I am ready to make changes in my life and need help and support in making them.

I have already made changes in my life and need help maintaining them.

Please select the number on each continuum below at the place that best describes you if you work with a University Counseling Service counselor on an ongoing basis:

I would like my counselor to support me:

I would like my counselor to challenge me:

	Name and Location	Approx. Cum. GPA	Major	Dates of Attendance	Degree Received
High School					
U. of Iowa					
Other Academic Experiences					

	Activity	Location	Dates
Other Significant Work/Life Activities			

	Relationship	Age	Education	Occupation
Family: List all members of immediate family (parents, siblings, spouse, partner, children, other)				