



WOOLMAN SEMESTER

13075 Woolman Lane Nevada City, CA 95959

Telephone: (530) 273-3183 **Fax:** (530) 273-9028

E-mail: admissions@woolman.org **Website:** www.woolman.org

Parent/Guardian Questionnaire

Name of applicant _____ For Semester _____

We have found that open, honest and clear communication between a student's family and ourselves is optimal. As such, we would like to begin this dialogue during the admissions process so that we can best support your teen. Please share your thoughts in response to the following questions to afford us the most complete picture of your teen.

1. Please describe his/her interactions with family and friends.
2. Having read the school description, what appeals to you most? What aspect of the Woolman Semester do you think will be most challenging for him/her?
3. The Woolman Semester requires unique demands (rigorous academics, living in an interdependent community, helping with the shared work of the community, living on campus for 4 months) How do you imagine s/he will handle these challenges?
4. How does s/he handle overwhelming situations in general?
5. What support strategies seem to work best when stress is high?

6. Has s/he received social-emotional therapy or psychiatric counseling in the past 2 years? Use additional paper if necessary to fully describe reasons for therapy and current treatment. Please contact us if any additional therapy takes place between now and the start of the semester.

Type of therapist: _____ Start date: _____ End date: _____

Reasons for therapy, diagnosis and medication (if any):

7. To the best of your knowledge, has s/he ever attempted to meet any needs by using illegal drugs, alcohol or tobacco? If so, is this strategy still being used?

8. The Woolman Semester requires its students to remain free of illegal drugs, alcohol and tobacco throughout the semester. Do you imagine s/he will struggle with this?

9. Are there any areas of potential that you would like to see strengthened in her/him?

10. What would you like us to know about her/him that we might not think to ask?

11. Does your child have any known allergies or health conditions that would impact her/his participation in the Woolman Semester?

Name _____

Relationship _____

Signature _____

Date _____

**Please return this form directly to the WOOLMAN SEMESTER
13075 Woolman Lane Nevada City, CA 95959 or FAX to: (530) 273-9028**