

NEURO REHAB ASSOCIATES, INC

ACADEMIC HISTORY

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Name: _____ Current Date: _____

Highest level of education/degree(s) completed: _____

What were your grades in high school: A's, A/B, B/C, C/D grades (circle one or add more information)

Best high school subject(s): _____

Worst HS subject(s): _____

Did you get any help for reading/dyslexia/attention/speech-language/learning disabilities? (circle one if appropriate or add others): _____

If yes, what accommodations/modifications/therapies/medications/ were provided? Which ones were helpful?

Did you enjoy reading in the past? _____ Now? _____

CURRENT SCHOOL STATUS:

Class standing: FR SO JR SR Grad: _____

Date started coursework: _____ Estimated Graduation date: _____

Academic major: _____

Vocational goal: _____

GPA prior to concussion: _____ Current GPA: _____

Classes currently taking: _____

of credits currently taking: _____

Recent Grades (courses, tests, quizzes, written assignments) _____

Current accommodations/modifications you are receiving: _____

Have you discussed your difficulties with professors, advisors, disabled student services, office of student success? If so, circle which one or add others. _____

What feedback have you received from instructors and advisors regarding your current academic performance? If they have not given you specific feedback, how do you think they are perceiving your performance?

STUDY SKILLS/STRATEGY USE

How do you study?

- Time spent studying per day? _____
 - Time of day? _____
 - Study Methods _____
 - Where do you study most? _____
 - Do you prefer to study alone or in groups? _____
 - Services of campus you have accessed (i.e., Math lab, Writing lab, tutors, professors office hours, study groups, Office of Student Success) _____
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How do you work on projects, papers, etc.? _____

What have you found to help with school, work/what is going well with your studies? _____

What is your confidence in your ability to succeed in school? (Rate on 1-10 scale) _____

SELF CARE

What do you do to relax? Manage or reduce stress? _____

DESIRED OUTCOMES/POTENTIAL SOLUTIONS:

What would you most like to see change in your studies or academic performance as a result of coming to this clinic? _____

What do you think would help you perform better in school? _____

How will you know your memory, planning, organization, thought formulation, other cognitive domains are better? _____

What do you believe would make things easier for you/make you more productive/successful? _____

ACADEMIC NEEDS ASSESSMENT

What school related activities have been difficult for you since your most recent concussion? Please rate your performance on a 1-5 scale (“1”= worst possible, most of concern to you and “5”= best possible/of little or no concern to you). Please rate your performance now as well as prior to your most recent concussion.

	Now	Prior to most recent concussion
Follow information discussed during lectures		
Take accurate class notes that help you study later		
Understand information that you read in textbooks/articles		
Express your point during class discussions		
Work together on group projects		
Maintain focus while studying		
Identify and prioritize the most important information to study		
Multi-task		
Manage time effectively		
Approach studying and school in an organized function		
Ask questions that help you learn new information		
Put information that you learn in your own words		
Retain new information		
Summarize what you have learned		
Do research for papers		
Write papers and essays		
Do formal presentations		
Take tests/quizzes		
Communicate with your instructors/classmates		
Stay motivated and committed to studying		
Stick to study schedule/study consistently		
Maintain mental endurance/energy (no mental fatigue)		
Any additional special requirements/challenges of coursework		