

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

## Cosmic Coaching Intake Form

Please complete the following form and email to [sjeanfeeser@gmail.com](mailto:sjeanfeeser@gmail.com).

### Scholar Information

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

Age: \_\_\_\_\_

Birthday: \_\_\_\_\_

Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Interests (academic and non-academic):

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### Parent/Guardian Information

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

Relationship: \_\_\_\_\_

Home Language: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about Cosmic Coaching? \_\_\_\_\_

### Academic Background

Briefly summarize the scholar's academic strengths:

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Select all areas of growth the scholar is seeking support in:

- |  |  |
|--|--|
| <input type="checkbox"/> Science                       | <input type="checkbox"/> Mathematics   |
| <input type="checkbox"/> Reading & Writing             | <input type="checkbox"/> Study Skills  |
| <input type="checkbox"/> SAT Test Prep                 | <input type="checkbox"/> ACT Test Prep |
| <input type="checkbox"/> Other (please specify): _____ |  |

Provide a list of current courses the scholar is enrolled in (identify advanced, honors, or AP classes, if applicable):

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Does the scholar receive special services in school? Yes / No

If yes, describe below:

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Availability

Preferred Location:

- |   |   |
|---|---|
| <input type="checkbox"/> Online (Zoom, Google Meet) | <input type="checkbox"/> In-Person (location TBD) |
|---|---|

Preferred Day/Time:

- |  |  |   |                                 |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Tuesday               | <input type="checkbox"/> Thursday                | <input type="checkbox"/> Saturday             | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Morning (before noon) | <input type="checkbox"/> Afternoon (noon – 4 pm) | <input type="checkbox"/> Evening (after 4 pm) |                                 |

