



Athletics Student Services

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New Student-Athlete Survey

Name: _____ Sport: _____ Initial Term of Enrollment—Iowa _____

Responses are private and will only be reviewed by the Student-Athlete Academic Services Department. Your answers to the following questions will be used so that we can best assist you academically. Please email this completed form to elizabeth-tovar@uiowa.edu.

Self-Assessment

Have you ever been evaluated for the following: Type yes or no in the box.

Vision/Hearing Concerns: _____ If yes, explain: _____

Learning Disabilities: _____ If yes, submit appropriate documentation to this survey

ADD/ADHD: _____ If yes, submit appropriate documentation to this survey

Psychological Concerns: _____ If yes, explain: _____

Have you used any of the following services in high school?

Tutoring: _____ If yes, for what subjects: _____

504 Plan/IEP: _____ If yes, submit appropriate documentation to this survey

Gifted/Honors Program: _____

Getting to Know You

What are three words that best represent your identity beyond being an athlete? _____

What skills do you want to develop outside of your sport? _____

What career or life goals do you have beyond your sport? _____

What campus activities would you be most interested in? _____

Who do you turn to for advice about life beyond your sport? Why? _____

How do you define success apart from your sport? _____

What does living a balanced life mean to you? _____

What resources would help you grow outside of your sport? Check all that apply

Alumni Mentorships

Networking Events

Career Workshops

Other:

Mental Health Support