



Anura Lawson's Study Abroad Program

4. MEDICAL HISTORY

Medications:

Do you take any medications, vitamins, or herbal medications? Yes No How often? _____

If yes, explain: Type: Name: _____ Prescription Vitamin Herb Strength: _____

Please attach additional sheet if necessary medications, vitamins, or herbs taken.

Do you have any allergies? Yes No please explain: _____

Do you suffer from any chronic illnesses? No Yes please explain: _____

5. INTERESTS

Place an "X" in front of the activities you enjoy. Circle the 5 that you enjoy most.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Baseball | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Attend Sporting Events | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Ballet |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Computers | <input type="checkbox"/> Chess | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Camping | <input type="checkbox"/> Classical Music | <input type="checkbox"/> Debating |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Drama | <input type="checkbox"/> Dancing | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hiking | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Museums | <input type="checkbox"/> Photography | <input type="checkbox"/> Popular Music |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Playing Games | <input type="checkbox"/> Play Team Sports | <input type="checkbox"/> Running |
| <input type="checkbox"/> Play Musical Instruments | <input type="checkbox"/> Reading | <input type="checkbox"/> Roller Blades | <input type="checkbox"/> Snow boarding |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Soccer | <input type="checkbox"/> Singing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Watching Television | <input type="checkbox"/> Writing |

Place an "X" in front of your personality traits. Circle the 5 of your top traits

- | | | | |
|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Active | <input type="checkbox"/> Bright | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Charming | <input type="checkbox"/> Considerate | <input type="checkbox"/> Communicative | <input type="checkbox"/> Cheerful |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Formal | <input type="checkbox"/> Independent | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Informal | <input type="checkbox"/> Intuitive | <input type="checkbox"/> Kind | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Natural | <input type="checkbox"/> Neat | <input type="checkbox"/> Open |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Organized | <input type="checkbox"/> Patient | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Reliable | <input type="checkbox"/> Realistic |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Reserved | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Sincere | <input type="checkbox"/> Shy | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Smiling | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Talkative | <input type="checkbox"/> Well-mannered |

Religious Affiliation?

How often do you attend religious services? Weekly Monthly Holidays Never

7. Do you smoke? Yes No

Can you adjust to a home where one or more of the family members Yes No smoke?

8. Do you like Animals? Yes No List any pets you have at home: _____

Do you have any allergies to pets? _____



Anura Lawson's Study Abroad Program

9. How comfortable are you with young children?

- Comfortable Not Comfortable Doesn't mind

10. Do you have any special Dietary Requirements?

- Yes No If yes, please specify:



Anura Lawson's Study Abroad Program Student Questionnaire

Student Name _____ Date of Birth _____

Welcome to **Anura Lawson's Study Abroad Program**. **ALSAP** is responsible for the home stay arrangements and your academic success while you study at your day school in America. In order for the staff of **ALSAP** to get to know you better, and find an appropriate host family, we would like to ask you a few questions. **We** requests that you answer them honestly and as complete as possible to help assist our staff and help you have the best American experience!

1. **Is this your first time studying outside of your country?** YES _____ NO _____

a. If your answer is NO, in which country have you attended school? _____

b. Have you ever been a student in the **ALSAP Program**? YES _____ NO _____

2. **Why do you want to study in an American day school?**

3. **What benefits do you expect from your public day school?**

4. **What do you think will be your most difficult challenge adjusting to American Culture?**

5. **What do you think will be your most difficult challenge adjusting to American Schools?**



Anura Lawson's Study Abroad Program



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6. How do you plan on handling the adjustment to American Culture and Schools?

7. Describe your personality, strengths and weaknesses?

8. Describe how you would like this experience to change your life, personality and future?

9. What are your career goals and how do you expect this experience to help change them?

10. If you have studied outside of your country in the past, what was that experience like, and how do you hope this experience is different?

11. What do you and your family like to do with your family and friends for fun?



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