

GCS INTERNATIONAL STUDENT
PERSONALITY & INTEREST QUESTIONNAIRE
TO BE COMPLETED BY STUDENT IN ENGLISH



Student Name: _____ **Age:** _____ **Last Grade Completed:** _____ **Nationality:** _____

1. In addition to improving your English, why do you want to attend high school in America? (*State at least 2 reasons*)

2. a. What are your future goals? b. How do you expect your experience as an international student to help you achieve them?

3. a. List two things about your culture that you would like to share with an American host family. b. List some things about your country and/or culture that you believe may be difficult for your host family to understand or accept.

4. Describe a personal achievement of which you are particularly proud.

5. a. What do you consider your strongest traits? b. How will these traits help you while attending school in the United States?

6. What household chores or duties do you perform in your own home?

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7. a. Describe the activities you participate in with your family. b. Do you enjoy them? Explain why or why not?

8. How will you react if your host parents or your teachers identify a behavior issue you may have?

9. a. Do you like children? b. What experience have you had with younger children (*infants through grade 6*)?

10. Will you have a problem if your host family requires you to share some of the household chores? Explain your response.

11. If your host parents are stricter than your natural family when it comes to family rules, curfews, behavior, etc, in what ways will you adjust to this new living situation?

12. Moving to a new environment away from family and friends can be difficult and stressful. If you are accepted into our program, you will need to live away from home for 10 to 11 months a year. Give an example from your life experience that shows you can adapt to and accept the differences.

13. a. What do you think will be the two most difficult challenges you will encounter in your new school? b. How will you handle these challenges?

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14. a. When you have a problem, with whom do you usually discuss it? b. How do you usually resolve a difficult situation?

15. a. Please select the words that best describe you. (*Please select only 5 by placing an 'X' next to each of your choices.*)

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Friendly | <input type="checkbox"/> Neat | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Humorous | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Reliable | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Independent | <input type="checkbox"/> Organized | <input type="checkbox"/> Reserved | <input type="checkbox"/> Studious |
| <input type="checkbox"/> Considerate | <input type="checkbox"/> Informal | <input type="checkbox"/> Patient | <input type="checkbox"/> Responsible | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Extroverted | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Introverted | <input type="checkbox"/> Quiet | <input type="checkbox"/> Serious | <input type="checkbox"/> Traditional |

b. In one word, how would your best friend describe you? _____

16. a. What is the single most important interest or activity in which you currently participate? _____

b. Explain your involvement in this one interest or activity: _____

17. a. The school currently offers the following organized sports and encourages all students to participate in at least 2 sports each year. Please check any that you have played before and circle those that you would be willing to learn/try.

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Cheer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Soccer | |

b. What other sports activities have you been involved in, or would like to be involved in? _____

18. Which of these recreational activities do you enjoy or hold an interest for you? (*Check all that apply and circle your top 3 favorite.*)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Air Hockey | <input type="checkbox"/> Chess | <input type="checkbox"/> Drawing / Painting | <input type="checkbox"/> Ping Pong / Table Tennis |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Cooking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Billiards/Pocket Pool | <input type="checkbox"/> Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Sewing / Needlework |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Dance: Ballet | <input type="checkbox"/> Movies (<i>Cinematic</i>) | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Body Building | <input type="checkbox"/> Dance: Modern/Jazz | <input type="checkbox"/> Museums / Galleries | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Dance: Social | <input type="checkbox"/> Music: Classical | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Camping | <input type="checkbox"/> (<i>Ballroom/Swing</i>) | <input type="checkbox"/> Music: Contemporary | <input type="checkbox"/> Watching Sports |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Drama / Theatre | <input type="checkbox"/> Photography | <input type="checkbox"/> Watching Television |

19. a. Which of these character traits would you like to improve in yourself? (*Check all that apply and circle the 2 that you think you need the most improvement.*)

- | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Kindness | <input type="checkbox"/> Perseverance | <input type="checkbox"/> Confidence | <input type="checkbox"/> Attentiveness |
| <input type="checkbox"/> Boldness | <input type="checkbox"/> Compassion | <input type="checkbox"/> Diligence | <input type="checkbox"/> Obedience |
| <input type="checkbox"/> Self-control | <input type="checkbox"/> Gratefulness | <input type="checkbox"/> Humility | <input type="checkbox"/> Patience |

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b. Explain the reason you believe you need the most improvement for the two traits that you circled.

20. Do you play an instrument? *(Please check all that apply and list any others that are not already shown.)*

- | | | | |
|-----------------------------------|---------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Bass | <input type="checkbox"/> Drums | <input type="checkbox"/> Piano | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Flute | <input type="checkbox"/> Saxophone | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Guitar | <input type="checkbox"/> Trumpet | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coronet | <input type="checkbox"/> Oboe | <input type="checkbox"/> Violin | <input type="checkbox"/> _____ |

21. a. Do you like pets? **Yes** **No** *(circle your response)* Explain why or why not.

b. List any pets that you have at home now: _____

- | | | | |
|-----------------------------------|---------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Bass | <input type="checkbox"/> Drums | <input type="checkbox"/> Piano | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Flute | <input type="checkbox"/> Saxophone | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Guitar | <input type="checkbox"/> Trumpet | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coronet | <input type="checkbox"/> Oboe | <input type="checkbox"/> Viola | <input type="checkbox"/> _____ |

22. Do you smoke? **Yes** **No** *(circle your response)*

23. a. Are you a vegetarian? **Yes** **No** *(circle your response)*

b. Do you have any other dietary restrictions or preferences that your host family may need to know about? **Yes** **No**

Explain your answer if marked 'yes': _____

24. Do you have any allergies or physical handicaps which should be considered? **Yes** **No** *(circle your response)*

Explain your answer if marked 'yes': _____

25. What is your favorite subject in school? _____ Explain: _____

26. What is your LEAST favorite subject in school? _____ Explain: _____
