



**Student Assessment
Culinary Institute LeNotre**

Date

Student Last Name

Student First, Middle Name

Term and/or Program

**Student ID (If
none yet leave
blank)**

E-mail Address

**Please read the following statements and check the box that best reflects your opinion of the statement. There are no wrong or right answers. If you do not understand any of the following statements, you may write "N/A" next to the statement. This assessment should only take between 20-25 minutes to complete. This assessment does not determine acceptance into the Institute. It will only be used as a helpful tool for The Institute to provide better insight to students. This assessment will be kept confidential.*

Academics/and or Employment (previous and current situations)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
You complete tasks/ assignments on time.					
You are seen as a leader in previous jobs or in previous school.					
You are not afraid to ask questions, if you do not understand something.					
You are willing to engage in after school activities, to ensure better grades.					
You study even when you do not have an assignment due the next day.					
You are pursuing a culinary education for a hobby.					
You feel you do not need to continue learning, once you graduate.					

Values

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Your values are known by others.					
You have a good support system.					
You sometimes get confused on what your future will be like.					
Change is difficult for you.					
Your day is planned when you wake up in the morning.					
Your goals are big, yet realistic.					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
You are able to reinvent yourself, in order to adapt to stressful situations.					

Personal (In this section, if a statement does not apply to you, you may write "N/A" next to the statement.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
You live in an safe environment.					
You have reliable transportation.					
You deal with personal struggles, that sometimes make school/work difficult.					
You are able to pay your bills without any assistance.					
You are able to pay for childcare, in order for you to attend school.					
You feel you are healthy.					
You feel happy on most days.					
You understand how to cope appropriately when dealing with personal issues.					

Do you currently work at a restaurant or hotel ?

Yes

No

Have you worked at a restaurant or hotel in the past?

Yes

No

*If you answered yes to any of the above two questions, please describe when and where you have worked in the restaurant or hotel business.

In a few sentences, please describe any special circumstances you feel we should know about yourself. (Examples of special circumstances can also include disabilities, learning disorders, medical issues, and medications you currently take.)