



## Questionnaire for Member of Educational Network

The following questions are intended to provide us with an accurate representation of your institution. This information will help ensure a compatible placement of a Client. If you need more space to answer any of the following questions, please attach additional pages.

The Nurturing Network respects the privacy of all our Members. Your completed questionnaire will remain on file at our office and will not be photocopied except for the internal use of The Nurturing Network, Inc. We will share with Clients only the information we believe might help our efforts to make an appropriate referral. If there is any specific information which you wish not to be revealed, please make a note in the margin beside your response.

### A. BASIC INFORMATION

Please update information to accurately reflect the current status of your institution. Source of the information is the Higher Education Directory.

1. Name of School, College, University: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
City/State Zip: \_\_\_\_\_
3. Mailing address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
4. Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Enrollment: \_\_\_\_\_
7. Accreditation: \_\_\_\_\_
8. Name of President: \_\_\_\_\_

### B. ACCEPTANCE OF MEMBERSHIP IN THE NURTURING NETWORK

\_\_\_\_\_ is pleased to accept membership in the Nurturing Network.  
Name of College/University Key

Administrative staff involved in this decision:

- have read and understand the Client and Member brochures which describe The Nurturing Network.
- are comfortable upholding the purposes of The Nurturing Network.
- are capable of providing the supportive academic environment that your Client(s) need.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
School, College, University Date

The Administrative staff involved in this decision requests additional information. Specifically, we would appreciate a phone conference with the Manager of Educational Resources. Please have him or her contact the person listed below:

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

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**C. MEMBER/CLIENT RELATIONSHIP**

1. Please provide the name of the member of your administration who will act as liaison with The Nurturing Network.

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

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Given the nature of a crisis pregnancy, it is most helpful if the application of a Network Client is processed as quickly as possible and with a high degree of confidentiality. Please indicate the individuals in your admission and financial aid offices who would be involved in expediting a Client's application.

Admissions Office Contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Financial Aid Office Contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Would a faculty advisor be assigned to provide academic advice for a Network Client attending your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, who will provide academic advice for a Network Client?

## D. INFORMATION ABOUT YOUR COLLEGE OR UNIVERSITY

1. Please identify the academic calendar system/term at your institution:

\_\_\_\_\_ Semester    \_\_\_\_\_ Quarter    \_\_\_\_\_ Other

2. For each academic term, please give the approximate dates for:

TERMS	1	2	3	4	5
a. Starting					
b. Exams					
c. Ending					

3. Do you accept new admissions for each term? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please indicate any terms for which you do not accept new students: \_\_\_\_\_

\_\_\_\_\_

4. Is it possible to enroll as a part-time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

## E. ADMISSION CRITERIA

**In order that we refer only qualified students to your college, it is essential that we have a clear understanding of the admission standards which our Clients must meet for acceptance. We wish to assure you that *your membership in the Network in no way requires you to compromise your admission standards.* The admission of a Network Client remains the sole prerogative of your institution's administration.**

**Please complete the following and attach any information which would be helpful (i.e., catalogues, brochures, course descriptions, etc.)**

1. How would you classify your institution?

\_\_\_\_\_ Highly Selective                      \_\_\_\_\_ Moderately Selective

\_\_\_\_\_ Very Selective                      \_\_\_\_\_ Non-Selective

\_\_\_\_\_ Selective

2. Would the criteria for admission of visiting students to your institution be any different from your standard admission policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

3. What would be the admission criteria in the following areas for a visiting student applying to your institution?

a. SAT or ACT scores: \_\_\_\_\_

b. Academic average: \_\_\_\_\_

c. Class rank: \_\_\_\_\_

d. Achievement test and required scores: \_\_\_\_\_

e. Foreign language: \_\_\_\_\_

4. Please list the two or three most important factors in your admission process, listing them in order of importance if possible: \_\_\_\_\_

5. Would an interview be required for admission: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not required, is it recommended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If an interview is required, would you be willing to waive this requirement for a Client of the Network? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Would you be willing to accept a Network Client after the start of a term and establish for her a program of independent study for which she could earn credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please briefly explain. Also include how far into a term you would consider accepting a visiting student for admission. \_\_\_\_\_

## F. SERVICES AND BENEFITS

Please check which of the following services are available to your students.

1. Student Support Services	Yes	No
a. Health Insurance		
b. Counseling Services		
c. Dental Services		
d. Food Services		
1. Meal Plan		
2. Cafeteria		
e. Day Care Services		
f. Other:		

## G. ADMINISTRATION POLICY AND PROCEDURE

**In most instances, the Clients of The Nurturing Network would seek to attend a member institution for a minimum of one term and not more than one year.**

1. Would your existing policies regarding transfer, exchange or visiting students be applicable to our Clients? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please attach copies of relevant policies. If not, please describe how you anticipate accepting a Network Client as a visiting student to your institution.

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2. Would there be any special restrictions on a Network Client because of her physical condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

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3. Would a woman have the cooperation of your institution in making up any tests or class work she may miss because of the birth of her child? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Given a satisfactory academic performance, would a Network Client, initially admitted as a visiting student, be allowed to apply for permanent transfer and complete her degree at your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### H. SERVICES AND BENEFITS

**Please provide the following information on services and benefits to which a Network Client would be entitled if she were enrolled at your institution.**

1. If the services to which a Network Client would be entitled differ in any way from those outlined in your catalogue and descriptive material, please explain.

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2. The Nurturing Network has established a network of qualified OB/GYN physicians throughout the country to provide compassionate prenatal care to our Clients. Therefore, arrangements will usually already have been made for our Client's primary medical care. However,

In the event of an emergency, is there on-campus medical care available for a Network Client? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a physician on call? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a nurse on duty? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the standard procedure in the event of a medical emergency on campus? Where is the nearest emergency medical facility?

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3. Could a Network Client apply and qualify for financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Would she be evaluated any differently than other students? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain. Also include the deadline for financial aid applications.

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Will the Financial Aid officer process the application of a Network Client as quickly as possible? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Is there a meal plan for off-campus students which a Network Client could purchase? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide details and costs. Also, is there an "a la carte" meal plan available?

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5. Is your institution accessible by public transportation or does it have its own bus system? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Is there on-site daycare available? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Is there health insurance available to student through your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

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8. Are there accident benefits available to students? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain: \_\_\_\_\_

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#### I. AUTHORIZING SIGNATURE

As an authorized representative of this institution, I acknowledge that The Nurturing Network will be relying on our responses to this questionnaire for our participation as a Member of its organization. I assure you that Network Clients may rely on this information as being accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
School/College/University

\_\_\_\_\_  
Date