

## **Frequently Asked Questions about Academic and Career Guidance**

### ***How can my child participate?***

- Mail the registration form to CTY.
- Your child will receive an assessment packet to complete at home. He or she should complete the questionnaires and mail the packet back to the DCC.
- Six to eight weeks later, your child will receive his/her personalized report packet.

### ***What does the assessment packet include?***

- Background questionnaires about interests, aspirations, and self-perceptions.
- The *Myers-Briggs Type Indicator*, which provides insights into how your child relates to the world and to others, how he or she likes to learn, and his or her preferred ways of handling challenges.
- A career preference survey, which identifies the kinds of professional challenges and environments most likely to stimulate and engage your child.

### ***What does the personalized report packet include?***

- Results from each assessment, as well as a guide to help interpret and understand the results.
- A personal written report that integrates your child's learning style, interests, and personality traits.
- A Supplemental Resources booklet to help your child continue to explore career interests and options.

# Academic and Career Guidance Registration Form

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Name: Last	First	MI

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB (mm/dd/yyyy)	Grade (7 <sup>th</sup> or higher)	Age	Gender (M/F)

<input type="text"/>
Street address

<input type="text"/>	<input type="text"/>
City	State/Province/Prefecture

<input type="text"/>	<input type="text"/>
Country	Zip/Postal Code

<input type="text"/>	<input type="text"/>
Parent's E-mail	Student's E-mail

<input type="text"/>
Telephone (including country code)

Please indicate payment method:

**Check** Please enclose check for \$225 made payable to CTY/JHU with this form and mail to the address below.

**VISA**  **MasterCard** Please provide credit card information below.

<input type="text"/>	<input type="text"/>
16-Digit Card Number	Expiration Date (mm/yy)

I authorize CTY to charge my credit card \$225.00.

<input type="text"/>	<input type="text"/>
Cardholder Name	Cardholder's Signature

Please fax/mail this form to:

**Johns Hopkins University  
Center for Talented Youth  
PO Box 64459  
Baltimore, MD 21264  
(410)735 6200 - Fax**

Questions? Please call or email the DCC: 410-735-6238 or [dcc@jhu.edu](mailto:dcc@jhu.edu).