Psychological assessment Application

접수번호 :

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| **Privacy Policy Statement** |
| **● Purposes of Collecting, Using, and Providing Personal Information:**  for identifying the student’s enrollment status at Hongik University;  for collecting his/her basic personal information necessary for counseling service.   * **Kinds of Personal Information Collected:**   + Personal information: name, date of birth, sex, department, phone number, postal & e-mail addresses College life: admission status, enrollment status, clubs, military service, religion, residential type   + psychological assessment application: reasons, issues of concern, previous counseling experience or psychological tests taken, family Test results and/or counseling contents.   **● Retaining and Using Personal Information:**   * + Information collected will be recorded on application form, session log, or test(s) taken and retained in an individual case file.   + It will be retained at the Center while a student receives counseling for until 5 years after termination, and will be discarded thereafter.   + Viewing (or accessing) case files is limited to the Center counselors for purposes of counseling progression and statistical analyses on the use of counseling services by students. It won’t be allowed to view(or access) case files except for counselors in Hongik Student Counseling Center, counseling performance management Trust Inc (아이디노), and psychological assessment co. (인싸이트, ㈜ 어세스타, ㈜ 마음사랑, ㈜ 가이던스). * **Providing Personal Information**   + Test results and counseling contents are confidential, and no one but counselors at the Center is allowed to disclose case files.   + However, such information can be disclosed to parents (or guardians) or related organizations if a counselor considers or becomes cognizant that a client may harm the security of him/herself or others. |
| I have read and understood the above, and I hereby consent to the collection, use, and provision  of my personal information to apply for of my personal information to apply for counseling service  Date : / Name: (print) (sign) |

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| **Personal Info** | **Name** |  | **Gender** | □Male □Female  □Etc. | | **Birth Date**  **(Age)** | . . . ( ) |
| **Department** | Dept College Year | | | | **Student ID** |  |
| **Phone** |  | | | | **E-mail** |  |
| **Home**  **Address** |  | | | | **Grade** | Semester GPA:  Overall GPA: |
| Types of Psychological  Tests | **Personality Assessments** | □ **The Minnesota Multiphasic Personality Inventory-2 (MMPI-2)**  The MMPI-2 is used to diagnose your current psychological and emotional state in depth, and it helps examine your mental health and resolve your psychological difficulties.  **□ Sentence Completion Test (SCT)**  The SCT provides you with beginnings of sentences and you then complete them in ways meaningful to you. It helps to understand your attitude, feelings, and values towards life.  **□ The Myers-Briggs Type Indicator (MBTI)**  The MBTI indicates psychological preferences in 4 dimensions, producing 16 unique personality types. It helps understand yourself and know the good and bad tendencies of your type. | | | | | |
| **Career Assessment** | **□ Holland’s Self Directed Search (Holland’s SDS)**  Holland’s SDS explores the most suitable career choices for you based on your interests, values, characteristics, and career personality types. | | | | | |
| **Adjustment Test** | **□ Foreign College student Psychological Inventory (FCPI)** The FCPI helps comprehensively understand your psychological health status in college life and various adjustment problems faced by studying-abroad students. | | | | | |
| **Others** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ※Entry for Student Counseling Center | | |
| 1. **How did you seek counseling?**   □By myself □Recommended by friend(s) □Recommended by professor(s) □Notice/website □Others (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  **2. Have you ever taken any psychological testing before?** □Yes □No  If yes, what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What test? (Name of assessment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For what reasons? (Psychological problems) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where? (At which facility?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **3. Problem List: Check all that apply.**  □Personality and adjustment □School adjustment □Family problems  □Emotional problems: depression, anxiety, phobia, etc. □Academic/Career problems □Romantic relationship/sex  □Behavior/habits: insomnia, eating disorders, addiction, etc. □Interpersonal relationships  □Others (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  **4. Please indicate what you want to know and get help from the psychological test results.** | | | | | | | |