**Student Questionnaire**

Completing this Student Questionnaire is the first part of the Application process for the Basic Course. The Questionnaire helps me to get to know you so that together you can explore how the principles of astro-logic apply to your life.  Your answers provide the raw material I will draw on throughout the course to link astrological symbolism with your life experience.

The answers to these questions are strictly voluntary.  If there are questions you would prefer not to answer, you do not have to. I will work with whatever information you are willing to share.  The more you reveal about yourself, however, the deeper I will be able to guide you into the material of the Basic Course, and the more personal your learning will be.  Many students have found the questionnaire to be an enlightening exercise unto itself, before they ever get to the course.

Your response to the questionnaire is strictly confidential, and will never be used in any capacity without your explicit written permission.

Please enter your answers directly after each question, saving the file in the format: YOUR NAME – Advanced Placement Exam.

**The Questions**

1. What was your early childhood like? What kind of environment did you grow up in? In what ways were you loved, appreciated, and supported? In what ways were you rejected, negated, or stifled?

2. Describe your relationship with your father, your mother, and any siblings. What have you learned from each of them that you value? What woundings do you still carry with you from these early relationships? Is there a history of substance abuse in your family? Have you ever been sexually abused?

3. If you could change anything about your childhood, what would it be?

4. What is your fondest memory before the age of 7?

5. What was it like for you going to school? Were you a good student? What were your favorite subjects and why? What were your least favorite subjects and why? Who were the teachers that you admired and why?

6. What were the family values passed on to you in relation to money, work, friendship, marriage, sex, community, politics, religion, God, and the meaning of life? To what extent have you carried these values into your adult life?

7. How did you rebel as a teenager? To what extent are you still rebelling?

8. Describe your career path. How easy has it been for you to take your place in society? Do you feel that you are actualizing your full creative potential in the work that you do? Do you feel amply compensated, appreciated, and acknowledged by your peers for your contribution?

9. What work are you doing now? What is your work environment like? What about your work fulfills you? What about it do you find dissatisfying?

10. If you work for someone else, describe your relationship with your current employer. If you work for yourself, describe in general your relationship with your employees and/or clientele.

11. Are you married or involved in a committed relationship? If so, describe your relationship with your spouse or partner. What is fulfilling to you about this relationship? What problems remain unresolved?

12. If you are not in a committed relationship now, is it by choice? Tell me something about your patterns in relationship. How easy is it for you to trust another, communicate your feelings, say no to someone you love, set boundaries, be true to yourself while in relationship, maintain a life of your own, give and receive, be vulnerable, be honest, not have all the answers. How comfortable are you with your sexuality?

13. Do you have any children? Describe your relationship with them. To what extent are you repeating patterns of interaction with them that you experienced in your own childhood?

14. Do you have close friends? How do you nurture these relationships? What do you do when you are together?

15. How much time do have for yourself? What do you do with your spare time? What is your great passion in life, and how much time do you allow yourself to pursue that passion?

16. What health problems do you have? Where does stress register in your body? How do you release stress? How well do you take care of yourself? Do you exercise regularly? Eat well? Sleep well?

17. How active is your dream life? Do you remember your dreams? Do you write them down? Do you keep a dream journal? Do you keep a daily journal to track important events in your life, and/or process your feelings?

18. How do you now communicate with your soul? Do you believe in God or Spirit? Do you feel as though you have a personal relationship with the Divine? What is that relationship like? Do you feel as though you are consciously traveling a spiritual path? If so, describe it.

**Significant Dates**

Please provide a list of significant dates in your life.  Significant dates might include marriages, divorces, the death of parents, siblings, or children, major health crises, major relocations, turning points in your career, moments of spiritual initiation, any other dates you can pinpoint as being important in some way to your life process.

**Birth Data for Significant Others**

Please provide birth information (time, date, place of birth), if available, for the significant others in your life – your parents; your siblings; your spouse, lover, or life partner; your children and/or grandchildren; your employer, business partner, or primary employees; important teachers; and/or anyone else whose participation in your life seems a significant player in your unfolding soul's journey.