

Academic Success Self-Assessment

Name: _____
 Major: _____
 University ID: _____

E-Mail: _____
 Cumulative GPA: _____
 Cumulative Credits: _____

Phone: _____
 Semester GPA: _____
 Semester Credits: _____

SECTION I:

*What areas or activities had made academic success difficult for you? (Check all that apply, then circle the **TOP 3** obstacles that have impacted your academic progress.)*

- | | |
|--|---|
| <input type="checkbox"/> Use of alcohol and/or other drugs | <input type="checkbox"/> Didn't study enough |
| <input type="checkbox"/> Didn't go to class | <input type="checkbox"/> I never had to study in high school |
| <input type="checkbox"/> Didn't take notes in class | <input type="checkbox"/> Unprepared for exams |
| <input type="checkbox"/> Didn't turn in homework or other assignments (or turned them in late) | <input type="checkbox"/> What worked in high school doesn't work anymore |
| <input type="checkbox"/> Wasn't organized enough | <input type="checkbox"/> Hard to concentrate |
| <input type="checkbox"/> Procrastinated too much | <input type="checkbox"/> Class difficult/not prepared for course level |
| <input type="checkbox"/> Difficulty setting priorities between school and social activities | <input type="checkbox"/> Unable to understand course content or find relevance in course material |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Conflict with professor |
| <input type="checkbox"/> Not sure why I'm in school | <input type="checkbox"/> Registered for too many classes |
| <input type="checkbox"/> Personal problems or issues | <input type="checkbox"/> Did not attend or skipped class(es) |
| <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Uncomfortable/oppressive classroom climate |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Missed one or more tests |
| <input type="checkbox"/> Didn't get enough sleep | <input type="checkbox"/> Didn't study enough |
| <input type="checkbox"/> Confused/unsure about a choice of major | <input type="checkbox"/> Negative emotions (stress, boredom) |
| <input type="checkbox"/> Didn't buy the book for class | <input type="checkbox"/> Didn't participate in class |
| <input type="checkbox"/> Didn't manage my time well | <input type="checkbox"/> Didn't keep up with the reading |
| <input type="checkbox"/> Missed one or more tests | <input type="checkbox"/> Frustrated with my performance and gave up |
| <input type="checkbox"/> Don't really know how to study effectively | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Trouble balancing work and class | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Family obligations | <input type="checkbox"/> Too much time on computer/Facebook/etc. |
| <input type="checkbox"/> Uncertain about current major | <input type="checkbox"/> Pressure, stress, anxiety or tension |
| <input type="checkbox"/> Changed major one or more times | <input type="checkbox"/> Over-involved with extra-curricular activities |
| <input type="checkbox"/> Unsure what jobs are associated with major | <input type="checkbox"/> Work too much (#Hours per Week _____) |
| <input type="checkbox"/> No clear career goals | <input type="checkbox"/> Roommate issues |
| <input type="checkbox"/> Interpersonal violence | <input type="checkbox"/> Interpersonal violence |
| <input type="checkbox"/> Homesick | <input type="checkbox"/> Hard to find friends/Lonely |

SECTION II:

In what areas do you think you need assistance?

- | | | |
|---|---|--|
| <input type="checkbox"/> Study skills | <input type="checkbox"/> Choosing/changing majors | <input type="checkbox"/> Career Exploration |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Overcoming test anxiety | <input type="checkbox"/> Lifestyle changes |
| <input type="checkbox"/> Math skills | <input type="checkbox"/> Time management | <input type="checkbox"/> Writing skills |
| <input type="checkbox"/> Test-taking skills | <input type="checkbox"/> Dealing with chemical dependency | <input type="checkbox"/> Dealing with a personal issue |



SECTION III:

Explain in detail the three most significant obstacles that have affected your academic success.

Obstacle	Explain the Obstacles Impact on Your Success	How Can You Eliminate This Obstacle
#1:		
#2:		
#3:		

SECTION IV:

What academic resources, campus connections or networks have you used here at the University? (tutoring, student counseling, advising, supplemental instruction, Greek Life, etc.)



SECTION V:

Think about your responses to Sections I through IV and develop a plan for removing your obstacles to success and improving your academic success now and in the future. Discuss this plan with the Learning Coach who will offer additional ideas and thoughts.

Goal	Action to Be Taken (what will I do)	Action Plan (dates, schedule of activity, follow-up meetings, etc.)	Available Resources (tutoring, S. I., Professor, Advising, Counseling, Housing, Greek Life, etc.)
Goal 1:			
Goal 2:			
Goal 3:			
Goal 4:			
Goal 5:			