

## Academic Intervention Self-Assessment

You are encouraged to complete this assessment as honestly as possible, print it, and be prepared to discuss these topics with your success coach/first-year advisor. You must bring this document to the initial meeting with your success coach/first-year advisor. The goals of the initial meeting with your success coach/academic advisor include:

- Evaluating current class schedule and making changes as needed,
- Identifying obstacles from the previous semester that impacted your academic success,
- Building a strong relationship between you and your academic advisor.

Name: \_\_\_\_\_ SUID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

A. In reviewing your academic performance, what obstacles have impacted your grades? **Check all** that apply:

<p><b><u>Academic</u></b></p> <p>_____ Ineffective study skills unprepared for exams</p> <p>_____ Undeveloped time management skills</p> <p>_____ What worked in high school doesn't work anymore</p> <p>_____ Difficult classes/not prepared for course level</p> <p>_____ Unable to understand course content/relevance</p> <p>_____ Unable to understand professor/conflict with prof</p> <p>_____ Hard to concentrate/daydreaming</p> <p>_____ Registered for too many classes</p> <p>_____ Did not attend/skipped class</p> <p><b><u>Major/Career</u></b></p> <p>_____ Uncertain about major</p> <p>_____ Changed major one or more times</p> <p>_____ No clear career goals</p> <p>_____ Not sure why I'm in school</p> <p>_____ Syracuse University may not be the place for me</p>	<p><b><u>Personal/Other</u></b></p> <p>_____ Financial difficulties</p> <p>_____ Health problems</p> <p>_____ Hard to get out of bed in the morning</p> <p>_____ Use or abuse of alcohol or other substance(s)</p> <p>_____ Possible learning disability</p> <p>_____ Difficulty sleeping at night</p> <p>_____ Pressure, stress, anxiety or tension</p> <p>_____ Over-involved with extra-curricular activities</p> <p>_____ Lack of motivation</p> <p><b><u>Family/Social Adjustment</u></b></p> <p>_____ Working too much (# Hours/Week _____)</p> <p>_____ Roommate or relationship issues</p> <p>_____ Personal/family situation</p> <p>_____ Moved away from home/homesick</p> <p>_____ Difficulty adjusting to college life</p> <p>_____ Hard to make friends/loneliness</p>
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B. **Identify the top two obstacles from above** that have impacted your academic progress and complete the following:

Obstacle	Explain the impact on your success	How can you eliminate this obstacle?
1.		
2.		

### **Plan of Action (Tutoring, Professor's Office Hours, AEW, etc.)**

C. Think about a plan of action for getting the semester off to a strong start. Include meetings with your advisor & instructors, tutoring, and other resources. Discuss this plan with your advisor who can offer additional ideas. \*Keep a copy of this assessment for future advisor meetings.

	GOAL	ACTION PLAN (dates, follow-up meetings, etc.)	AVAILABLE RESOURCES (tutoring, professors office hours)
1.			
2.			

Success Coach/ First-Year Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_