

SUCCESS ADVISING SELF EVALUATION

Student Name _____ AU ID# _____

Cell Phone # _____ E-Mail _____ Evaluation Term FALL _____ SPG _____

Directions: Check the applicable boxes that describe the factors that are motivating you to be in college at this time.

<input type="checkbox"/> Increased income, better job <input type="checkbox"/> More respect at home or work <input type="checkbox"/> Meet new, diverse people <input type="checkbox"/> Become independent <input type="checkbox"/> Friends/family going to college <input type="checkbox"/> Peer or family pressure	<input type="checkbox"/> Self-improvement <input type="checkbox"/> Experience change <input type="checkbox"/> Personal challenge <input type="checkbox"/> New career <input type="checkbox"/> Requirements for current job <input type="checkbox"/> Not sure what else to do
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Personal Time Assessment

Circle the number that best describes your experience.

Statement	Never	Sometimes	Usually	Always
I go to class and arrive to class prepared.				
I review my notes within 24 hours of class				
I spend time on campus taking care of personal business, talking with professors, studying, or doing research.				
I have study goals, and I achieve them each week.				
I feel prepared for tests.				
I spend enough time on writing assignments.				
I get enough sleep each night.				
I spend some time each week doing something I enjoy.				
I have enough time to take care of most of my personal needs.				
I get support from others to help me meet my educational goals.				

Score Range	Meaning
32-40	You do a good job managing time. For the most part, you are satisfied with how you manage your time and what you accomplish each week.
26-31	You do a good job managing your time for most activities. Identify your weaker areas and create a plan to improve time management in those areas.
19-25	You may be dissatisfied with your time management and find only a few goals are met each week. Review what you are doing right with some of your time and make a plan that will draw upon your time management strengths.
Below 18	You may feel as though you are not meeting most of your goals during the week. An honest look at your goals, necessary activities, and priorities is needed.

1. What areas have made academic success difficult? Indicate all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> wrong major | <input type="checkbox"/> Intramural Sports | <input type="checkbox"/> unprepared for classes |
| <input type="checkbox"/> course load too heavy | <input type="checkbox"/> loneliness | <input type="checkbox"/> missed/skipped classes |
| <input type="checkbox"/> not prepared for college | <input type="checkbox"/> adjusting to college | <input type="checkbox"/> unsure about how to study |
| <input type="checkbox"/> health issues | <input type="checkbox"/> poor study skills | <input type="checkbox"/> group project problem(s) |
| <input type="checkbox"/> financial difficult | <input type="checkbox"/> poor time management | <input type="checkbox"/> off-campus distractions |
| <input type="checkbox"/> work at job too much how many hours per week do you work? _____ | <input type="checkbox"/> conflict with professor | <input type="checkbox"/> prefer job to school |
| <input type="checkbox"/> too many other commitments | <input type="checkbox"/> unaware of support services | <input type="checkbox"/> undecided about future |
| <input type="checkbox"/> family obligations | <input type="checkbox"/> poor advising | <input type="checkbox"/> negative emotions (stress, boredom) |
| <input type="checkbox"/> relationship issues | <input type="checkbox"/> lack of good tutors | <input type="checkbox"/> low energy |
| <input type="checkbox"/> alcohol and/or drug issues | <input type="checkbox"/> few people with backgrounds or interests similar to yours | <input type="checkbox"/> driven by external expectations rather than internal motivation |
| <input type="checkbox"/> social distractions | <input type="checkbox"/> good intentions but poor follow-through | <input type="checkbox"/> legal issues |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> low motivation | <input type="checkbox"/> learning is rarely fun |
| <input type="checkbox"/> too much time doing outside activities | <input type="checkbox"/> concentration easily broken | <input type="checkbox"/> too much time on the computer |
| <input type="checkbox"/> Team Sports (AU Cardinal's) | <input type="checkbox"/> worries about failure | <input type="checkbox"/> poor performance on tests |
| <input type="checkbox"/> other (please list) | <input type="checkbox"/> troubles keeping up with homework | |

2. In what areas below do you think you need assistance? Indicate all that are appropriate.

- Study skills
- Choosing a major
- Dealing with personal issues
- Stress management
- Overcoming test anxiety
- Career exploration
- Math skills
- Time management
- Lifestyle change
- Writing skills
- Test-taking skills
- Dealing with chemical dependency
- Other (please list)

3. CHALLENGES - In your own words, please describe the factors that contributed to your academic difficulties.

4. STRENGTHS – In spite of difficulties, I am proud of the following (include both academic successes and personal success over the past few months.)

5. RESOURCES – The following people or resources can provide me support as I move forward.

**PLEASE RESERVE THE SPACE BELOW TO WORK WITH YOUR ADVISOR TO DEVELOP YOUR
SUCCESS ACTION PLAN.**

GOAL SETTING AND SUCCESS ACTION PLAN.

Please list at least two goals you plan to implement to help you succeed this semester.

GOAL 1:

Action Steps-

GOAL 2:

Action Steps -

GOAL 3:

Action Steps -

Notes:

Student Signature: _____

Date: _____

Success Advisor Signature: _____

Date: _____

Darla Smothers-Morant