

Appointment date: _____

Advisor: _____

Academic Intervention Self-Assessment

Instructions:

1. Complete Academic Intervention Self-Assessment.
2. Make an appointment with your Academic Advisor.

Appointment Goals:

1. Identify obstacles from the previous semester that affected your academic success.
2. Develop academic plan for current semester to foster academic success.
3. Complete SUCCESS Agreement.

Name:	EID:	Phone:
Major:	Cumulative GPA:	Previous Semester GPA:
Academic Advisor:	Current Semester Hours (#):	Email:
Outside Commitments (work, organizations, family, etc.):		

In reviewing your previous semester’s academic performance, what obstacles affected your grades?
(Check all that apply and circle the top three obstacles.)

<u>Academic</u>	<u>Personal/Other</u>
<input type="checkbox"/> Ineffective study skills (unprepared for exams)	<input type="checkbox"/> Financial difficulties
<input type="checkbox"/> Undeveloped time management skills	<input type="checkbox"/> Health problems
<input type="checkbox"/> What worked in high school doesn’t work anymore	<input type="checkbox"/> Hard to get out of bed in the morning
<input type="checkbox"/> Difficult classes/not prepared for course level	<input type="checkbox"/> Use or abuse of alcohol or other substance(s)
<input type="checkbox"/> Unable to understand course content/relevance	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Unable to understand professor/conflict with professor	<input type="checkbox"/> Difficulty sleeping at night
<input type="checkbox"/> Hard to concentrate/daydreaming	<input type="checkbox"/> Pressure, stress, anxiety or tension
<input type="checkbox"/> Registered for too many classes	<input type="checkbox"/> Over-involved with extra-curricular activities
<input type="checkbox"/> Did not attend/skipped class	<input type="checkbox"/> Lack of motivation
<u>Major/Career</u>	<u>Family/Social Adjustment</u>
<input type="checkbox"/> Uncertain about major	<input type="checkbox"/> Working too much (# Hours/Week _____)
<input type="checkbox"/> Changed major one or more times	<input type="checkbox"/> Roommate or Relationship issues
<input type="checkbox"/> Not sure why I’m in school	<input type="checkbox"/> Personal/family situation
<input type="checkbox"/> UT may not be the place for me.	<input type="checkbox"/> Hard to make friends/Loneliness

Other factors not listed above:

Explain in detail the top three obstacles that affected your academic performance.

1.

2.

3.

Identify three strengths you have as a student.

1.

2.

3.

Now that you have identified your most significant obstacles and your strengths as a student, describe your plan to use those strengths, as well as other resources, to overcome those obstacles this semester.

1.

2.

3

Advisor Initials _____
Date _____

Student Initials _____