

Academic Intervention Self-Assessment

Complete this assessment, print it and be prepared to discuss these topics with your academic advisor. You must bring this document to the meeting with your academic advisor within the first 7 days of class. The goals of the meeting with your advisor include:

- √ Evaluating current class schedule and making changes as needed,
- √ Identifying challenges from the previous semester that impacted your academic success,
- √ Meeting the academic standards required to continue your studies at UNCW.

Name: _____ Student ID: _____
 Major: _____ Cumulative GPA: _____ Semester GPA: _____
 Cumulative Number of Credits: _____ Number of Credits currently enrolled in: _____
 E-mail: _____ Academic Advisor: _____

A. Students on academic warning or probation often need to retake courses from previous semesters or make other adjustments to their class schedule for the current semester. Please complete the chart below to assist you and your advisor in evaluating your current class schedule.

Previous Semester Courses	Grade	Current Semester Courses

B. In reviewing your academic performance, what challenges have impacted your grades? **Mark all** that apply and **circle the top 3** obstacles that have impacted your academic progress.

<p>Academic</p> <p><input type="checkbox"/> Ineffective study skills</p> <p><input type="checkbox"/> Undeveloped time management skills</p> <p><input type="checkbox"/> Unprepared for exams</p> <p><input type="checkbox"/> Poor high school preparation</p> <p><input type="checkbox"/> Difficult classes/not prepared for course level</p> <p><input type="checkbox"/> Unable to understand course content/relevance</p> <p><input type="checkbox"/> Unable to understand professor/conflict with prof</p> <p><input type="checkbox"/> Hard to concentrate/daydreaming</p> <p><input type="checkbox"/> Registered for too many classes</p> <p><input type="checkbox"/> Did not attend/skipped class</p> <p>Major/Career</p> <p><input type="checkbox"/> Uncertain of major</p> <p><input type="checkbox"/> Unsure of interests, skills, abilities</p> <p><input type="checkbox"/> No clear career goals or plans</p> <p><input type="checkbox"/> Not sure why I'm in school</p> <p><input type="checkbox"/> UNCW may not be the place for me</p>	<p>Personal/Other</p> <p><input type="checkbox"/> Financial difficulties</p> <p><input type="checkbox"/> Health problems</p> <p><input type="checkbox"/> Excessive time spent online(gaming, Facebook, etc.)</p> <p><input type="checkbox"/> Hard to get out of bed in the morning</p> <p><input type="checkbox"/> Use or abuse of alcohol or other substance(s)</p> <p><input type="checkbox"/> Possible learning disability</p> <p><input type="checkbox"/> Difficulty sleeping at night</p> <p><input type="checkbox"/> Pressure, stress, anxiety or tension</p> <p><input type="checkbox"/> Over-involved with extra-curricular activities</p> <p><input type="checkbox"/> Lack of motivation/discipline</p> <p><input type="checkbox"/> Working too much (# Hours/Week _____)</p> <p>Family/Social Adjustment</p> <p><input type="checkbox"/> Hard to make friends/loneliness</p> <p><input type="checkbox"/> Roommate or relationship issues</p> <p><input type="checkbox"/> Personal/family situation</p> <p><input type="checkbox"/> Separation from family, friends, home</p> <p><input type="checkbox"/> Difficulty adjusting to college life</p>
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Other factors not listed above:

C. Now, explain in detail the **three most significant challenges** that affected your academic performance.

Challenge	Explain each challenge's impact on your success.	How can you overcome the challenge?
1.		
2.		
3.		

D. What are some of your personal strengths and skills? How could these talents assist you with overcoming your challenges?

Plan of Action

E. 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
1.		
2.		
3.		
4.		

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Original Copy – Student

Date: _____
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