

# Academic Success Self Reflection

TERM: F W SP SU

Name \_\_\_\_\_

Date: \_\_\_\_\_

The following questions will ask you to reflect on factors that contributed to your successes and challenges last term. **BEFORE** meeting with your advisor, please fill out this form **completely** and with as much detail as possible. Your answers will help your advisor assist you in planning for a successful next term. The information from this form will be reviewed during your appointment.

1. During the *last term*, what challenges did you experience? Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> I felt lost in my classes  | <input type="checkbox"/> Alcohol / Drug use                         |
| <input type="checkbox"/> Not interested in my coursework                                  | <input type="checkbox"/> Financial Challenges                       |
| <input type="checkbox"/> I felt out of place  | <input type="checkbox"/> Learning Disability                        |
| <input type="checkbox"/> I didn't know where to go for help                               | <input type="checkbox"/> Physical Health (Injury or Sickness)       |
| <input type="checkbox"/> Personal problems (family, relationship, roommate, homesickness) | <input type="checkbox"/> Mental Health (Anxiety, Depression, other) |
|   | <input type="checkbox"/> Other (11) _____                           |

2. Please reflect on your time-management and life-balance from *last term* and indicate on a scale of 1 (low) to 5 (high):

- \_\_\_\_\_ I studied
- \_\_\_\_\_ I attended class
- \_\_\_\_\_ I got enough sleep
- \_\_\_\_\_ I worked (on campus or off campus job)
- \_\_\_\_\_ I got involved in on-campus activities--Please specify in text box (Ex: Clubs, Greek Life, Events, Newspaper, Student Government, etc.)
- \_\_\_\_\_ I socialized
- \_\_\_\_\_ I played video games
- \_\_\_\_\_ I attended sporting events
- \_\_\_\_\_ I participated in recreational activities (intramural sports, club sports, Dixon, etc.)

3. On average, how many hours per day did you spend studying *last term*? \_\_\_\_\_ hours

4. How many days per week did you spend studying *last term*? \_\_\_\_\_ days

5. How many credits did you sign up for *last term*? \_\_\_\_\_ credits

6. How did you study? Specify on a scale of 1 (never) to 5 (all the time):

- \_\_\_\_\_ Took Notes in Class
- \_\_\_\_\_ Re-Read notes
- \_\_\_\_\_ Practice problems/ self-test/ practice tests
- \_\_\_\_\_ Flash Cards
- \_\_\_\_\_ Filled out a study guide
- \_\_\_\_\_ Went to Office Hours
- \_\_\_\_\_ Attended Review Sessions
- \_\_\_\_\_ Used tutoring resources (Mole Hole, Worm Hole, Writing Center, etc.)

7. Most of the time I studied...

- \_\_\_\_\_ Solo
- \_\_\_\_\_ In Study Groups

8. When I had assigned reading most of the time I...

- \_\_\_\_\_ Did not read
- \_\_\_\_\_ Skimmed the reading
- \_\_\_\_\_ Read the assigned reading thoroughly

9. Before a test I usually studied...

- \_\_\_\_\_ Not at all
- \_\_\_\_\_ The day of a test
- \_\_\_\_\_ The night before a test
- \_\_\_\_\_ A few days before a test
- \_\_\_\_\_ At least a week before the test

10. What resources did you use on campus *last term*?

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Success Center                    | <input type="checkbox"/> Human Services Resource Center         |
| <input type="checkbox"/> ASOSU Office of Advocacy                   | <input type="checkbox"/> Math Learning Center (MLC)             |
| <input type="checkbox"/> ASOSU Office of Legal Advising             | <input type="checkbox"/> Registrar                              |
| <input type="checkbox"/> Career Services                            | <input type="checkbox"/> Student Health Services                |
| <input type="checkbox"/> Childcare & Family Resources               | <input type="checkbox"/> Supplemental Instruction               |
| <input type="checkbox"/> Collaborative Learning Center              | <input type="checkbox"/> Tutoring                               |
| <input type="checkbox"/> Counseling & Psychological Services (CAPS) | <input type="checkbox"/> University Housing and Dining Services |
| <input type="checkbox"/> Disability Access Services (Das)           | <input type="checkbox"/> Veteran Services                       |
| <input type="checkbox"/> Educational Opportunity Program (EOP)      | <input type="checkbox"/> Writing Center                         |
| <input type="checkbox"/> Financial Aid & Scholarships               | <input type="checkbox"/> Not Sure                               |

11. How did you organize your academic, work, and personal schedules? (Please check all that apply)

- Daily Planner
- Wall Calendar
- Calendar on my phone
- Other electronic calendar
- To-do lists
- I did not use any tools
- Other \_\_\_\_\_

12. Are there any academic areas you wish to strengthen? (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Preparing for Tests             | <input type="checkbox"/> Reading Skills        |
| <input type="checkbox"/> Understanding Class Lectures    | <input type="checkbox"/> Math Skills           |
| <input type="checkbox"/> College-Level Writing           | <input type="checkbox"/> Effective Note taking |
| <input type="checkbox"/> Presentations & Public Speaking | <input type="checkbox"/> Time Management       |
| <input type="checkbox"/> Study Strategies                | <input type="checkbox"/> Class Attendance      |
| <input type="checkbox"/> Research Skills                 | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Organization Skills             |  |

13. What other concerns do you have for next term?

- |  |   |
|--|---|
| <input type="checkbox"/> Family obligations      | <input type="checkbox"/> Academic preparedness for future courses |
| <input type="checkbox"/> Financial concerns      | <input type="checkbox"/> Physical or Mental health concerns       |
| <input type="checkbox"/> Housing/living concerns | <input type="checkbox"/> Other _____                              |

14. Do you have a job?

- Work on campus (\_\_\_ hours per week)
- Work off campus (\_\_\_ hours per week)
- Do not work

15. How confident are you that you are in the right major? (indicate on a scale of 1 (low) to 5 (high)) \_\_\_\_\_

16. Is there anything else you want to share with your advisor about your *last term* or other important information?