

Academic Success Self Reflection

Date: _____

Name _____

TERM:

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 |

2. Please reflect on your time-management and life-balance from **last term** and indicate on a scale of 0 (never) to 5 (all the time):

- _____ I studied
- _____ I attended class
- _____ I got enough sleep
- _____ I worked (on campus or off campus job)
- _____ I was involved in on-campus activities: Please specify (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 0 (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, MLC, cultural centers' tutoring, 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, used regularly)

- 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. Did you have a job ***last term***?

Yes, I worked on campus (_____hours per week)

Yes, I worked 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?