

**STUDENT SUPPORT SERVICES PROGRAM
Academic Intervention Self-Assessment**

Complete this assessment, **print** it and be prepared to **discuss** these topics with your academic adviser. You must bring this document to the meeting with your academic adviser before the 2nd week of classes. Please contact your advisor to arrange a meeting. The goals of the meeting with your adviser include:

- ✓ Evaluating current class schedule and making changes as needed,
- ✓ Identifying obstacles from the previous semester that impacted your academic success,
- ✓ Building a strong working relationship between you and your academic adviser.

Name:	Email:	Phone (cell # appreciated):
Major:	Cumulative GPA:	Semester GPA:
Academic Adviser (Check one): DEMOND ___ PA ___ KAREN ___	Cumulative Credits (#):	Semester Credits (#):
Next Appointment:	Student ID #: _____ - _____ - _____	

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

<p><u>Academic:</u> <input type="checkbox"/> Did not attend all classes, required labs and supplemental instruction sessions. <input type="checkbox"/> Did not maintain communication with professors/instructors/TA's regarding progress. <input type="checkbox"/> Did not seek support from advisor/mentor/instructors/on-campus support services. <input type="checkbox"/> Did not study at least two hours a week per credit and complete all assignments on time. <input type="checkbox"/> Did not drop, add or withdraw courses only with the approval of the SSS academic advisor. <input type="checkbox"/> Did not meet all deadlines/dates for adding, dropping or withdrawing from courses as listed in the Schedule of Classes. <input type="checkbox"/> Did not work cooperatively with the SSS advisor to determine appropriate courses and credit load. <input type="checkbox"/> Did not follow the recommendations of the advisor and did not utilize academic support services including those offered by the SSS and the Panther Academic Support Services (PASS). <input type="checkbox"/> Did not keep SSS advising services informed of my academic progress and any situations that may have affected my academic progress. <input type="checkbox"/> Did not schedule regular advising meetings; minimum 2x's/month for 1st semester freshmen and students on - academic probation, 1x/month for all other students. <input type="checkbox"/> Did not register for only the advisor approved course recommendations listed on the Pre-Registration/Academic Contract.</p> <p>Other: _____</p>	<p><u>Personal/Other:</u> <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Health problems <input type="checkbox"/> Hard to get out of bed in the morning <input type="checkbox"/> Use or abuse of alcohol or other substance(s) <input type="checkbox"/> Possible learning disability <input type="checkbox"/> Difficulty sleeping at night <input type="checkbox"/> Pressure, stress, anxiety or tension <input type="checkbox"/> Over-involved with extra-curricular activities <input type="checkbox"/> Lack of motivation</p> <p>Other: _____</p> <p>Other: _____</p>
<p><u>Major/Career</u> <input type="checkbox"/> Uncertain about major <input type="checkbox"/> Changed major one or more times <input type="checkbox"/> No clear career goals <input type="checkbox"/> Not sure why I'm in school <input type="checkbox"/> UWM may not be the place for me</p> <p>Other: _____</p>	<p><u>Family/Social Adjustment</u> <input type="checkbox"/> Working too much (# Hours/Week _____) <input type="checkbox"/> Roommate or Relationship issues <input type="checkbox"/> Personal/family situation <input type="checkbox"/> Moved away from home/homesick <input type="checkbox"/> Difficulty adjusting to college life <input type="checkbox"/> Hard to make friends/Loneliness</p> <p>Other: _____</p>

Other factors not listed above, please attach separate sheet.

C. Explain in detail the **three most significant obstacles** that affected your academic performance. **You may use another sheet to respond to the questions below.**

Obstacle	Explain each obstacle's impact on your success	How can you eliminate that obstacle?
1.		
2.		
3.		

D. What **academic or personal support resources** have you utilized at UWM (tutoring, student counseling, & etc.)?

Plan of Action

E. Think about a **plan of action** for getting the semester off to a strong start. Include meetings with your adviser & instructors, tutoring, and other resources. Discuss this plan with your adviser.

	<u>GOAL</u>	<u>ACTION PLAN</u> (Dates, follow-up meetings, & etc.)	<u>AVAILABLE RESOURCES</u> (Tutoring, professors office hours & etc.)
1.			
2.			
3.			
4.			

**Keep a copy of this assessment for future adviser meetings.*

Office use only:

Adviser Initials _____
Original Copy – Student

Date: _____
Photocopy – Advisee File