Student Self-Assessment

Please complete all parts of this Student Self-Assessment. Bring your completed self-assessment to your counselor appointment. We want you to be successful. This form will help you identify areas of concerns and possible ways to address those concerns. The information on this form may be used by you and your counselor to develop an academic plan to fulfill your financial aid petition process. The signature sheet of this self-assessment will be kept in your WITC file. Information on this assessment (except for the signature sheet) will be confidential between you and your WITC counselor. Please keep a copy of this self-assessment for your records.

Date ________________________________

Name ______________________________ Student ID # ______________

Home Campus ________________________________

Home Campus Counselor ______________________________

Program ______________________________ Academic Advisor ______________________________

Preferred Phone Number ______________________________

Next Term Enrolling: ___ fall ___ spring ___ summer Year ______________________________

Bring this completed Student Self-Assessment to your appointment with your counselor. To schedule an appointment, contact Student Services at your home WITC campus:

Ashland: 715/682-4591, ext 3188
New Richmond: 715/246-6561, ext 4145
Rice Lake: 715/234-7082, ext 5247 or 5346
Superior: 715/394-6677, ext 6282 or 6271
Below are some services students may access while attending WITC to help with student success. Which ones did you use? Which ones would you like to try in the future?

<table>
<thead>
<tr>
<th>Used</th>
<th>Want to Try</th>
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<td></td>
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<tr>
<td>Used</td>
<td></td>
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<tr>
<td>Contacted instructor(s) Name(s):</td>
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<tr>
<td>Contacted advisor Name:</td>
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<tr>
<td>Utilized the Student Success Center</td>
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<td>Utilized the Educational Technology Center</td>
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<tr>
<td>Utilized the Learning Resource Center (LRC)</td>
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<td>Utilized the Peer Tutoring Program</td>
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<td>Utilized the Online Tutoring Program</td>
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<td>Utilized other Learning Commons services List:</td>
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<tr>
<td>Studied with a friend/classmate(s)</td>
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<tr>
<td>Made/used study aids (flash cards, etc.)</td>
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<tr>
<td>Used supplemental course materials</td>
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<tr>
<td>Met with WITC Counselor Name:</td>
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<td>Met with WITC Accommodations Specialist Name:</td>
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<td>Met with external mental health therapist/counselor</td>
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<td>Met with a physician or other health care provider</td>
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<td>Increased study time</td>
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<td>Decreased work hours &amp; other commitments</td>
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<tr>
<td>Took the Success Strategies course</td>
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<tr>
<td>Participated in other student success workshops &amp; seminars List:</td>
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<tr>
<td>Reduced your credit load</td>
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<tr>
<td>Changed courses to a different instructional mode (example: swapped an online course for a face-to-face course)</td>
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<tr>
<td>Changed programs</td>
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<tr>
<td>Created and followed a schedule, which included study time</td>
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<tr>
<td>Created and followed a financial budget</td>
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<tr>
<td>Participated in a career seminar or other career counseling opportunity</td>
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<td>Other:</td>
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<td>Other:</td>
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<td>Other:</td>
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Comment about the factors you checked. Specifically, what helped you be successful or not successful in your courses?
What factors contributed to your academic challenges?

Health or Wellness Issues:

- Poor health/illness
- Injury/accident
- Stress
- Depression
- Anxiety
- Phobia
- Alcohol/tobacco substance abuse problems
- Lack of sleep
- Problems concentrating
- Memory problems
- Poor diet/exercise

Personal or Adjustment Difficulties:

- Family pressures
- Family/marital/roommate conflict
- Homesick for family and/or friends
- Problem juggling school and other obligations
- Job demands impacted study time/classes
- Childcare
- Pregnancy
- Transportation problems
- Social life took priority over academics
- Lack of connection to campus
- Loneliness/isolation
- Death of a family member or close friend
- Legal Obligations

Financial Concerns:

- Lack of financial resources
- Poor money management skills
- Didn’t apply for financial aid at least six weeks before the semester started./Didn’t receive financial aid until after the semester began.

Lack of Direction or Ineffective Study Strategies:

- Unsure of strengths/talents
- Confused about major/career plans
- Don’t feel adequately prepared for classes/Classes are too hard
- Poor follow through with assignments
- Problems with note taking
- Problems with test taking
- Lack of motivation
__ Ineffective study skills
__ Unsure where to get tutoring or how to join a study group
__ Uncertain how to get help with career exploration
__ Unsure how to approach instructors
__ Disinterested in school
__ Course load too heavy
__ Missed classes
__ Poor study environment
__ Unaware of WITC’s rules, e.g. drop/add deadlines, course prerequisites
__ Lack of access to required technology (i.e. – computers, internet, etc.)
__ Conflict with instructor(s)
__ Didn’t report a disability and/or receive accommodations for a disability
__ Didn’t attend class regularly and/or log onto online courses regularly
__ Didn’t complete required homework assignments and/or required readings
__ Didn’t buy/obtain textbooks by the start of the semester
__ Didn’t understand or review syllabi
__ Didn’t participate in class (class discussions, group projects, etc.)
__ Didn’t attend New Student Orientation
__ Didn’t contact and/or meet with your academic advisor
__ Didn’t contact and/or meet with instructors

Others not listed:

Comment about the factors you checked. Specifically, how did they impact your success?
Be prepared to discuss the following questions with your counselor. Use the space available to make notes if they would be helpful to you during your conversation with your counselor.

What do you think you need to do to be more successful in school?

What has changed in your life which may contribute to your academic success or create obstacles to your academic success?

What do you consider are your strengths?

What supportive relationships/resources do you have who encourage you in pursuing your goals?

Discuss at least one long-term goal for your academic or professional life.

Please comment on any additional information you feel is important to share regarding your academic situation.
WITC Student Self-Assessment Signature Sheet

Date ________________________________

Name ______________________________ Student ID # ____________________________

Home Campus _________________________________________________________________

Home Campus Counselor _________________________________________________________

I have completed the Student Self-Assessment and reviewed it with a WITC Counselor.

I understand that this signature sheet may become part of my permanent record at WITC.

___________________________________________________ ________________________
Student’s Signature       Date

I reviewed this self-assessment with the student listed above.

___________________________________________________ ________________________
Counselor’s Signature       Date