

Student Success Intake Form--Student Profile

Name: _____

The following questions will ask you to describe last term and a little more about yourself. Before meeting with your advisor, please fill out this form completely and return it to your advisor. Your answers will help your advisor assist you in planning for success. The information from this form can greatly enhance your advising appointment. If you have any questions, please follow up with your college advising office or specific advisor. **The Hold on your account will not be removed until after you have completed the meeting with your Advisor.**

Academic History

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

- | | |
|--|---|
| <input type="checkbox"/> Adjustment to OSU/College life or expectations | <input type="checkbox"/> Alcohol/Drug use |
| <input type="checkbox"/> I felt out of place/I didn't feel connected to campus | <input type="checkbox"/> Competing commitments or responsibilities (clubs, teams, Greek Life, etc.) |
| <input type="checkbox"/> I didn't know where to go for help | <input type="checkbox"/> Financial/Money concerns or issues |
| <input type="checkbox"/> I felt lost in my classes | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Language barriers (English is not my first language) | <input type="checkbox"/> Mental Health (Anxiety, Depression, Stress, etc.) |
| <input type="checkbox"/> Not interested in my coursework | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Not interested in my major | <input type="checkbox"/> Personal problems or concerns (family, relationship, roommate, homesickness) |
| <input type="checkbox"/> Didn't know what I needed to study | <input type="checkbox"/> Physical Health (Injury or Sickness) |
| <input type="checkbox"/> Test Taking | <input type="checkbox"/> Work schedule |
| <input type="checkbox"/> Time mgmt./organization/procrastination | <input type="checkbox"/> Other _____ |

What got in the way of your time-management last term? *Please check all that apply:*

- | | |
|---|--|
| <input type="checkbox"/> I didn't study | <input type="checkbox"/> I attended sporting events |
| <input type="checkbox"/> I didn't attend class | <input type="checkbox"/> I participated in recreational activities (intramural sports, club sports, Dixon, etc.) |
| <input type="checkbox"/> I didn't get enough sleep | <input type="checkbox"/> I got involved in on-campus activities (Ex: Clubs, Greek Life, Events, Newspaper, Student Government, etc.) |
| <input type="checkbox"/> I worked (on campus or off campus job) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I socialized | |
| <input type="checkbox"/> I played video games | |

Study Habits

What strategies were a part of your study habits last term? *Please check all that apply:*

- | | |
|---|---|
| <input type="checkbox"/> Took notes in class | <input type="checkbox"/> Attended review sessions |
| <input type="checkbox"/> Re-read notes | <input type="checkbox"/> Study groups |
| <input type="checkbox"/> Practice problems/self-test/practice tests | <input type="checkbox"/> Read assigned readings |
| <input type="checkbox"/> Flash cards | <input type="checkbox"/> Studied ahead of exams |
| <input type="checkbox"/> Filled out a study guide | <input type="checkbox"/> Studied last minute |
| <input type="checkbox"/> Went to office hours | <input type="checkbox"/> Other _____ |

What resources did you use on campus last term? *Please check all that apply:*

- | | |
|---|--|
| <input type="checkbox"/> Academic advising | <input type="checkbox"/> CAPS |
| <input type="checkbox"/> Academic counseling (EOP, CAMP, SSS/TRiO, etc) | <input type="checkbox"/> Disability Access Services |
| <input type="checkbox"/> Academics for Student Athletes | <input type="checkbox"/> Engineering tutoring |
| <input type="checkbox"/> Academic Success Center | <input type="checkbox"/> Econ tutoring |
| <input type="checkbox"/> Academic coaching | <input type="checkbox"/> Undergraduate Research & Writing Studio |
| <input type="checkbox"/> Beth Ray Center for Academic Support | <input type="checkbox"/> Online Writing Lab |
| <input type="checkbox"/> ALS 114 or ALS 116 | <input type="checkbox"/> Library |
| <input type="checkbox"/> Collaborative Learning Center | <input type="checkbox"/> Student Health Services |
| | <input type="checkbox"/> Other _____ |

Future term planning

What concerns do you have for the upcoming term? *Please check all that apply:*

- Family obligations
- Financial concerns
- Housing/living concerns
- Academic preparedness for future courses
- Physical or Mental health concerns
- Other _____
- None

Did you receive financial aid?

- Grant (Ex: Pell Grant)
- Scholarship (Ex: Athletic Scholarship, College Specific Scholarship, Private Scholarship)
- Federal Aid (Ex: Stafford Loan, Perkins Loan, Private Loans)
- No financial aid
- I'm not sure/Don't know

Do you have a job?

- Work on campus; how many hours a week?

- Work off campus; how many hours a week?

- Do not work

What areas do you plan to work on to have a successful term? *Please check all that apply:*

- Preparing for Tests
- Understanding Class Lectures
- College-Level Writing
- Presentations & Public Speaking
- Study Strategies
- Research Skills
- Organization Skills
- Reading Skills
- Math Skills
- Effective Note taking
- Time Management
- Class Attendance
- Other _____

Anything else you want to share with your advisor? _____

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