

Student Self-Assessment Academic Intervention

| Name | | Student ID # | |
|--|--|--|--|
| Program of study | Semester | Phone # | |
| In your own words, describe why you are having academic difficulty: | | | |
| Student: Please check the areas that have inter | rfered with your succ | ess. | |
| Educational/Academic | | | |
| Registered for too many classes Frequent absences or tardiness Time management Poor test taking skills/test anxiety Incomplete assignments | Problems co Difficulty und Need help c | Memory or learning difficulties Problems concentrating Difficulty understanding course material Need help creating a plan including educational or career Uncertain of goals for attending OCC | |
| Family/Social | | | |
| Lack of support system Unsupportive or discouraging relationships Other relationship issues Homesickness Family concerns | Extensive ch Difficulty adj | Family obligations Extensive childcare or family care giving responsibilities Difficulty adjusting to college Overcommitted to extra-curricular activities and/or work | |
| Personal/Other | | | |
| Money concerns Working too many hours Health problems Difficulty getting out of bed Alcohol and/or other drug use | Feeling over Difficulty adj Not enough | Excessive computer use Feeling overwhelmed by life responsibilities Difficulty adjusting to American culture Not enough sleep Excessive gaming | |
| What actions will you take to become academically s | successful? | | |
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| What are your current goals for attending Oakland Co | ommunity College? | | |
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