



## ACADEMIC SUPPORT INTAKE

Current Academic Term & Year    Fall \_\_\_\_\_    Spring \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Major \_\_\_\_\_ Major 2/Minor \_\_\_\_\_  
Career Goal \_\_\_\_\_ Advisor \_\_\_\_\_  
Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

What is your academic status? (check all that apply)  
 New Student     Transfer Student     Good Standing  
 Academic Watch     Probation 1     Probation 2

How did you hear about Academic Services?  
 Email     Professor     Phone Call     Website     Other

### STUDENT CONCERNS

Which of the following issues concern you? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adjustment to college   | <input type="checkbox"/> Math anxiety                   | <input type="checkbox"/> Socializing                              |
| <input type="checkbox"/> Attendance  | <input type="checkbox"/> Motivation                     | <input type="checkbox"/> Study skills                             |
| <input type="checkbox"/> Career planning   | <input type="checkbox"/> Organization skills            | <input type="checkbox"/> Test taking                              |
| <input type="checkbox"/> Extracurricular activities  | <input type="checkbox"/> Off campus job (or other work) | <input type="checkbox"/> Test anxiety                             |
| <input type="checkbox"/> Financial/money to pay for school                                   | <input type="checkbox"/> Personal issues                | <input type="checkbox"/> Time management                          |
| <input type="checkbox"/> Goal setting/clarification  | <input type="checkbox"/> Professor/instructor conflict  | <input type="checkbox"/> Other (list other topics for discussion) |
| <input type="checkbox"/> Managing multiple roles (student parent, employee, caregiver, etc.) | <input type="checkbox"/> Family Responsibilities        |   |

## TO BE COMPLETED DURING MEETING

Be prepared to discuss the following questions during your meeting.

1. What are your academic strengths?

2. What are your academic weaknesses?

3. Briefly describe what led to your current academic situation or describe the reason for your visit.

4. List your responsibilities outside of school (include responsibilities such as care for children, parents or siblings; employment; volunteer/social activities; etc.).

5. What extracurricular activities are you involved with and how do you spend your free time?

6. What are your goals for this semester?

7. How do you plan to achieve academic success this semester/year?

8. List people who will support you and will hold you accountable for achieving your goals.

9. List other comments or concerns you would like to discuss/share regarding your academic success at Trinity.