

Academic Self-Assessment

The goals of this meeting with your academic advisor include:

- ✓ Evaluating your current class schedule and making changes as needed/allowed
- ✓ Identifying obstacles that impact your academic success
- ✓ Building a strong relationship with your academic advisor

Name: _____

E-mail: _____

Number of units currently enrolled in: _____

Semester GPA: _____

Cumulative number of units: _____

Cumulative GPA: _____

A. Please complete the chart below to assist you and your advisor in evaluating your current class schedule.

Previous semester courses	Grade	Current semester courses

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

<p>Academic</p> <p><input type="checkbox"/> Ineffective study skills</p> <p><input type="checkbox"/> Undeveloped time management skills</p> <p><input type="checkbox"/> Difficult courses</p> <p><input type="checkbox"/> Unable to understand content/relevance</p> <p><input type="checkbox"/> Conflict with professor</p> <p><input type="checkbox"/> Hard to concentrate</p> <p><input type="checkbox"/> Enrolled in too many courses</p> <p><input type="checkbox"/> Did not attend/too many absences</p>	<p>Personal/Other</p> <p><input type="checkbox"/> Financial difficulties</p> <p><input type="checkbox"/> Health problems</p> <p><input type="checkbox"/> Cultural or language barriers</p> <p><input type="checkbox"/> Possible learning disability</p> <p><input type="checkbox"/> Difficulty sleeping at night</p> <p><input type="checkbox"/> Pressure, stress, anxiety or tension</p> <p><input type="checkbox"/> Over-involved with extracurricular activities</p> <p><input type="checkbox"/> Lack of motivation</p>
<p>Major/Career</p> <p><input type="checkbox"/> Uncertain about program</p> <p><input type="checkbox"/> No clear career goals</p>	<p>Family/Social</p> <p><input type="checkbox"/> Working too much</p> <p><input type="checkbox"/> Personal/family situation</p>

<input type="checkbox"/> Not sure why I'm in school	<input type="checkbox"/> Difficulty adjusting back to college life
<input type="checkbox"/> Berkeley-Haas might not be the place for me	<input type="checkbox"/> Hard to connect with classmates

Other factor(s) not listed above:

C. Explain in detail the **three most significant** obstacles that affected your academic performance.

	Obstacle	Impact on your success	How to eliminate?
1.			
2.			
3.			

D. What academic or personal support resources have you used at Berkeley-Haas (tutoring from professor/GSI, CMG workshops, peer or academic advising, etc.)?

Resource	Effect

Plan of Action

Think about a plan of action for getting the semester off to a strong start (or turning things around). Include meetings with your instructors/GSIs and other resources available through Haas or UC Berkeley. Discuss this plan with your advisor who can offer additional ideas. **Keep a copy of this assessment for future advisor meetings.**

	Goal	Available resource	Action plan (including follow up meetings, check-in dates, etc.)
1.			
2.			
3.			
4.			

Office use only:

Advisor Initials _____

Date _____

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