

Intake Form

Academic and Career Advising Center

First Name	Last Name	Student ID #	Date
Local Address		City	Zip
Phone	@humboldt.edu		HSU E-mail
	Major	Earned Units	

Of the following programs, which do you participate in?

EOP RAMP SDRC VETS

Centers for Academic Excellence: African-American CAE Latin@ CAE

INRSEP NACAE/ITEPP

Do you receive financial aid? Yes No

Time Management & Organization

		Always	Often	Sometimes	Rarely
Plan & Organize	Do you use a planner or organizer?				
	Do you write assignment due dates in your planner?				
	Do you have regularly scheduled study times?				
	Do you prepare a daily "to do" list?				
	Do you set long term personal goals?				
	Do you keep track of your grades for tests and assignments?				
Follow-through	Do you keep handouts and tests with your course materials?				
	Do you attend class regularly and on time?				
	Do you turn in your assignments on time?				
	Do you accomplish your goal(s) during your study sessions?				
	Do you feel you have enough time to complete your school work?				

Study Habits

Gen. Study Skills	Do you participate in study groups or study with a partner?				
	Do you study whether or not you enjoy the subject?				
	Do you make connections between new concepts and your existing knowledge?				
	Do you think critically about (analyze & assess) what you learn?				
Test Taking	Do you review past tests, quizzes, or homework when preparing for tests?				
	Do you quiz yourself on new material?				
	Do you correct and analyze tests after they are returned?				
	Do you discuss tests or assignments with instructors?				
Reading & Notes	Do you read your textbooks regularly?				
	Do you write in the margins of your textbooks?				
	Do you separate your notes for each course?				
	Do you review your notes soon after class?				
	Do you summarize major points from class notes and readings?				

Assess Your Skills:

	Good	Fair	Poor
Concentration during class			
Concentration while studying			
Writing Skills (developing & organizing)			
Grammar / Punctuation			
Research Skills			

	Good	Fair	Poor
Note taking from lectures			
Note taking from books & other sources			
Computer / Technology Skills			
Math Skills			
Presentation / Oral Communication Skills			

Time Allocation:

Estimate the hours per week that you **study**: _____
Where do you usually study? _____
 How many hours per week do you **work**? _____
What type of work do you do? _____
 How many hours per week are you involved in **sports**? _____
 What other **non-campus commitments** do you have? _____
 How many **hours** per week do they demand? _____

Campus Involvement:

Do you participate in campus activities? (cultural, social, art, music, sport events) **Yes** **No**
 Do you belong to a campus club or group? **Yes** **No**
 List _____
 How many hours per week do you participate? _____
 Do you hold any leadership positions? (club, job, or other) **Yes** **No**

Major Involvement:

Do you meet regularly with your advisor? **Yes** **No**
 Do you meet regularly with professors? **Yes** **No**
 Do you feel your major is a good fit? **Yes** **No**
 Do you feel confident in your major or prerequisite courses? **Yes** **No**
 Have you had a career or major related job or internship? **Yes** **No**

Personal Concerns: (check areas of concern)

-
- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Alcohol / drugs | <input type="checkbox"/> Career / major | <input type="checkbox"/> Significant other | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Attitude about school | <input type="checkbox"/> Health | <input type="checkbox"/> Work | <input type="checkbox"/> Friends | <input type="checkbox"/> Low self-confidence |
| <input type="checkbox"/> Academic burnout | <input type="checkbox"/> Test Anxiety | <input type="checkbox"/> Finances | <input type="checkbox"/> Roommates | <input type="checkbox"/> Feeling lonely |
| <input type="checkbox"/> Feeling depressed | <input type="checkbox"/> Math Anxiety | <input type="checkbox"/> Family | <input type="checkbox"/> Living situation | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Sleeping / eating habits | <input type="checkbox"/> General Anxiety | <input type="checkbox"/> Children | <input type="checkbox"/> Extra-curricular | <input type="checkbox"/> Other: |
-

Service and Resources: (check all in which you are interested)

- | | |
|--|---|
| Study Skills:
<input type="checkbox"/> Note taking
<input type="checkbox"/> Textbook Reading
<input type="checkbox"/> Learning Styles
<input type="checkbox"/> Memory
<input type="checkbox"/> Test taking
<input type="checkbox"/> Managing Test Anxiety
<input type="checkbox"/> Time Management & Organization (help to stay on track)
<input type="checkbox"/> Tutoring (small group or individual) for: | <input type="checkbox"/> Writing Assistance
<input type="checkbox"/> GWPE Preparation
<input type="checkbox"/> Vocabulary Development & Word Roots
<input type="checkbox"/> English Language Assistance
<input type="checkbox"/> Math Skills
<input type="checkbox"/> Science Skills
<input type="checkbox"/> Graduate School Admission Test Prep. (GRE, GMAT)
<input type="checkbox"/> Personal Counseling (Counseling & Psych. Services)
<input type="checkbox"/> Career Advising
<input type="checkbox"/> Advising Regarding Majors |
|--|---|

Self-Reflection Prompt

Using the list of items you checked on the previous pages briefly discuss your academic difficulties, including all relevant circumstances. Explain how those challenges specifically affected your academic performance. However great our difficulties, there is always some degree of control that we have over the outcomes. In your response, address those challenges that are out of your control, as well as those things you could have chosen to do differently.