Academic Improvement: Evaluation and Plan

Complete the front of this form to the best of your ability, print it, and be prepared to discuss these topics with your advisor. The back of the form will be filled out by you and your advisor. The goals of the meeting with your advisor include:

- Evaluating current class schedules and making changes if needed.
- Identifying obstacles from the previous quarter that impacted your academic success.
- Building a strong relationship between you and your advisor.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Email:</th>
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<tbody>
<tr>
<td>Major:</td>
<td>Cumulative GPA:</td>
</tr>
<tr>
<td>Cumulative # of credits:</td>
<td># of credits currently enrolled in:</td>
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</table>

A. What resources (academic, personal, etc.) have you used while at WWU?

- [ ] Student Outreach Services
- [ ] Academic Advising Center
- [ ] Career Services Center
- [ ] Counseling Center
- [ ] disAbility Resources
- [ ] Ethnic Student Center
- [ ] Financial Aid
- [ ] Math Center
- [ ] Rec Center
- [ ] Student Technology Center
- [ ] Student Health Center
- [ ] Writing Center
- [ ] Wilson Library
- [ ] Tutoring Center
- [ ] Other:

B. In reviewing your academic performance, what obstacles have impacted your grades? Check all that apply to you, but CIRCLE the top 3 obstacles that have impacted your academic performance.

**Academic:**
- [ ] Ineffective study habits
- [ ] Undeveloped time management skills
- [ ] Unprepared for exams
- [ ] What worked in high school/community college does not work anymore
- [ ] Difficult class/not prepared for course level
- [ ] Unable to understand course content/relevance
- [ ] Unable to understand professor/conflict w/prof
- [ ] Registered for too many classes
- [ ] Did not attend.skipped classes
- [ ] Uncomfortable/oppressive classroom climate

**Personal/Other:**
- [ ] Financial difficulties
- [ ] Health problems
- [ ] Hard to get out of bed in the morning
- [ ] Use of alcohol or other substance(s)
- [ ] Possible learning disability
- [ ] Difficulty sleeping at night
- [ ] Pressure, stress, anxiety or tension
- [ ] Excessive time spent online (Facebook, YouTube, Gaming, etc.)
- [ ] Over-involved with extra-curricular activities
- [ ] Personal/family situation
- [ ] Lack of motivation
- [ ] Working too much (# of Hours/Week____)

**Major/Career:**
- [ ] Uncertain about major
- [ ] Unsure what jobs are associated with major
- [ ] Changed major one or more times
- [ ] No clear career goals
- [ ] Not sure why I am in school
- [ ] WWU may not be the place for me

**Family/Social:**
- [ ] Roommate issues
- [ ] Personal relationship issues
- [ ] Family situation
- [ ] Moved away from home/homesick
- [ ] Difficulty adjusting to college life
- [ ] Hard to make friends/loneliness
C. Now, briefly explain how the **three (3) most significant obstacles** have affected your academic performance.

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Explain each obstacle’s impact on your success</th>
<th>How can you eliminate that obstacle?</th>
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<tbody>
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<td>2.</td>
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<td>3.</td>
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D. Students on academic warning, probation or continuing probation often need to retake courses from previous quarters or make other adjustments to their class schedule for the current quarter. Please write down the courses, if any, that will be necessary to retake. We will review your transcript when you come in for your appointment.

__________________________________________________________

__________________________________________________________

**Plan of Action**

E. We will complete this part together during the advising appointment. How are you going to get this quarter off to a good start?

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<tr>
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<th>Goal</th>
<th>Action Plan</th>
<th>Available Resources</th>
<th>Date</th>
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<tbody>
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F. Meet with ________________ (advisor) _____ times per ________ to review my academic progress.
G. Limit my employment and co-curricular commitments as follows:


H. Address any additional issues (if applicable):


I hereby agree to abide by the terms of this improvement plan.


Student Signature
Date

Advisor Signature
Date

Office use only:

Advisor initials Date Original copy to student Photocopy to student file