



MADISON COLLEGE

Academic Fitness Program

Self Evaluation

Student ID # _____

Student Name _____

Counselor Name _____

TO BE COMPLETED BY STUDENT

Directions: Check the applicable boxes that describe the issues that have contributed, or are contributing to your academic difficulties. Complete this form and bring it to your counselor appointment. After your appointment you will submit completed forms with signatures to the Financial Aid Office for review.

Academic or Study Skill Concerns

- | <u>Past</u> | <u>Present</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Insufficient pre-college preparation |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficult classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Too many courses |
| <input type="checkbox"/> | <input type="checkbox"/> | Test anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | Trouble managing time well |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty maintaining attention in class |
| <input type="checkbox"/> | <input type="checkbox"/> | Study Skills (Briefly Describe) |

Personal Issues

- | <u>Past</u> | <u>Present</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Financial difficulties |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical illness, injury or other health problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol or other substance abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty coping with anxiety, stress or tension |
| <input type="checkbox"/> | <input type="checkbox"/> | Procrastination |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not believe in yourself or abilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional Issues (Briefly Describe) |

Family Situation or Social Adjustment

- | <u>Past</u> | <u>Present</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Separation from home, family or friends |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing or roommate problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Home or family matters |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty making friends |
| <input type="checkbox"/> | <input type="checkbox"/> | Relationship problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Illness in family |
| <input type="checkbox"/> | <input type="checkbox"/> | Death in family |

Major or Career Factors

- | <u>Past</u> | <u>Present</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Employer required schedule changes |
| <input type="checkbox"/> | <input type="checkbox"/> | No clear career goals or plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsure of interests, skills or abilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Doubts about your ability to be in school |
| <input type="checkbox"/> | <input type="checkbox"/> | Dissatisfaction with your current program |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems making decisions in general |
| <input type="checkbox"/> | <input type="checkbox"/> | Too many hours at work |

Other Issues or Concerns

- | <u>Past</u> | <u>Present</u> |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

For all resolved issues, what has changed and/or how have you made the situation(s) better?

For all current issues, what can you do to improve upon the situation(s) to ensure your academic success?



Student ID # _____

Student Name _____

Counselor Name _____

Directions: Complete this form listing your Personal and Academic goals using the *SMART* process below.

SMART Goal Setting

Specific: Specific tasks working towards the overall goal.

Measurable: There must be a way to calculate success.

Attainable: This must be something that can be accomplished.

Realistic: There must be resources available to accomplish the goal.

Time-specific: Assign a deadline for general goal, and steps in the process.

Example of an Effective Goal

"I will earn a C or better in every course I take this semester." or "I will walk 30 minutes a day to improve my health and relieve stress."

Example of an Ineffective Goal

"I want to make good grades." or "I want to be healthier."

A **Personal Goal** is something you want to achieve in your personal life. This could include areas such as attitude, career, physical or mental health, social, family and financial.

An **Academic Goal** is a future achievement you want to make academically such as a certain grade mark in a class, grade point average, homework completion rate, study habits, test-taking skills, etc.

Personal Goals

Academic Goals

Directions: Complete the bottom of this form by checking/filling the applicable boxes.

Work Load (current hours per week):

- 40 + Hours 10-20 Hours
 30-40 Hours 10 Hours or less
 20-30 Hours Not Working

Academic Load (current):

- Full-time (12+ credits)
 Three Quarters (9-11 credits)
 Half-time (6-8 credits)
 Less Than Half-time (1-5 credits)

What program do you plan on graduating from?

I agree that the information above is correct and I understand that if my financial aid is not reinstated that I am responsible for any tuition or fees until I meet the Standards of Progress. I understand that I am required to complete 100% of my classes satisfactorily this semester.

Counselor Signature

Date

Student Signature

Date