

LEARNING SKILLS ASSESSMENT FORM

➡ **Complete and bring this form to your counselling appointment**

➡ **Also please bring some course materials (e.g., lecture notes, textbooks, returned tests)**

1. Name _____ 2. Student # _____ 3. Date _____
4. Faculty _____ 5. Program _____ 6. Years at Western _____
7. Home town/province/country _____ Are you an international student? Yes / No
8. Western E-mail address _____ 9. High school graduating average _____
10. Did you enter university
- a) directly from high school? _____
- b) 1 - 5 years after leaving school? _____
- c) 6 or more years after leaving school? _____
11. List any other post-secondary institutions that you've attended (if applicable) _____
12. Do you live off-campus or in residence? Off-campus _____ Residence (please name) _____
13. Who referred you to Learning Skills Services?
- Self _____ Other _____ (e.g., Friend, Academic Programmer, Professor, Academic Counsellor, SDC Counsellor)
14. Number of courses (full or equivalent) successfully completed to date _____
15. Number of courses (full or equivalent) failed to date _____
16. List below the courses you are taking this term:

| | Current Courses (include course #) | Professor | Approximate mark to date | Are you satisfied with your mark? |
|---|---------------------------------------|-----------|-----------------------------|--------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

17. How many hours per week do you spend in the following activities?
- a) a paying job _____ c) volunteer activities _____
- b) sports, clubs, etc. _____ d) other significant time commitment _____

18. a) What is your career goal at this time (if any)?

b) What is your level of commitment to this career goal?

Low _____ Average _____ High _____

c) State any alternative career goals

19. What are your main *concerns* about your studying at this time? Briefly describe this.

20. What do you think may be some of the *reasons* for any difficulties you are experiencing in school?

21. If a student gets an "A" grade on an exam, what do you think are the main reasons for that?

22. How would you characterize your present level of **motivation** to study at university?

Low _____ Moderate _____ High _____

23. How would you characterize your present level of **anxiety** about studying and learning at university?

Low _____ Moderate _____ High _____

24. Do you think that your level of anxiety generally

a) motivates good studying? _____ b) has no effect? _____ c) has negative effects? _____

25. How often do you miss going to lectures in a month?

never _____ 5 times or less _____ more than 5 times _____

26. Does your living environment provide a good study environment? Yes _____ No _____

27. If your answer to # 26 was "No," please comment on your study environment.

28. a) What is the most recent test result you have received?

Mark _____ Course _____ Professor _____

b) For each of the following, circle the response that best explains your performance on the test:

- | | | | | |
|-------|-------------------------------------|------|---------|--------|
| i) | time spent in preparation | much | average | little |
| ii) | difficulty of course material | easy | average | hard |
| iii) | difficulty of test | easy | average | hard |
| iv) | quality of instruction | good | average | poor |
| v) | extra help from students/instructor | much | average | little |
| vi) | natural ability | high | average | low |
| vii) | luck on the test | good | average | bad |
| viii) | test anxiety | low | average | high |
| ix) | your study strategies | good | average | poor |

c) Place a star beside the 2 items most responsible for your performance on this test.

d) Do you view the above test result as: a success _____ or a failure _____ ?

29. Estimate your present level of strength for each of the following skills:

Use a scale of 1 = Low 2 = Average 3 = High NA = not applicable

| | | | |
|-------------------------------|--|-----------------------------|--|
| Time management | | Controlling procrastination | |
| Note taking | | Essay writing | |
| Text reading | | Concentration | |
| Science/math problem solving | | Comprehension | |
| Studying for tests | | Effective memory | |
| Writing multiple-choice tests | | Presenting seminars | |
| Writing essay tests | | Controlling test anxiety | |

30. The following are commonly used help resources. Put a check by any that you have used in the past four weeks.

| | | | | | |
|-----------------------------------|--|----------------------------|--|-------------------------------------|--|
| Professors | | Teaching Assistants | | Specific course help centre | |
| SDC's Learning Skills Counselling | | SDC's Learning Help Centre | | SDC's Learning Skills Presentations | |
| SDC's Writing Support Centre | | Residence Staff | | Tutors | |
| Other students/Study groups | | Student Success Centre | | Other: | |

31. How did you hear about Western's Learning Skills Services?

32. a) Has it ever been suggested that you may have a disability that affects the way in which you learn?

Yes _____ No _____

b) If answer is "yes", please comment

c) Do you receive services/accommodations through Western's Services for Students with Disabilities?

Yes _____ No _____

33. What is your goal for Learning Skills counselling at this time? That is, what do you hope to achieve through counselling?

Office use only

Date of assessment appointment _____ Learning Skills Counsellor _____

Note: The above information will be used by your learning skills counsellor to better understand your learning needs. In accordance with FIPPA, it will be kept in your Learning Skills file for a period of ten years after your last contact with the service. This information will not be shared with family, university staff, course instructors, or others without your written permission and will not become part of your academic record.

STUDENT DEVELOPMENT CENTRE

All contacts with our services are confidential

THE UNIVERSITY OF WESTERN ONTARIO

London, Ontario, Canada

| | | | | | |
|---------------------|--|------------------------------|--|-----------------------|------------------------------------|
| SURNAME _____ | | GIVEN NAME(S) _____ | | STUDENT # _____ | DATE _____ |
| LOCAL ADDRESS _____ | | City / Province _____ | | Postal Code _____ | Local Phone # () _____ |
| HOME ADDRESS _____ | | City / Province _____ | | Postal Code _____ | Home Phone # () _____ |
| EMAIL ADDRESS _____ | | BIRTHDATE ____ / ____ / ____ | | AGE _____ | GENDER: _____ |
| | | dd mm yy | | | |
| FACULTY _____ | | PROGRAM _____ | | YEAR IN PROGRAM _____ | FULL-TIME _____ PART-TIME _____ |

AFFILIATES: King's ___ Brescia ___ Huron ___

You will be contacted by phone if there are any changes to your appointment.

Please check one in **each** category:

| | | |
|--|---|---|
| <input type="checkbox"/> Undergraduate <input type="checkbox"/> Professional <input type="checkbox"/> Post Doctoral <input type="checkbox"/> Special Year <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.B.A. <input type="checkbox"/> Exchange <input type="checkbox"/> Prospective Student <input type="checkbox"/> Non Student | <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> First Nations / Inuit / Metis <input type="checkbox"/> Home First Nation: _____ <input type="checkbox"/> Landed Immigrant / Permanent Resident <input type="checkbox"/> Visa Status (study, work, visitor) Do you live in Residence? Yes ___ No ___ | <u>Referred by:</u> <input type="checkbox"/> Parent <input type="checkbox"/> Professor <input type="checkbox"/> Academic Counsellor <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Residence Staff <input type="checkbox"/> Other Professional <input type="checkbox"/> Student Health Services <input type="checkbox"/> Other _____ |
|--|---|---|

CONTACT PERSON IN CASE OF EMERGENCY:

| | |
|---------------|--------------------|
| NAME _____ | RELATIONSHIP _____ |
| ADDRESS _____ | PHONE # () _____ |

PRESENTING CONCERN:

PERSONAL COUNSELLING

- ☐ Family / Friendship / Relationship
- ☐ Procrastination / Coursework Pressure
- ☐ Depression / Self Esteem
- ☐ Adjusting to University
- ☐ Emotional or Physical Abuse
- ☐ Eating Problems
- ☐ Anxiety
- ☐ Sexual Assault / Date Rape
- ☐ Survivor of Child Sexual Abuse
- ☐ Sexuality Issues
- ☐ Grief
- ☐ Other _____

Would you participate in a workshop/group? YES ___ NO ___

INTERNATIONAL & EXCHANGE STUDENT CENTRE

Programs

- ☐ Peer Guide
- ☐ Orientation & Reception
- ☐ English Conversation
- ☐ International Exchange Program

Counselling

- ☐ Cultural Adjustment
- ☐ Immigration (study/work/visitor permits, etc.)
- ☐ Academic performance / regulations / appeals
- ☐ Financial
- ☐ Health / Stress / Loneliness / Family Issues
- ☐ Job Search and Government regulations

OTHER (concerns not listed on card)

SERVICES FOR STUDENTS WITH DISABILITIES

- ☐ Assessment of Learning Difficulties
- ☐ Academic Accommodations
- ☐ Financial Assistance; have you applied for OSAP? ☐ Yes ☐ No
- ☐ Coping with Disability / Referral to Disability Support Group
- ☐ Transportation and/or Campus Accessibility

LEARNING SKILLS

- ☐ Time Planning / Organization
- ☐ Low Marks
- ☐ Exam Preparation and Test Taking
- ☐ Science, Engineering or Math Skills
- ☐ Notetaking or Reading Skills
- ☐ Comprehension / Memory
- ☐ Motivation

INDIGENOUS SERVICES

Programs

- ☐ Access / Transition
- ☐ Visiting Elders / Cultural Counselling
- ☐ Computer Lab / Library Resources / Research

Counselling

- ☐ Admission / Academic Assistance / Learning Needs
- ☐ Financial / Scholarships / Bursaries
- ☐ Liaison - Government / University / Native
- ☐ Job Search / Employment / Career / Volunteering
- ☐ Personal / Group / Cultural / Referrals
- ☐ Cultural Workshops / Circles / Peer Support

Student Development Centre - Intake Card Privacy Statement

The personal information collected on this card or subsequently provided to staff at the Student Development Centre is collected under authority of the University of Western Ontario Act, 1982, as amended. This information is used to assess your needs and provide the appropriate service(s). Also, selected data will be used for aggregate statistical reporting about SDC's client population and for program evaluation purposes. All reports will not contain any identifying information about individual clients.

Personal information will not be disclosed without your consent except in accordance with provincial legislation. You should be aware of the following situations in which your personal information may be disclosed to persons outside the SDC without your consent:

- 1) We are required by law to report to the appropriate authorities any suspicions that a child (i.e. someone who is **presently** under 16 years of age) has been or is being abused.
- 2) If you are in serious and imminent danger of hurting yourself, we may need to reveal to an appropriate third party (including your Emergency Contact person, your parents, and/or emergency personnel) enough information to help you.
- 3) If you are involved in a legal proceeding, the court may subpoena our records.
- 4) Student Development Centre takes seriously its role to foster a safe campus for you and for others. By seeking services at SDC, you are consenting to an evaluation of the risk that you present to the physical health and safety of others. Accordingly, any student whose words, actions, or mental health issues in our determination present a potential risk of serious bodily harm to others shall be responded to vigorously. This response may include (but is not limited to) consultation with your Emergency Contact person, your parents, other professionals, university personnel or police who may have information relevant to a risk assessment. You may be referred to a specialist for further risk assessment evaluation; refusal to accept such a referral will be communicated to relevant university personnel and may necessitate the termination of services at Student Development Centre.

Depending on the particular area of service, there may be other disclosure requirements. In addition, individuals from different services within Student Development Centre may consult with each other if they deem this consultation to be relevant to the provision of services for you. These requirements will be fully outlined to you by your counsellor during the intake process.

If you have any questions about the collection, use, or disclosure of your personal information by Student Development Centre, please contact the Director, Student Development Centre, WSS 4100, The University of Western Ontario, London, ON, N6A 3K7, tel: 519-661-2111, ext. 85946.

I, _____ have read and understood the above.

Client Signature _____ Date _____

Witness Signature _____ Date _____