

Academic Success Assessment

Student's Name :

Student's NUID :



Time Management Self - Evaluation:

Read each statement and check the box that most accurately describes your current habits and thoughts.

	Yes/Most the time	No/Almost never	Sometimes/ Depends
1. I feel like I spend too much time studying/working & not enough time for myself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
2. I feel like my day to day life is chaotic & disorganized, making me feel overwhelmed or stressed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
3. I don't often set time aside to study or often procrastinate studying until right before on exam or test.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
4. I can't seem to find balance between social time, personal time, academic time, and my work schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
5. I often misjudge how long a task or assignment is going to take me to complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
6. I like to make lists, but usually put too many tasks on my list for the day or time I set aside & can rarely accomplish them all.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
7. I never make a list or plan for the day or week. I usually take it day by day.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
8. I find it hard for me to stick to a set schedule or daily routine.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
9. I would say I work better under pressure/stress or often procrastinate hard or unpleasant tasks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
10. I often miss or am late to class, appointments, or other time commitments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
11. I feel like I have too much "free time" in my schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
12. I often stay up really late, sleep in, or take regular naps throughout the day.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
13. I set time aside to accomplish tasks, but when I do, I don't feel like I use that time wisely or as efficiently as I can, or often get distracted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
14. I often experience anxiety when looking at my schedule or work load and do not know where to start, how to start, or what to do first.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Time Management Score:

Add up each column (yes, no, sometimes) and write in the number of each in the corresponding box. The number with the highest score will help you determine how frequently or infrequently you struggle in this area.

Yes No Sometimes

Study Skills & Habits Self - Evaluation:

	Yes/Most the time	No/Almost never	Sometimes/ Depends
1. I have time to study, but do not use that time studying, or don't always know how to study certain subjects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
2. When I do homework, I am normally in bed, have a lot of clutter around my work space, or have too many people around to focus.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
3. I am often distracted by my phone, notifications, or other distractions when studying, doing assignments, or reading.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
4. My class notes are sometimes difficult to understand later, or I find I am missing important information, materials, and concepts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
5. I go to class, but am often bored, fall asleep, am distracted, easily lose focus, or daydream.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
6. I study, but it doesn't seem to help me during tests or to raise my grades on assignments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
7. When reading, I have trouble remembering what I just read, picking out the important information, or understanding the concepts being talked about in the chapters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
8. I struggle to keep up with reading assignments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
9. I lose a lot of points on tests even when I thought I knew the material well.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
10. I study for my tests, but my mind goes blank or I stress when taking them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
11. I struggle with timed quizzes, often not finishing them within the time allowed, or struggle with allocating my time during the tests to the areas I need to spend more or less time on.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
12. I get lost in the details of reading and have trouble identifying the main points and ideas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
13. Often times, with my papers / projects, I feel so overwhelmed that I struggle with just getting started on it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
14. I usually write my papers the night or couple days before they are due.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
15. I avoid studying because I don't need to, don't like to, don't have time to, or don't know how to.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
16. I struggle to organize my thoughts into a paper that makes sense.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
17. I struggle to understand what the professor wants me to cover in my papers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
18. I struggle with essays and paper formatting, citations, researching, editing, sources, or preventing plagiarism.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Study Skills & Habits Score:

Add up each column (yes, no, sometimes) and write in the number of each in the corresponding box. The number with the highest score will help you determine how frequently or infrequently you struggle in this area.

Yes No Sometimes

Motivation, Mindset & Resilience Self - Evaluation:

	Yes/Most the time	No/Almost never	Sometimes/ Depends
1. I often struggle with self-confidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
2. I often struggle with asking for help. or admitting when I am wrong or do not understand something.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
3. I avoid uncomfortable situations, conflict, or situations where confrontation may arise.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
4. Often, I feel my emotions overtake me, or struggle with expressing them in a healthy manner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
5. I struggle with speaking up about something that bothers me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
6. When learning a new task that is hard, I often give up quickly if it doesn't come easily, feel defeated, or tell myself I'm bad at it or can't do it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
7. I typically choose to do something I do well, versus challenging myself to try something new when I am not sure if I will be good at it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
8. I often am too hard on myself or feel like a failure, or am letting myself or others around me down.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
9. When someone gives me feedback, I often take it personally, or feel judged, attacked, or become defensive.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
10. I tend to focus on all the things that could go wrong, assume the worst outcomes will come true, or assume to know what negative thoughts someone else might be thinking about me or a situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
11. I always blame myself or find myself apologizing for things I shouldn't be.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
12. People have told me I blow things out of proportion, or tend to over-exaggerate the circumstances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
13. I feel often like I struggle with setting healthy boundaries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
14. I would describe myself as a perfectionist.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
15. I often speak badly of myself, or often use words like "I can't...", "I am bad at...", "I suck at...", "I don't like to...", etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
16. When challenges arise, I often avoid them, ignore them, or use escaping coping mechanisms like bingeing on video games, tv, sleep, substances, social media, shopping, etc., to forget about the stress of it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
17. I often have a class or classes I am dreading taking or attending.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
18. When in a tough subject or have a professor I don't care for, I typically stop going to class, mentally check out, avoid it, or drop the class if I can.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
19. I believe that you are either just good at something or bad at it. If you are bad at it, you will never be good at it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
20. I rarely have the energy to go after what I want to achieve in life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes

Motivation, Mindset, Resilience, & Emotional Awareness Score:

Add up each column (yes, no, sometimes) and write in the number of each in the corresponding box. The number with the highest score will help you determine how frequently or infrequently you struggle in this area.

Yes No Sometimes

Personal Wellness, Major & Career, Family & Social Obstacles

Major / Career Related Issues

- Uncertain or academic / career goals
- Unsure of professional interest, skills or abilities
- Unsure of major choice I'm currently in or what to go into
- I have doubts that my major is the best fit for me
- I want to explore my career choice options, but don't know how
- I don't feel like I'm getting the support I need for my major
- I don't know who my advisor is or how to contact them.

Family & Social Obstacles

- Need to better adjust to college life @ UNK
- Want to connect with other students
- Struggle making new friends
- Struggling with loneliness or feeling isolated
- Have struggled with a recent crisis or emergency
- Have housing or roommate issues
- Struggle with my home/family/personal relationships
- Feeling homesick: struggling with missing family/friends/home
- Don't feel like you have a good support system at home or in your personal life

Personal Wellness Struggles

- Struggling with illnesses
- Struggle with anxiety/mental health challenges
- Have poor or inconsistent sleep habits
- Financial difficulties, struggle with money
- Struggle balancing school, work, family
- Struggle with substance abuse
- Struggle with my beliefs system, or lack a foundation in my beliefs system
- Don't practice good self-care habits
- Unhealthy eating habits - lifestyle
- Feel overwhelmed by daily chores & household responsibilities
- Don't have a good exercise routine or habits.
- Don't spend much time in nature or outside
- Struggle prioritizing myself
- I don't often take time to relax, meditate, practice mindfulness or grounding
- Don't often reflect on the past to try and learn from mistakes made
- Spend too much time worrying over past mistakes
- I struggle to forgive others or myself and let go of the past
- I feel I lack a sense of purpose or direction in life.

Any additional obstacles or struggle you know you want to address?
