Student Needs Assessment

Name _______________________________ Date __________________________

Preferred name _____________________ MaineStreet ID # ________________________

Major(s) ______________________________ Minor(s) ____________________________

Academic Advisor _____________________________________________________________

Transferred from another college?  ___ No  ___ Yes, please list college(s) ______________________________

Number of credits enrolled in for this semester ______

Total credits completed _______  Total credits attempted ________

% Credits Completed _______  Expected graduation date ________________

How many credits are still needed to complete your degree? ______

Last semester GPA _________  Cumulative GPA _________

Have you completed all required developmental courses? ___ Yes ___ No ___ N/A

Describe areas and/or qualities that you consider to be your strengths. This could be your Top 5 Strengths from Strengths Finder or others. ________________________________

__________________________________________________________________________

How confident and comfortable do you feel right now about being here at USM and being successful? Please mark where you are on the line with an “X”.

◎ Very Uncomfortable  So-So  Very comfortable ☺
What are three things you are most excited or enthused about now?
_________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What three things you are most concerned or worried about now?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**Academic Support Skills:**

What class(es) are your strengths? _________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What class(es) do you anticipate wanting some additional assistance? If so, what kind of assistance? __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Are you currently earning grades that correspond to your ability? __Yes __ No

Are you currently in good academic standing? __ Yes __ No

Have you utilized tutoring in college and/or high school? __ Yes __ No

How likely are you to ask for help? __ Very likely ___ Somewhat likely __ Not likely

Have you obtained all of the required textbooks and materials for the upcoming semester? __ Yes __ No
**Study Skills:** I would like to develop the following study skills:

- Listening
- Note taking
- Time Management
- Organization
- Memory/Retention
- Test Taking
- Library Usage
- Goal Setting
- Memory/Retention
- Learning Styles
- Test Anxiety
- Other ________________________

Please elaborate on any needs in this area: ____________________________________________

__________________________________________________________________________________

I rate my study skills as:

- excellent
- above average
- average
- fair
- poor

**Academic Advising:** *(refer to student’s official academic advisor)*

I have met with an academic advisor and made a graduation plan.  __ Yes  __ No

I would like information about the following areas:

- Class selection/registration
- Major requirements
- Choosing a major
- General education core requirements
- Improving my GPA
- Transferring to another institution
- Add/drop/withdraw classes
- Other ________________________

Please elaborate on any needs in this area: ____________________________________________

__________________________________________________________________________________

**Career/Graduate School:**

Intended career goals: ________________________________________________________________

I have researched to learn what is needed to reach my career goals.  __ Yes  __ No

I would like assistance in the following areas:

- Career exploration/choice
- Writing resume/cover letter
- Interview skills
- Interview wear
- Internship
- Job shadowing
- Networking
- Professional mentor in field
- Graduate school exploration
- Graduate school tests
- Domestic or International Study Abroad
- Other ________________________

Please elaborate on any needs in this area: ____________________________________________

__________________________________________________________________________________
Financial:
Do you receive financial aid? __Yes  __No
If yes, do you consider your financial aid adequate to meet your need? __Yes  __No
Do you currently meet Satisfactory Academic Progress (SAP) for financial aid purposes? __Yes  __Yes, and I am on a SAP plan  __No, I have lost my eligibility for aid
For financial aid purposes are you considered an independent student? __Yes  __No
Do you have a scholarship that requires a minimum GPA each semester/year? __No  __Yes  GPA required for scholarship: ________
I would like assistance in:
__Understanding my award  __Aid implications for dropping classes
__Locating additional grants/scholarships  __Completing the FAFSA
__Budgeting  __Credit/Debt
__Satisfactory Academic Progress (SAP)  __Graduate school funding
__Other _____________________________
Please elaborate on any needs in this area: ____________________________________________
_________________________________________________________________________________
Disability:
Are you registered with the USM Disability Services Center (DSC)? __Yes  __No
Accommodations ________________________________________________________________
______________________________________________________________________________
Personal/Other: I would like assistance in the following areas:

- Housing
- Roommate issues
- Transportation
- Motivation
- Unsure why I'm in school
- Adjusting to USM
- Distance from family and friends
- Meeting/making new friends
- Procrastination
- Legal issues
- Class attendance issues
- Over-involved with extracurricular activities
- Balancing school and other responsibilities
- Issues regarding disability/possible disability
- Other ______________

Do you keep a fairly regular routine/schedule?  __ Yes  __ No

Please rate the following areas:

Sleep/Wake pattern  __ Great  __ Okay  __ Poor
Nutrition  __ Great  __ Okay  __ Poor
Exercise/physical activity  __ Great  __ Okay  __ Poor

Please elaborate on any needs in this area: ______________________________

___________________________
Employment:

Number of hours per week I am working this semester:

Work-study: ____/wk  Place of Employment: ______________
Other campus employment: ____/wk  Place of Employment: ______________
Off-campus: ____/wk  Place of Employment: ______________
Total: ____/wk

Campus and Community Involvement:

Please list any USM organizations, clubs, athletic teams, or learning communities you belong to:

____________________________________________________________________

Please list any community organizations, clubs, boards, groups, or activities you belong to:

____________________________________________________________________

Are there any organizations, interests, or hobbies you would like to become involved with at USM or in the community? If yes, please list them below.

____________________________________________________________________

TRIO Learning Communities (TLC’s):

TRIO Student Support Services offers content in the TRIO Learning Communities each semester. Please suggest any topics you would like offered.

____________________________________________________________________
Motivation and Support Systems:

What motivates you to do your best? (in terms of college)? ______________________
______________________________________________________________________
______________________________________________________________________

On a scale of 1 to 10 (10 being the highest), how would you rate your motivation level in terms of academics? ______

People who are there for you: ______________________________________________
______________________________________________________________________

Please share about your family and/or support system:

__ Your dependent children        How many? ____    Ages: ______________________
__ Parents/Guardians/Family/Roommates you live with: _________________________

What do they think about your education? ____________________________________
______________________________________________________________________

Primary language currently spoken in your home: ______________________________

Housing Situation:     __ On-campus      __ Off-campus

1st Priority: What area(s) would you most like to focus on first with your TRIO SSS Advisor? ________________________________
______________________________________________________________________

Is there anything else about yourself that you’d like to share, or that you think I should be aware of, which might help me get to know you better and enable me to be a more effective TRIO Advisor to you?
______________________________________________________________________