University of Southern Maine
TRIO Student Support Services

Student Needs Assessment

Name ___________________________________________ Date __________________________

Preferred name ___________________________ MaineStreet ID # __________________

Preferred pronouns: She/Her/Hers He/Him/His Other ________________

Major(s) _________________________________ Minor(s) ___________________________

Academic Advisor _________________________________________________________

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

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

____________________________________________________________________________

What have you succeeded at in the past? (non-academic too): ____________________________

____________________________________________________________________________

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
- Goal Setting
- Memory/Retention
- Learning Styles
- Test Taking
- Test Anxiety
- Library Usage
- 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)

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

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: __________________________________________
________________________________________
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 or waiver that requires a minimum GPA each semester/year?  
__No  __Yes  GPA required for scholarship/waiver: __________
Do you receive any tuition waivers?  __Yes  __No
If yes, please check off all that apply:
___ FAME Foster Care tuition waiver  ___ University waiver (self or dependent)
___ Native North American waiver  ___ Senior Citizen waiver
___ Other: ______________________
Are you a veteran or dependent of a veteran?  __Yes  __No
Do you receive any military tuition benefits?  __Yes  __No
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 ____________________________________________________________

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: _______________________________________________________

Personal/Other:  I would like assistance in the following areas:

__ Housing                     __ Substance use
__ Roommate issues             __ Physical health
__ Transportation             __ Mental health
__ Obtaining driver’s license __ Stress management
__ Motivation                  __ Legal issues
__ Unsure why I’m in school    __ Health insurance
__ Adjusting to USM            __ Child care
__ Distance from family and friends __ Parenting
__ Meeting/making new friends __ Caring for family member
__ Procrastination             __ Interpersonal/family relationships
__ Class attendance issues    __ Computer skills
__ 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?
______________________________________________________________________

______________________________________________________________________