

Academic Success Coaching Intake Form

Personal Information

Name _____ ID _____

Email _____@southernct.edu Phone _____

Place of residence: Off-Campus On Campus Residence Hall _____

Current Major _____

First-Generation College Student? Yes No

Anticipated Commitments - record average hours per week:

Class _____ Work _____ Studying _____ Other _____

Please briefly explain what you are hoping to experience though Academic Coaching:

Background Information

Academic Concerns (check all that apply):

Time Management	Motivation
Organization	Attitude
Note Taking	Goal Setting
Reading Strategies	Communicating w/ Professor
Study Skills	Getting Help
Memorization	Test Taking Strategies
Exam Preparation	Other _____

Optional

Are you registered with the Disability Resource Center? Yes No

Do you have a diagnosis or receive accommodations that you wish to disclose to your Academic Coach? (This information will ensure that our coaches are connecting you with the most appropriate resources.)

Office Use ONLY

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ASC01 <i>Academic Success Coaching</i>	ASC02 <i>Academic Success Boot Camp</i>	ASC03 <i>"How To" Unpack Success Series</i>	Type	Overlap Population
			SAP ____ FA / SP	Residential Student
			Walk In	Student Athlete
			Referral	SEOP