

**Needs Assessment**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_ Class Rank: FR SO JR SR

**Non-Academic Needs:** *please circle all that apply*

I am concerned about... Food Housing Transportation Child Care Mental Health Healthcare

**Student Support Needs:** *please circle all that apply*

I need assistance with... Scheduling Classes Choosing a major/minor Career Exploration  
Understanding degree requirements Understanding financial aid Student Organizations

**Academic Needs:** *please circle all that apply*

I could use help with... Note Taking Reading Comprehension Computer Literacy Time Management  
Library Usage Public Speaking Test Taking Creating a Structured Study Plan

I would like a tutor/study group for one or more classes this semester. Yes No

Please list any other concerns you may have. \_\_\_\_\_  
\_\_\_\_\_

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**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Individual Success Plan**

Non-Academic Referrals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Support Referrals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Referrals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I recognize my responsibility to follow the above recommendations as a part of my participation in SOS/TRiO.***

***Student's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_