

**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 Student Orgs.  
Understanding degree requirements Understanding financial aid Creating a Structured Study Plan

**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 Tutor/Study Group

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:** \_\_\_\_\_