



Western Illinois University

NAME: _____

DATE: _____

ID #: _____

ACADEMIC COACHING INTAKE FORM

Academic Standing _____

GPA _____

Major(s)/Minor(s) _____

of Classes _____

Reason for Visit Today

How did you hear about success coaching?

Flyer A friend Advisor Professor Other _____

What brought you to success coaching? (Check all that apply)

Low grades Time management Note taking skills Test taking Study habits

Other _____

What areas would you like to focus on today?

Motivation Test strategies Organization Tutoring Writing assistance

Other _____

Are there specific concerns or challenges would you like to address with a success coach?

FOR OFFICE USE ONLY:

Success Coach _____ Meeting Time _____

Financial Aid Requirements _____ Meeting Date _____

Notes _____

University Advising and Academic Support Center

Memorial Hall 024, 1 University Circle, Macomb, IL 61455-1390

Tel 309.298.1846 or 309.298.1871 Fax 309.298.2311 or 309.298.3163 www.wiu.edu/uaasc

Academic Habits

What academic assistance resources have you used before?

- Success Workshops Tutoring University Writing Center Disability Resources None
 Other _____

If none, which would you be interested in learning more about?

How do you stay organized? Planner Binder Google calendar White board

- Other _____

What is your preferred style of learning? Auditory (listening, hearing) Visual (pictures, shapes, colors) Kinesthetics (moving around, hands on)

EXPERIENCE

Current Employment Status: Un-employed On Campus Off Campus
 Part Time Full Time Internship

Position title _____ Employer _____ Avg hours a week _____

Current Residence: On Campus Off Campus Housing Off Campus (home) Online Only

Roommates? Yes No

Average Commute _____

INVOLVEMENT

Extracurricular Involvement

Position title _____ Organization _____ Avg hours a week _____

Position title _____ Organization _____ Avg hours a week _____