

Name: _____ SID: _____

* Are you part of any special programs? (E.g.. Adaptive Learning, Athletics, CARE, DSS, EOPS, OTI , SS&RSC etc.) No / Yes
If yes, which one(s)? _____

* When did you last meet with a counselor or advisor? _____ Who did you see? _____
___ I have **not** met with a counselor or advisor.

What issues or difficulties did you discuss with the counselor?

Did you speak with any of your teachers about your academic difficulties? Yes ___ No ___
If so, who and what was their advice?

* Are you currently working? _____ If so, how many hours per week? _____

Were you working when you did not meet the requirements and became disqualified? _____
If so, how many hours per week? _____

* What tutoring help are/were you using to help you succeed in your classes?

* How would you rate your study habits (**1-10** with 1 being very strong and 10 being very weak)?

* How would you rate your English abilities (**1-10** with 1 being very strong and 10 being very weak)?

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