Self-Assess Obstacles to Academic Success

Student name: _____

Place a check mark next to each of the items you feel are obstacles in reaching your academic goals.

Academic/Study Skills		Family		
	Learning disabilities Study habits Notetaking skills Concentration Time management Study environment Ineffective study time High anxiety Test anxiety Lack of preparation Inadequate reading skills Inadequate writing skills Inadequate math skills Disconnection with instructor(s) Poor academic advising Unclear educational goals		Spe Ho Ph Div Fai	rental interference ouse/children problems ousehold obligations ysical/emotional abuse vorce/separation in family mily health problems her (please list)
	Lack of proper materials (books, etc.) Other (Please List)			
Work/	Finance	Person	nal	
	I work too many hours I have problems with my boss Work is not flexible about scheduling I may lose my job I can't find part-time work I have trouble with my co-workers I'm worried about money I don't understand the financial assistance requirements (forms, etc.) I don't have adequate financial assistance My family financial situation has changed Other (please list)			Stressed all the time Relationship worries Cultural pressures Loss of family/friend Loneliness Depression Socially shy Substance abuse Health/medical issues Illness Recovery from traumatic event Housing problems Commute Dislike of Arrupe Negative attitude Lack of motivation Other (please list)