

Success Check

Due to AIME Office Drop Box in front of LC 179: 10/14/19 – 11/01/19

Student's Name: _____

Student ID #: _____

AIME Course: _____

9-week 18-week Other (circle one)

Instructors: The student requesting this grade update is part of the AIME program and we would like to assist the student with his/her success in the classroom. This report assists the AIME program in providing the services necessary to support the student's educational goals.

Course	Grade or P/NP	Absences/Tardies	Instructor's Signature	Instructor's Comments

Students: Complete the following questions to the best of your knowledge. Then, meet with your instructor (for your AIME classes) during their scheduled office hours to complete this form.

AIME Program Requirements:	Days/ Hours
Number of weeks I have met my AIME requirements:	
Number of days per week I typically study in the Success Center:	1 2 3 4 5 6
Number of hours I usually study in the Success Center per study session:	Less than 1 hr. 1-2 hrs. 2-3 hrs. More than 3 hrs.
Days of the week I typically complete my AIME hours are:	Monday Tuesday Wednesday Thursday Friday Saturday

Would you like to schedule an appointment with your AIME counselor, Marisol Aguilar? YES/NO

If yes, please fill out the back of this form, and provide a phone number or email address:

Phone Number: _____

Email Address: _____

This is to confirm that the grade(s) and signature(s) above are true and accurate. I further understand that the AIME Office may call an instructor to verify any grade and/or signature.

Student's Signature: _____

Date: ____/____/____

Success Check

Due to AIME Counselor during your scheduled appointment

Check the areas you would like to discuss with your AIME counselor:

ACADEMIC	PERSONAL	ENVIROMENTAL FACTORS
<input type="checkbox"/> Concentration <input type="checkbox"/> English/Language Skills <input type="checkbox"/> Problems with instructor <input type="checkbox"/> Not academically prepared for course <input type="checkbox"/> Listening Skills <input type="checkbox"/> Note-taking <input type="checkbox"/> Memory <input type="checkbox"/> Test Anxiety <input type="checkbox"/> Time-Management <input type="checkbox"/> Course load too heavy <input type="checkbox"/> Inadequate study facilities <input type="checkbox"/> Motivation <input type="checkbox"/> Goal-Setting <input type="checkbox"/> Other: _____	<input type="checkbox"/> Emotional Concerns <input type="checkbox"/> Lack of Child Care Services <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Financial Difficulties <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Disability (Visual Impairment, Learning, etc.) <input type="checkbox"/> Transportation <input type="checkbox"/> Illness/Medical Problems <input type="checkbox"/> Other: _____	<input type="checkbox"/> Family Obligations/Problems <input type="checkbox"/> Few support services to help me <input type="checkbox"/> Employment/Workload <input type="checkbox"/> Social Distractions <input type="checkbox"/> Unsure if school fits my goals <input type="checkbox"/> Other: _____

Out of the areas that you checked off, which are the areas that you feel are affecting you the most (top 3) and how are they affecting your academics?

What are some strategies/resources you have used to help with the areas that are affecting you?

STUDENT'S WRITTEN PLAN FOR SUCCESS

Complete with counselor:

1. Meet with my counselor _____ times a semester
2. Consult with my counselor before dropping or adding a class
- 3.
- 4.
- 5.