SELF-ASSESSMENT OF NEEDS
Student Support Services
John Brown University

Name: _________________________________________  Date: __________________

Please indicate the following areas with which you believe you struggle:

___ Reading Comprehension  ___ Note-taking Skills
___ Reading Speed  ___ Research Skills
___ Math Concepts  ___ Test Anxiety
___ Math Anxiety  ___ Test Preparation
___ Grammar & Mechanics  ___ Test-taking Skills
___ Organizing Your Writing  ___ Basic Computer Skills
___ Time Management  ___ Using my Syllabi
___ Prioritizing Tasks  ___ Particular Class(es) (please list)
___ Organizational Skills  ___
___ Listening Skills  ___
___ Memory Skills  ___ Other _______________________

Please indicate areas with which you believe you need assistance:

___ Goal setting  ___ Deciding About Graduate School
___ Choosing a Major  ___ Writing a Resume
___ Conflict Resolution  ___ Job Interviewing Skills
___ Finding Your Learning Style  ___ Job Search Skills
___ Stress Management  ___ Personal/Family Issues
___ Choosing a Career  ___ Financial Issues
___ Other _______________________________________

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