Help Yourself Student Evaluation

Student Name: ____________________________  Date: ________

Email Address: ____________________________

What do you expect to get out of Help Yourself Programs this year?

________________________________________________________________________

________________________________________________________________________

Your Academic Strengths: ________________________________________________

Your Academic Weaknesses: ____________________________________________

Your Cumulative GPA: __________

Discuss your study habits. What are they? Do they work?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What can HYSP do to ensure a positive academic school year?

________________________________________________________________________

________________________________________________________________________

What topic areas would you like to see covered with monthly workshops this year?

________________________________________________________________________

Have you taken the ACT?  Yes or No

If yes, what was your score?  (If taken multiple times, list highest score)  __________

List at least three (3) academic goals for this year:

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

What extra-curricular activities are you involved in?

________________________________________________________________________

________________________________________________________________________