

Student's Name: _____ Date: _____

Teacher: _____

Class: _____ Current or Quarter 1 Grade: _____

What barriers did you face in first quarter? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Understanding assignments | <input type="checkbox"/> Giving up too soon |
| <input type="checkbox"/> Finishing work on time | <input type="checkbox"/> Not attending help sessions/MASH/office hours |
| <input type="checkbox"/> Turning in work | <input type="checkbox"/> Distracted by peers |
| <input type="checkbox"/> Being prepared for class | <input type="checkbox"/> Distracted by technology |
| <input type="checkbox"/> Completing homework | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Listening & following directions | <input type="checkbox"/> Getting along with the teacher |
| <input type="checkbox"/> Following class rules | <input type="checkbox"/> Being frustrated with _____ |
| <input type="checkbox"/> Asking for help | |
| <input type="checkbox"/> Other: (describe) _____ | |

What are you good at in this class? What are your strengths?

- | | |
|---|--|
| <input type="checkbox"/> I attend class on time. | <input type="checkbox"/> I study outside of class, not just do homework. |
| <input type="checkbox"/> I attend class regularly. | <input type="checkbox"/> I am a leader in class discussions. |
| <input type="checkbox"/> I pay attention. | <input type="checkbox"/> I can manage my time effectively. |
| <input type="checkbox"/> I contact the teacher if I miss class. | <input type="checkbox"/> I have a strong organizational system. |
| <input type="checkbox"/> I take responsibility for my actions. | <input type="checkbox"/> I am aware of and avoid my biggest time-wasting habits. |
| <input type="checkbox"/> I care about my learning. | <input type="checkbox"/> I know what my assignments are, when they are due and where to find this information if I don't know. |
| <input type="checkbox"/> I use my technology to enhance and not distract my learning. | <input type="checkbox"/> I know my current grade. |
| <input type="checkbox"/> I participate positively in class. | <input type="checkbox"/> I attend MASH or teacher office hours. |
| <input type="checkbox"/> I ask questions. | <input type="checkbox"/> I am confident in the subject matter. |
| <input type="checkbox"/> I ask for help. | <input type="checkbox"/> I know how to break down big tasks into smaller, more manageable chunks. |
| <input type="checkbox"/> I help others in the class. | <input type="checkbox"/> I follow directions. |
| <input type="checkbox"/> I turn in work on time. | <input type="checkbox"/> I write well. |
| <input type="checkbox"/> I spoke to my teacher outside of class time at least once this quarter (in person or through email). | <input type="checkbox"/> I am a strong reader. |
| <input type="checkbox"/> My work is neat. | <input type="checkbox"/> I am a problem solver. |
| <input type="checkbox"/> I am willing to work hard. | |
| <input type="checkbox"/> Other: _____ | |

<p><u>What</u> have you been learning in this class? Think about both content information and skills you've been practicing.</p>	<p><u>How</u> have you learned content in this class? What activities have you been doing in this class?</p>
<p><u>Joys</u>: Where are you having success, or what's exciting about what you're learning in this class?</p>	<p><u>Challenges</u>: What struggles are you having? What's the hardest thing for you in this class?</p>

What strategies can you utilize to enhance your strengths and overcome your barriers?

- ☐ Attend MASH on the following days: _____
- ☐ Meet with my teacher before or after school on the following days: _____
- ☐ Attend AVID Math Lab on the following days: _____
- ☐ Utilize the Library before or after school on the following days: _____
- ☐ Use my planner or other organizational tool (Google Calendar, phone reminders) to record assignments/due dates
- ☐ Seek help from my counselor, college success mentor or other adult (name of adult: _____)
- ☐ Complete Weekly Progress Reports on _____ (day of the week) to be reviewed with my Advisor / Guardian / Coach / Counselor
- ☐ Schedule a parent-teacher-student conference for _____
- ☐ Other: _____