



Needs Assessment/Individualized Academic Plan

Name _____ Academic Advisor _____

Academic Year _____ Today's Date _____

What is your intended major? _____

Educational and/or Career Goal

Do you intend to transfer to a four-year college/university? _____

If yes, name(s) of school(s)

**Please indicate below areas
 which you would like assistance:**

Academic Skill Building

- Study Habits
- Time Management
- Reading
- Note Taking
- Test Taking Strategies
- Tutoring
- Computer Skills
- Writing/Proofing
- Choosing a Major
- Financial Aid Assistance

Career Planning

- Career Exploration
- Resume Writing
- Interview Skills
- Completing Applications
- Writing Cover Letters
- Job Search Skills

Transfer Assistance

- Choosing a Major
- Choosing a 4-year College
- Completing Application
- Arranging Campus Visits
- Obtaining Financial Aid

Personal Counseling

- Stress Management
- Money Management
- Motivation
- Transportation Issues
- Employment
- Goal Setting
- Decision Making

Technology Assistance

- Laptop Loan Program

	Objectives (Intermediate steps toward accomplishing this goal)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
	List Participant's Academic Need

P.R.I.D.E. Participant Signature _____ Date _____

P.R.I.D.E. LC Signature _____ Date _____