



DEPARTMENT OF PHYSICIAN ASSISTANT

Academic Assessment Form

Academic Assessment Form

Student:
Faculty Advisor:

Date:
Semester:

Study Skills:

What is your learning style? Rank the Following.

Auditory
Visual
Kinesthetic
Digital (reading/writing)

What is/are your favorite subject(s)/course(s) so far?

a. Why do you consider those your favorite?

What is/are your least favorite subject(s)/course(s) so far?

a. Why do you consider those your least favorite?

Recommendations:



Study Material Preparation:

How do you utilize lecture time?

How do you use study materials to fit into your learning style?

Recommendations:

Study Habits:

How do you prefer to study?

Do you test yourself to see if you understand the information?

When do you study?

Where do you study?

Do you study with a partner/group?

a. How do you contribute to the group?



Record recommendations given to student:
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Performance Review:
Do you have insight into how you were doing?
During exams, how confident do you feel when answering questions?
Do you utilize the feedback given after exams?
Recommendations:

Study Resources/Support:
What do you do in your free time and/or for self-care?
How would you rate your current external social support?
Do you feel like you are connecting with your classmates?
Do you have any concerns regarding study habits, resources, or time?



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Do you feel academically supported by the program? a. What kind of support would be most desirable?
Is there anything else you feel you need to share with your advisor?
Record recommendations given to student:

Overall Faculty Evaluation:

- | | |
|---|---|
| <input type="checkbox"/> Content issue | <input type="checkbox"/> Lack of preparation |
| <input type="checkbox"/> Lack of appropriate study skills | <input type="checkbox"/> Poor time management |
| <input type="checkbox"/> Other | |

Comments/Follow-up Plan

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Advisor Signature: _____ Date

Student Signature: _____ Date