

# ACADEMIC ADVISEMENT PROTOCOL SHEET

## FOR ADVISER'S USE ONLY

Report Card Review for \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *It is suggested that you review each student's report card before the conference and choose from the following questions to structure your 5–10 minute conference effectively.*

### Report Card: Trends and Opportunities

Which course are you feeling really proud about?	What is one thing you are most proud of accomplishing in this course? What is one habit/skill/behavior that helped you to be successful in this course?

Which course do you think needs more attention?

What exactly could you do, or do more often, that would make the biggest difference in your performance?	What is a S.M.A.R.T. goal you have for this class?

### Report Card: Trends and Opportunities

Who do you consider a support for you in school?

Support Person	How does this person help you?

Based upon student responses and your overall knowledge of the student, use only if needed:

Is there anyone else at school that you believe could help you? For example, would you like me to make an appointment for you to see \_\_\_\_? (List specific resources available at your school: counselor, social worker, psychologist, nurse, medical personnel, etc.)

If yes, my action plan is ...

Who do you consider a support for you at home or in the community?

Person/Organization	How do they help you?

### Red Flags

Let's look at some attendance data ...

Number of days for 100% attendance in marking period	Actual number of days you attended	Number of times you were tardy
1.		
2.		
3.		
4.		
5.		

(Conversation/action plan as appropriate)

Is there anything I can do to help you?

If yes, my action plan is ...

### Follow Up:

Issue	Specific Student Actions	Specific Adviser Actions



# REPORT CARD REFLECTION

Name \_\_\_\_\_ Adviser \_\_\_\_\_ Marking Period \_\_\_\_\_ Date \_\_\_\_\_

You will need a copy of your report card. Please refer to your report card and answer the following questions to the best of your ability.

Course Title	List the grade you earned this marking period.	Share why you were successful or why the subject needs more attention.	What was your most important learning experience in this course? Why?	What was your proudest accomplishment in this course?	What was most difficult for you in this course?


**Summary and Reflection:**

1. Overall, in which course do you feel you made the *most progress or improvement*?

---

How do you know this? \_\_\_\_\_

2. Overall, is there any course in which you made a greater effort? \_\_\_\_\_

If yes, what is the course and what did you do? \_\_\_\_\_

---

3. Based upon your review of your report card, what is one course for which you will set a S.M.A.R.T. goal this marking period?

Course: \_\_\_\_\_

Use the S.M.A.R.T. Goal Worksheet to create this goal now.

## END OF MARKING PERIOD SELF-REFLECTION

Name \_\_\_\_\_ Adviser \_\_\_\_\_ Marking Period \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions to the best of your ability.

Course Title	Three things I've learned, completed or achieved this marking period that make me feel proud:	Biggest challenge, difficulty or frustration in this course:	What did I need to do differently, revise or complete to be more successful?
	1.  2.  3.	<input type="checkbox"/> This material is too difficult. <input type="checkbox"/> The teacher moves too fast. <input type="checkbox"/> I don't like to read. <input type="checkbox"/> I don't like to write. <input type="checkbox"/> I don't have time to do the homework. <input type="checkbox"/> I get distracted easily. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tests <input type="checkbox"/> Homework <input type="checkbox"/> Class Notes <input type="checkbox"/> I do not attend regularly. <input type="checkbox"/> I am late for class. <input type="checkbox"/> Other: _____
	1.  2.  3.	<input type="checkbox"/> This material is too difficult. <input type="checkbox"/> The teacher moves too fast. <input type="checkbox"/> I don't like to read. <input type="checkbox"/> I don't like to write. <input type="checkbox"/> I don't have time to do the homework. <input type="checkbox"/> I get distracted easily. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tests <input type="checkbox"/> Homework <input type="checkbox"/> Class Notes <input type="checkbox"/> I do not attend regularly. <input type="checkbox"/> I am late for class. <input type="checkbox"/> Other: _____

	<p>1.</p> <p>2.</p> <p>3.</p>	<input type="checkbox"/> This material is too difficult. <input type="checkbox"/> The teacher moves too fast. <input type="checkbox"/> I don't like to read. <input type="checkbox"/> I don't like to write. <input type="checkbox"/> I don't have time to do the homework. <input type="checkbox"/> I get distracted easily. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tests <input type="checkbox"/> Homework <input type="checkbox"/> Class Notes <input type="checkbox"/> I do not attend regularly. <input type="checkbox"/> I am late for class. <input type="checkbox"/> Other: _____
	<p>1.</p> <p>2.</p> <p>3.</p>	<input type="checkbox"/> This material is too difficult. <input type="checkbox"/> The teacher moves too fast. <input type="checkbox"/> I don't like to read. <input type="checkbox"/> I don't like to write. <input type="checkbox"/> I don't have time to do the homework. <input type="checkbox"/> I get distracted easily. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tests <input type="checkbox"/> Homework <input type="checkbox"/> Class Notes <input type="checkbox"/> I do not attend regularly. <input type="checkbox"/> I am late for class. <input type="checkbox"/> Other: _____
	<p>1.</p> <p>2.</p> <p>3.</p>	<input type="checkbox"/> This material is too difficult. <input type="checkbox"/> The teacher moves too fast. <input type="checkbox"/> I don't like to read. <input type="checkbox"/> I don't like to write. <input type="checkbox"/> I don't have time to do the homework. <input type="checkbox"/> I get distracted easily. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tests <input type="checkbox"/> Homework <input type="checkbox"/> Class Notes <input type="checkbox"/> I do not attend regularly. <input type="checkbox"/> I am late for class. <input type="checkbox"/> Other: _____

Based upon your end-of-marking period self-reflection, what is one course for which you will set a S.M.A.R.T. goal?

Course: \_\_\_\_\_

Use the S.M.A.R.T. Goal Worksheet to create this goal now.

MY POLITICAL SURVIVAL GUIDE

Name

Adviser

Marking Period

Date

Teachers have different expectations for their students. It is important to be aware of these different expectations in order to be successful in each class. For example, Mr. Brown expects students to put homework in the "IN" folder, while Ms. Smith has a student homework helper who collects homework each day.

**This list will help you remember things that will lead to more success in each class.**

	Course Title:	Course Title:	Course Title:	Course Title:
Class rule to remember				
Class rule to remember				
Homework hint				

Homework hint						
How to get extra credit #1						
How to get extra credit #2						
How to get on the "good side" of this teacher						
How to get on the "good side" of this teacher						

Based on your Political Survival Guide review, what is one course in which you will set a S.M.A.R.T. goal?

Course: \_\_\_\_\_

Use the S.M.A.R.T. Goal Worksheet to create this goal now.





## WORK HABITS QUESTIONNAIRE

Name \_\_\_\_\_

Date \_\_\_\_\_

Adviser \_\_\_\_\_ Marking Period \_\_\_\_\_

**How much time do you spend each night on homework or school-related assignments?**

Course:	Course:	Course:	Course:	Course:	Course:
Time:	Time:	Time:	Time:	Time:	Time:

**In each of your courses, do you take advantage of additional help?**

Course:	Course:	Course:	Course:	Course:	Course:
With whom?	With whom?	With whom?	With whom?	With whom?	With whom?
How often?	How often?	How often?	How often?	How often?	How often?

What is one course you are feeling most proud of?

\_\_\_\_\_

What work habits helped you to be successful in this course?

- |   |   |
|---|---|
| <input type="checkbox"/> keeping track of and completing homework                 | <input type="checkbox"/> staying on task during independent work                            |
| <input type="checkbox"/> bringing necessary materials to class                    | <input type="checkbox"/> following classroom procedures and guidelines                      |
| <input type="checkbox"/> proofing, correcting, revising, editing, completing work | <input type="checkbox"/> following directions and asking questions when I didn't understand |
|   | <input type="checkbox"/> other: _____   |

What is one course you would like to make a greater effort in?

\_\_\_\_\_

What work habits could you strengthen in this course?

- |   |  |
|---|--|
| <input type="checkbox"/> handing in homework                                      | <input type="checkbox"/> staying on task during independent work                           |
| <input type="checkbox"/> bringing necessary materials to class                    | <input type="checkbox"/> following classroom procedures and guidelines                     |
| <input type="checkbox"/> proofing, correcting, revising, editing, completing work | <input type="checkbox"/> following directions and asking questions when I don't understand |
|   | <input type="checkbox"/> other: _____  |

What is a S.M.A.R.T. goal you can set for this course? Use the S.M.A.R.T. Goal Worksheet to create a goal for this course now.



## S.M.A.R.T. GOAL WORKSHEET

### EXAMPLE

Name: Sally Sunshine Date: October 10, 2011

Course Science

My goal is: Study for my science unit test

Now turn it into a S.M.A.R.T. goal by answering the following questions:

- **Specific:** What is my goal in detail?  
review my science notes
- **Measurable:** How much or how many times will I do this?  
five nights a week
- **Action-bound:** What action will I take?  
highlight my notes for important definitions, facts, concepts
- **Realistic:** How can I make this happen?  
write a reminder in my assignment book each day
- **Time-bound:** When is my due date?  
the science unit test on October 25th

Now you have a S.M.A.R.T. goal. Congratulations! Write it below:

I will... study for my science unit test on October 25th by reviewing my science notes and  
highlighting important definitions, facts and concepts in them five nights a week. I will write  
a reminder in my assignment book each day so I don't forget to do this.

And just to be sure you stay on track, answer these questions:

What obstacle or barrier might I run into?	What strategy will I use to overcome this obstacle?	Who can support me to reach this goal? How can they support me?
I'll get tired after doing my other homework and not want to review my notes.	I'll review my notes before doing my other homework.	My adviser can check my science notes to see if they are highlighted.

Goal Review: \_\_\_\_\_ Date: \_\_\_\_\_

- Did I achieve this goal? ☐ Yes, I did. ☐ No, I did not.
- Did I experience any obstacles that got in my way? ☐ Yes, I did. ☐ No, I did not.
- If yes, what I did to overcome the obstacle(s) was: \_\_\_\_\_
- If I didn't achieve my goal this time, what I can do next time to overcome the obstacle(s) is: \_\_\_\_\_



## S.M.A.R.T. GOAL WORKSHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course \_\_\_\_\_

My goal is: \_\_\_\_\_

Now turn it into a S.M.A.R.T. goal by answering the following questions:

- **Specific:** What is my goal in detail?

\_\_\_\_\_

- **Measurable:** How much or how many times will I do this?

\_\_\_\_\_

- **Action-bound:** What action will I take?

\_\_\_\_\_

- **Realistic:** How can I make this happen?

\_\_\_\_\_

- **Time-bound:** When is my due date?

\_\_\_\_\_

Now you have a S.M.A.R.T. goal. Congratulations! Write it below:

I will... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

And just to be sure you stay on track, answer these questions:

What obstacle or barrier might I run into?	What strategy will I use to overcome this obstacle?	Who can support me to reach this goal? How can they support me?

Goal Review: \_\_\_\_\_ Date: \_\_\_\_\_

- Did I achieve this goal? ☐ Yes, I did. ☐ No, I did not.
- Did I experience any obstacles that got in my way? ☐ Yes, I did. ☐ No, I did not.
- If yes, what I did to overcome the obstacle(s) was: \_\_\_\_\_
- If I didn't achieve my goal this time, what I can do next time to overcome the obstacle(s) is: \_\_\_\_\_