

Learning Advisement Intake Form

Contact Information
Today's Date:

Full Name:	Preferred Name:
ATSU Email:	Class of/Grad Year:
Phone:	Do you accept text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No

School
☐ ASDOH ☐ ASHS ☐ CGHS ☐ KCOM ☐ MOSDOH ☐ SOMA

Program of Study
☐ AT ☐ AuD ☐ DO ☐ OT ☐ PT ☐ PA ☐ DMD ☐ Other _____ Year ☐ 1 ☐ 2 ☐ 3 ☐ 4

Who referred you to a Learning Advisor?
☐ Self ☐ Family Member ☐ Friend or Classmate ☐ Faculty Member ☐ Faculty Advisor
☐ Physician ☐ Promotion Board ☐ Counseling Services ☐ Other _____

Chronic Conditions

What, if any, medical conditions (diabetes, high blood pressure, migraine headaches, etc.) or learning disorders (ADHD, ADD, dyslexia, etc.) or their treatments might be a factor in your academic performance?

Sleep: How much sleep do you average per night? ☐ 4-5 hrs ☐ 5-6 hrs ☐ 6-7 hrs ☐ 7-8 hrs ☐ 8+ hrs

How would you describe the quality of your sleep? _____

Study Time: What is the average amount of time you spend studying before taking a break?

☐ 15-45 min ☐ 45 min-1 hr ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4-6 hrs ☐ What's a break?

Support: What is your support system like for being in school at ATSU?

☐ Adequate ☐ Distracting ☐ Lacking ☐ None

List up to three concerns that you deem most vital or impeding to your academic success:

1. _____
2. _____
3. _____

Please complete the [Success Types Learning Style Type Indicator](#) in preparation for your learning advisement appointment. This will help identify your learning preferences, which will be discussed during the appointment.

My Success Type Is:	E	I	S	N	T	F	J	P
