Name:	R Number:						
Course:	Instructor:	٦	Term:	Date:			
SOAR Academic Coaching Worksheet							
Before your scheduled meeting with an academic coach at the Learning Center, complete the following questions.							
1.) I would rate my study habits as							
Poor	Ok	Good	Excellent				
2.) What do I currently use to manage my time?							
3.) My current classes are							
Course code/na	me Time	/days	Where	Current grade			
4.) My academic goal for the semester is							
5.) What do I hope to work on with my academic coach?							
, and specific and the second							

Complete the next page during your academic coaching session

Name:		R Number:			
Course:	Instructor:	Term:	Date:		
SOAR Academic Coaching Worksheet					
1.) How many h	ours a week should I study?				
Course hour	sx 3 =				
2.) What are wa	ys I can improve my study ha	abits?			
3.) What are wa	ys I can best manage my tim	e?			
4.) How will I av	oid distractions and focus on	things that motivate me?			
5.) How will I ac	hieve my academic goal this	semester?			
Make it SMAF	RT (specific, measurable, attainable,	relevant, time-based)			
0) 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		·0			
6.) Greatest tak	e-away from academic coach	ing?			
Academic Coach S	 Signature:	Di	ate:		
Submit completed form to chris.kelley@ttu.edu within 3 days of appointment.					