MID-SEMESTER SELF-EVALUATION, OCTOBER 2018

Name: ________________________________

1. What things are going well for you?

2. What issues have emerged?

3. How are you doing on reaching the goals you set for the semester?

4. Do you have concerns about any of your classes? If so, what are they?

5. What about the rest of your life – meeting new people, finding things to do, finances, making time to eat, sleep, exercise, keeping things in balance, etc.?

6. What advice would you give yourself right now? Why?

7. Is there anything else that would be good for me to know?

8. What question(s) do you wish I had asked on this form (but didn’t)?