

PRE-ACADEMIC REVIEW BOARD COUNSELING FORM

NAME: _____ RANK: _____ SERVICE: _____

AGE: _____ COURSE: _____ CLASS#: _____

The purpose of this form is to obtain preliminary student information to be forwarded to an Academic Review Board (ARB).

You will attend an ARB due to:

_____ Failure of a retest after receiving remediation

_____ Failure of a test after an academic setback

_____ Failure of three tests throughout the course

_____ Course grade fell below the minimum passing grade

_____ Performance below academic expectation

The Board will convene with a minimum of three (3) members and a Recorder. The Board is designed to assist you in your academics and will make a recommendation to the chain of command. There are three possible recommendations:

- Continue with training with or without remediation. You will remain in the same class.

- Academic Setback. You will be set back to a junior class to receive either partial training or complete training over again.

- Attrition. You will be removed from the course and made available for reassignment.

The following questions will assist the ARB in making their recommendations. Please answer truthfully.

1. On average, how long do you study every night? _____

2. Do you study by yourself or with others? If you study with others, please list at least two names. _____

3. Do you have any reading or writing deficiencies? For example: Dyslexia
_____ Yes _____ No

4. What were your average grades in high school? ___ A's ___ B's ___ C's

5. Do you have any problems understanding the instructor? _____ Yes _____ No

6. Do you ask questions in class when you don't understand the material?
_____ Yes _____ No

7. Do you feel intimidated or hesitant to ask questions in class?
_____ Yes _____ No

8. Why did you join the military? _____

9. Do you still want to be in the military? _____ Yes _____ No

10. Did you choose this school and why? _____

11. Did you want a different school? If so, what? _____

12. Is you pay current and steady? _____ Yes _____ No

13. Are you having any financial difficulties? _____ Yes _____ No

14. Are there any personal or medical problems, here or at home, that may be affecting your concentration? _____ Yes _____ No

Instructor's Comments:

Instructor's Signature

Date

Student's Comments:

I attest that the above information is true and accurate.

Student's Signature

Date