**How to use this template**

Senate Bill 150 requires that after two consecutive semesters or three consecutive quarters of not meeting SAP, students must meet with an appropriate staff member to develop a plan for improving academic progress or update an existing plan in order to continue to receive Chafee funds. This *Student Success Plan* template is a tool that students and staff can use to collaboratively create a *Student Success Plan*. This template can be modified to fit the needs of the institution.

***General template Instructions:***

* Before beginning this process, ensure that adequate time has been set-aside to complete the document with the student.
* All modifications to this template should maintain student-friendly language.
* To maintain confidentiality, *do not* require students to turn in the entire plan to the financial aid office. When feasible, the campus staff member who completes the plan should notify the financial aid office directly that the requirement has been met. If this is not possible, [*page 5*](#qab0uej93re6) of this document provides a simple verification form that a student can provide to the financial aid office.

***Page 1 Instructions:***

* This page provides instructions to the student regarding who can assist them to complete a plan. The financial aid office should insert the names of the student support program(s) and/or individuals the student can meet with to complete the plan. Make sure to include contact information.

***Page 2 -4 Instructions :***

These pages provide a structure for identifying obstacles that students may be facing and developing a strategy to address these obstacles.

* **Page 2** outlines obstacles that foster youth may experience through their educational journey. Students can select from the obstacles provided or add their own to reflect their own unique situation.
* **Page 3** provides a tool that can be used to facilitate a conversation about how to overcome each obstacle and the challenges that exist to doing so. Students may need additional space to create targeted plans to overcome their obstacles. Add additional rows to the document as needed.
* **Page 4** is designed to facilitate a conversation about class attendance, strategies for increasing attendance if needed, and what resources are available to support the student. If appropriate, have a reflective conversation with the student as to WHY they aren't attending class, HOW they can begin to correct the behavior moving forward, and WHAT support they may need to follow through on that plan. It is recommended that a list of resources also be provided (see [jbaforyouth.org/sb-150-2/](https://www.jbaforyouth.org/sb-150-2/) for a resource guide template).

**Page 5 Instructions:**

* The campus staff member should notify financial aid as soon as the *Student Success Plan* is completed. This action will ensure the student’s Chafee funds are released in a timely manner. If this is not possible, [*page 5*](#qab0uej93re6) of this document provides a simple verification form that a student can provide to the financial aid office. Students should also be provided a copy of the full document for their own records.

*Directions:* **Complete** pages 2-4 **with a campus staff or faculty member** in **one of the below programs**. This individual will work with you to identify solutions to obstacles that are preventing you from maintaining Satisfactory Academic Progress (SAP).

|  |  |
| --- | --- |
| * [insert program or individual name and contact information] | * [insert program or individual name and contact information] |
| * [insert program or individual name and contact information] | * [insert program or individual name and contact information] |

Upon successful completion of your plan, the program **staff or faculty** member will **notify the financial aid office within [insert timeframe here]** to reinstate your Chafee grant. This document will ***not*** be sent to financial aid, as it may contain confidential or sensitive information about your personal life.

**Identifying Obstacles**

Reflect on your last few terms and **identify the top 3 obstacles** that impacted your ability **to maintain Satisfactory Academic Progress.**

|  |  |
| --- | --- |
| **Academic**   * I don’t know how to study effectively. * I struggle with time management. * It’s hard to concentrate in my classes. * I skipped class or showed up late to class a lot. * My courses were too difficult. * I registered for too many units. * I don’t know how to ask my instructors for help during class or office hours. * I have a difficult time keeping up in class during lectures or in-class assignments. * I’m having a hard time adjusting to college-level classwork and homework. * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Personal/Financial**   * I’m experiencing financial difficulties * I don’t have stable housing or am about to lose my housing. * I have persistent physical health problems. * I’m struggling with my mental health. * I have a general lack of motivation. * I can’t get a good night's rest. * I have a lot of anxiety and stress. * I can’t secure child care on a regular basis. * I’m having transportation issues and can’t get to campus. * I’m working too many hours and can’t focus on school. * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Major/Career**   * I’m unsure about my current major * I don’t have a clear career goal * I like my major, but unsure what jobs I can get * I’m unsure about my educational goals * I’m just not sure it makes sense for me to be in college. * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Family/Social Adjustment**   * I’m having roommate issues * I’m having issues with my romantic partner * I’m having biological or foster family issues * I’m having other personal relationship issues * I’m having a hard time adjusting to college life * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Develop your Success Plan**

**Step 1:** Together with your staff or faculty member, review the obstacles you identified.

**Step 2:** Write down your obstacles from biggest to smallest. Work with a staff or faculty member to determine (1) a plan to address the obstacle, (2) potential challenges that may arise along the way, and (3) strategies to overcome the potential challenges.

|  |  |  |  |
| --- | --- | --- | --- |
| **Obstacle** | **What will I do to overcome this obstacle?** | **What are the potential challenges to overcome this obstacle?** | **Strategies to overcome challenges**  *(identify at least 2 strategies)* |
| ***Example:*** *I’m having transportation issues and can’t get to campus on a regular timely basis.* | ***Example:*** *Work with my foster youth support program to get a bus pass.* | ***Example:*** I don’t know the bus schedule. | ***Example:*** *1) I’ll download a transit app on my phone and favorite my route.*  *2) I’ll print the schedule and keep a copy in my backpack in case my phone dies.* |
| Obstacle 1: |  |  |  |
| Obstacle 2: |  |  |  |
| Obstacle 3: |  |  |  |

**Class attendance**: Class attendance is correlated with overall course success. **What percentage of the time do you get to class on time and attend the full class?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🗌 100% - 90% | **☐**89-80% | **☐** 79-70% | ☐69-60% | ☐less than 60% |

If attendance is less than 90%, what strategies could be used to increase attendance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus Support Resources**: List the resources you will use in the upcoming term to help you succeed in your courses. *Examples can be the tutoring center, food pantry, peer mentors, attending instructor office hours, etc.*

*If you’re unsure of the resources available to you, use the attached resources document to identify support on campus.*

**Resources I will use:**

|  |  |  |
| --- | --- | --- |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |
| 𛲣 [insert resource name here] | 𛲣 [insert resource name here] | 𛲣 [insert resource name here] |

**Check-in on progress:** Identify a date and time you’d like to check-in on your progress towards the plan you developed.

Date:

Time:

Location:

**CONGRATULATIONS!**

You’ve successfully completed your success plan. The staff or faculty member who helped you to complete this plan will notify financial aid within [insert timeframe here] that you have successfully completed this document.

In the event financial aid has *not* been notified, please provide this **filled out and signed** page to [INSERT FINANCIAL AID OFFICE INFORMATION HERE].

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, completed the Student Success Plan with

**[STAFF/FACULTY NAME]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purposes

**[STUDENT NAME]**  **[DATE]**

of continuing or reinstating the student’s Chafee grant eligibility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff/Faculty Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff/Faculty Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff/Faculty Phone Number