

Student Success Plan

Name: _____

Success Coach: _____

- Date of 1st Session: _____
- Date of 2nd Session: _____
- Date of 3rd Session: _____

1st Session: Initial Assessment and Consultation

Student Success Assessment Completed:

Yes

No

Key Areas of Concern Discussed:

1. _____

2. _____

3. _____

Soft Skills to Focus On:

Time Management

Study Skills

Test Anxiety

Goal Setting

Accountability

Other: _____

Assessment Summary:

- Strengths Identified: _____
- Areas for Improvement: _____

2nd Session: SMART Goal Setting and Success Plan Development

SMART Goals Established:

1. Specific Goal: _____

Measurable Criteria: _____

Achievable Steps:

a. _____

b. _____

c. _____

Relevant Purpose: _____

Time-Bound Deadline: _____

2. Specific Goal: _____

Measurable Criteria: _____

Achievable Steps:

a. _____

b. _____

c. _____

Relevant Purpose: _____

Time-Bound Deadline: _____

3. Specific Goal: _____

Measurable Criteria: _____

Achievable Steps:

a. _____

b. _____

c. _____

Relevant Purpose: _____

Time-Bound Deadline: _____

3rd Session: Review and Reflection

Review of Success Plan:

Peaks (What Went Well):

- 1. _____
- 2. _____
- 3. _____

Pitfalls (Challenges Faced):

- 1. _____
- 2. _____
- 3. _____

Strategies for Improvement:

- 1. _____
- 2. _____
- 3. _____

Final Notes from Success Coach:

Signature (Student): _____

Signature (Success Coach): _____