

RICHIE ~ Referral



Date:

Student Name:

Spartan ID#

Referred by:

Course #: NUR

Course Name:

Referral Type: Select all that apply

Faculty/Instructor _____

Advisor _____

Peer _____

Self _____

Reason for Referral:

Academic

Time Management _____

Organization _____

Study Skills _____

Testing _____

 Test Taking Skills _____

 Test Taking Anxiety _____

Weighted Average ↓75% _____

Weighted Average _____%

Quiz or Exam Grades ↓75% _____

 List Exam and Quiz Grades in %

Other Academic Reason(s) for Referral:
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Goal Achievement ~ Action Plan for Success

Purpose: To formally commit to a mutual teaching/learning understanding between student and mentor.

Initial meeting:

Overview

Semester course schedule for (Semester/Year) and has a term load of ## student credit hours.

Monday

Tuesday

Wednesday

Thursday

Friday

(Semester/Year) Course Schedule

Course	Title	Credits	Faculty	Day	Time

Expectations

Expectations of Faculty Mentor

- To keep her accountable of all meetings, assignments, and time management
- Remind student of their goals when they are not feeling her best
- Self-admits procrastination and asks for motivation techniques
- To be firm but caring in all interactions
- Assist with time management for studying and course assignments

Mentor's expectations of (name)

- Meet and be on time for scheduled appointments
- Be prepared for all appointments
- Foster a mutual relationship based on respect, trust, and commitment
- Accept guidance with positivity
- Work efficiently, diligently, and be committed to the goal
- Accept all assignments that have been recommended and complete them on time
- Be honest and communicate openly about any challenges or struggles with courses or any personal issues that may affect her success in the program
- Keep on track, do not fall behind
- Be good to yourself and celebrate your victories
- Surround yourself with good and positive people who will assist you with your goals
- Check student email at least 2 times per day for important communication from faculty
- Maintain professional and prompt communication with all faculty regarding progress

Weekly Appointments

Area of Concern

Goals

Student Acknowledgement:

Sign

Print

Date

Mentor Acknowledgement:

Sign

Print

Date



Goal Achievement ~ Action Plan for Success
(GAAPS)

Name
Student ID

Initial Meeting:
Goals determined, meeting times set, and expectations discussed.

Goal Achievements

#	Goal	Date Created	Resolution	Date Achieved
1				
2				
3				

Goal #1 Goal Achieved Date:

Meeting Date	Discussion	Action	Deadline	Date Completed

Course #		
Exam	1	
	2	
	3	
	4	
	Final	

Course #		
Exam	1	
	2	
	3	

Course #		
Care Plan	1	
Care Plan	2	

Course #		

Course #		

Meeting Notes: