



Santiago Canyon College

Financial Aid Office, E-104

Phone: (714) 628-4876 | Email: finaid@sccollege.edu | <http://www.sccollege.edu/FinancialAid>

Student Name: _____ Student ID#: _____ Date: _____

California Chafee Grant Student Success Plan

Directions to students: **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).

- Disabled Student Program Services (DSPS)
- Guardian Scholars
- Extended Opportunity Program and Services (EOPS)
- Student Support Services TRiO (SSS-TRiO)

Upon successful completion of your plan, the program **staff or faculty** member will **notify the Sunny Prajapati at the Financial Aid Office** (JP27206@sccollege.edu) 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	Personal/Financial
<ul style="list-style-type: none"> <input type="checkbox"/> I don't know how to study effectively. <input type="checkbox"/> I struggle with time management. <input type="checkbox"/> It's hard to concentrate in my classes. <input type="checkbox"/> I skipped class or showed up late to class a lot. <input type="checkbox"/> My courses were too difficult. <input type="checkbox"/> I registered for too many units. <input type="checkbox"/> I don't know how to ask my instructors for help during class or office hours. <input type="checkbox"/> I have difficult time keeping up in class during lectures or in-class assignments. <input type="checkbox"/> I'm having a hard time adjusting to college-level classwork and homework. <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> I'm experiencing financial difficulties. <input type="checkbox"/> I don't have stable housing or am about to lose my housing. <input type="checkbox"/> I have persistent physical health problems. <input type="checkbox"/> I'm struggling with my mental health. <input type="checkbox"/> I have a general lack of motivation. <input type="checkbox"/> I can't get a good night's rest. <input type="checkbox"/> I have a lot of anxiety and stress. <input type="checkbox"/> I can't secure childcare on a regular basis. <input type="checkbox"/> I'm having transportation issues and can't get to campus. <input type="checkbox"/> I'm working too many hours and can't focus on school. <input type="checkbox"/> Other _____

Major/Career	Family/Social Adjustment
<ul style="list-style-type: none"> <input type="checkbox"/> I'm unsure about my current major. <input type="checkbox"/> I don't have a clear career goal. <input type="checkbox"/> I like my major, but unsure what jobs I can get. <input type="checkbox"/> I'm unsure about my educational goals. <input type="checkbox"/> I'm just not sure it makes sense for me to be in college. <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> I'm having roommate issues. <input type="checkbox"/> I'm having issues with my romantic partner. <input type="checkbox"/> I'm having biological or foster family issues. <input type="checkbox"/> I'm having a hard time adjusting to college life. <input type="checkbox"/> 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 (<i>identify at least 2 strategies</i>)
<i>Example: I'm having transportation issues and can't get to campus on a regular timely basis.</i>	<i>Example: Work with my foster youth support program to get a bus pass.</i>	<i>Example: I don't know the bus schedule.</i>	<i>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.</i>
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:

- Academic Counseling**
- DSPS**
- Guardian Scholars**
- Hawks Food Panty**
- EOPS**
- First Year Support Center**
- Library**
- TRiO**

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 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 Sunny Prajapati at the Financial Aid Office in room E-104.

I, _____, completed the Student Success Plan with
[STAFF/FACULTY NAME]

_____, on _____ for the
[STUDENT NAME] **[DATE]**

purposes of continuing or reinstating the student's Chafee grant eligibility.

Student Signature

Staff/Faculty Name and Title

Staff/Faculty Signature

Staff/Faculty Phone Number