

Student Success Plan

<u>Deadlines for Return from MLOA</u>	
Term:	Must submit by:
Fall	AUG 1
Spring	DEC 1
Summer	APRIL 1

Name of Student _____

Date _____ Pronouns _____

Term for which you are requesting return from Medical Leave of Absence (MLOA): _____ / _____
Term Year

Goals:

PERSONAL (can include health, family, friends, relationships, etc.)	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

SOCIAL	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

ACADEMIC	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

HOUSING (think about living situations, roommates, etc.)	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

Tools for Success:

On and off-campus support is vital for all students, and particularly after an MLOA. What mechanisms and supports have you already implemented, or will you commit to implement so that your transition back to school is successful? Check off the support options below that you plan to utilize upon your return from MLOA. We also encourage you to visit www.vanderbilt.edu/studentcarenetwork to explore additional resources within the Student Care Network available to you.

Medical/Mental Health Support	_____ Student Health Center								
	Provider: _____								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date				
	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date					
	<i>I will follow all recommendations and schedule appointments when needed</i>								
	_____ Specialized Medical Care								
	Provider: _____								
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<i>I will follow all recommendations and schedule appointments when needed</i>									
_____ Medication(s)									
Prescribing Physician: _____									
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Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date						
<i>I will take medications as prescribed and get refills in a timely manner</i>									
_____ Intensive Outpatient Program									
Facility Name: _____ Start Date: _____									
<i>I will attend regularly and complete assignments</i>									
_____ Mental Health Provider at UCC									
Provider: _____									
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Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date						
Individual Therapy: _____/Group Therapy: _____									
<i>I will follow all recommendations and schedule appointments when needed</i>									
_____ Mental Health Provider in Community									
Provider: _____									
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<i>I will follow all recommendations and schedule appointments when needed.</i>									

Alcohol and Other Drug Support	_____ 12 Step Meetings
	At least _____ per week.
	_____ Mentor/Sponsor
	Obtain by _____
	Call _____ times per week/Meet _____ times per week
_____ Vanderbilt Recovery Support	
I will attend _____ meetings per month	
_____ Urine Drug Screen	
_____ Random: Go to lab within 24 hours of request	
_____ Routine: Go to lab at _____ intervals without being reminded	

Wellbeing Support	_____ Center for Student Wellbeing			
	Specify program:			
	<input type="checkbox"/> Wellbeing Coaching	<input type="checkbox"/> Skills workshops	<input type="checkbox"/> Peer Guide Coaching	<input type="checkbox"/> Yoga/Meditation
	<input type="checkbox"/> Academic Skills Coaching	<input type="checkbox"/> Other _____		
	Coach (if applicable): _____			
	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date
	_____ Recreation and Wellness Center			
	I will attend the Rec Center _____ days per week. Activities: _____			

Academic Support	_____ Career Center	
	Notes: _____	
	_____ Tutoring Services	
	Notes: _____	
	_____ School-specific Support: _____	
	Notes: _____	
	_____ The Writing Studio	
	Notes: _____	
	_____ English Language Center	
	Notes: _____	
	_____ Student Access Services (for academic or housing accommodations)	
	Notes: _____	

Additional Campus Support	_____ Project Safe	
	Notes: _____	
	_____ K.C. Potter Center – The Office of LGBTQI Life	
	Notes: _____	
	_____ Bishop Joseph Johnson Black Cultural Center	
	Notes: _____	
	_____ Office of the University Chaplain and Religious Life	
	Notes: _____	
	_____ International Students and Scholars Services	
Notes: _____		
_____ Housing and Residential Experience		
Notes: _____		
_____ Margaret Cuninggim Women’s Center		
Notes: _____		
_____ Student Center for Social Justice and Identity		
Notes: _____		
_____ Vanderbilt Athletics		
Notes: _____		

	Other: _____ Notes: _____
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Reality and Accountability Planning:

Returning to campus life can be much more difficult than expected. In the event that challenges arise with physical and/or mental health, negative or self-destructive thoughts, failure to follow this Success Plan, return to old behavior, or use of alcohol or other drugs, I will immediately reach out to the following family, friends and/or staff/faculty members as part of my support team. I understand I will also meet with a Care Coordinator from the Office of Student Care Coordination (OSCC) to discuss this plan and for ongoing supportive follow up.

It is important that you notify these people that you have listed them as part of your support team.

- 1. Name: _____ Contact Number: _____
- 2. Name: _____ Contact Number: _____
- 3. Name: _____ Contact Number: _____

Student Signature: _____