



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

**Student Success Plan**

Name of Student \_\_\_\_\_

Date \_\_\_\_\_ Pronouns \_\_\_\_\_

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

**Goals:**

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

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

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

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

## 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](http://www.vanderbilt.edu/studentcarenetwork) to explore additional resources within the Student Care Network available to you.

<b>Medical/Mental Health Support</b>	<b>_____ Student Health Center</b>								
	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>								
	<b>_____ Specialized Medical Care</b>								
	Provider: _____								
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<i>I will follow all recommendations and schedule appointments when needed</i>									
<b>_____ Medication(s)</b>									
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>									
<b>_____ Intensive Outpatient Program</b>									
Facility Name: _____ Start Date: _____									
<i>I will attend regularly and complete assignments</i>									
<b>_____ Mental Health Provider at UCC</b>									
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>									
<b>_____ Mental Health Provider in Community</b>									
Provider: _____									
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<i>I will follow all recommendations and schedule appointments when needed.</i>									

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

<b>Wellbeing Support</b>	<b>_____ Center for Student Wellbeing</b>			
	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
	<b>_____ Recreation and Wellness Center</b>			
	I will attend the Rec Center _____ days per week. Activities: _____			

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

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

	<b>Other:</b> _____ 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 Student Care Coordination (SCC) 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:** \_\_\_\_\_