# Student Success Plan

**Name of Student**

**Date**

**Pronouns**

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

## Goals:

### Personal (can include health, family, friends, relationships, etc.)

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy:</td>
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</tbody>
</table>

**Situations/Triggers to Avoid:**

### Social

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
</tr>
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<tr>
<td>Strategy:</td>
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</table>

**Situations/Triggers to Avoid:**
<table>
<thead>
<tr>
<th>ACADEMIC</th>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSING (think about living situations, roommates, etc.)</th>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy:</td>
<td></td>
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</table>
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.

<table>
<thead>
<tr>
<th>Medical/Mental Health Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Health Center</strong></td>
</tr>
<tr>
<td>Provider: ____________________</td>
</tr>
<tr>
<td>Appt Time/Date</td>
</tr>
<tr>
<td><strong>I will follow all recommendations and schedule appointments when needed</strong></td>
</tr>
<tr>
<td><strong>Specialized Medical Care</strong></td>
</tr>
<tr>
<td>Provider: ____________________</td>
</tr>
<tr>
<td>Appt Time/Date</td>
</tr>
<tr>
<td><strong>I will follow all recommendations and schedule appointments when needed</strong></td>
</tr>
<tr>
<td><strong>Medication(s)</strong></td>
</tr>
<tr>
<td>Prescribing Physician:</td>
</tr>
<tr>
<td>Appt Time/Date</td>
</tr>
<tr>
<td><strong>I will take medications as prescribed and get refills in a timely manner</strong></td>
</tr>
<tr>
<td><strong>Intensive Outpatient Program</strong></td>
</tr>
<tr>
<td>Facility Name: ______________</td>
</tr>
<tr>
<td>Start Date: ________________</td>
</tr>
<tr>
<td><strong>I will attend regularly and complete assignments</strong></td>
</tr>
<tr>
<td><strong>Mental Health Provider at UCC</strong></td>
</tr>
<tr>
<td>Provider: ____________________</td>
</tr>
<tr>
<td>Appt Time/Date</td>
</tr>
<tr>
<td>Individual Therapy: __________/Group Therapy: __________</td>
</tr>
<tr>
<td><strong>I will follow all recommendations and schedule appointments when needed</strong></td>
</tr>
<tr>
<td><strong>Mental Health Provider in Community</strong></td>
</tr>
<tr>
<td>Provider: ____________________</td>
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<tr>
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<td><strong>I will follow all recommendations and schedule appointments when needed.</strong></td>
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<tr>
<th>Alcohol and Other Drug Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12 Step Meetings</strong></td>
</tr>
<tr>
<td>At least _____ per week.</td>
</tr>
<tr>
<td><strong>Mentor/Sponsor</strong></td>
</tr>
<tr>
<td>Obtain by ______________</td>
</tr>
<tr>
<td>Call _______ times per week/Meet _______ times per week</td>
</tr>
<tr>
<td><strong>Vanderbilt Recovery Support</strong></td>
</tr>
<tr>
<td>I will attend _____ meetings per month</td>
</tr>
<tr>
<td><strong>Urine Drug Screen</strong></td>
</tr>
<tr>
<td>_____ Random: Go to lab within 24 hours of request</td>
</tr>
<tr>
<td>_____ Routine: Go to lab at _____ intervals without being reminded</td>
</tr>
</tbody>
</table>
### Center for Student Wellbeing

**Specify program:**
- [ ] Wellbeing Coaching
- [ ] Peer Guide Coaching
- [ ] Academic Skills Coaching
- [ ] Other ___________________

**Coach (if applicable):** __________________

<table>
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<tr>
<th>Appt Time/Date</th>
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### 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 (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:** ____________________________________________________________

#### Center for Spiritual 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:** ____________________________________________________________
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: ________________________________