

## Academic Recovery Plan

**PURPOSE:**

An Academic Recovery Plan Worksheet is a tool that will allow you to have a plan to identify the challenges that contributed to an academic probationary status or leave of absence from York College. In addition, the worksheets will assist the Counseling Office in creating an Individualized Academic Plan (IAP) to reach academic success.

**Student's Name** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **EMPLID#** \_\_\_\_\_

**Semester for Reinstatement** \_\_\_\_\_

**Department Major:** \_\_\_\_\_ **Minor** \_\_\_\_\_

**Academic Advisor:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

What do you believe impacted your academic performance? Please use information from previous semesters to fill in the grid below:

**Previous Semester**

Class	Category	Specific Challenge, (#) A1, B 2, etc.
e.g. Biology	e.g. F	F1, F3

**Categories:**

**A. Time Management**

1. I watched too much TV.
2. I had trouble balancing work and school.
3. I didn't manage time well.

**B. Study Skills & Test Prep**

1. I wasn't sure how to study effectively.
2. I wasn't organized enough.
3. Trouble prioritizing schoolwork.

**C. Health & Personal Issues**

1. I had personal problems.
2. I didn't have transportation.
3. I had health problems.

**D. Class Responsibilities**

1. I didn't go to class.
2. I didn't take notes.
3. I didn't turn in assignments.

**E. Home Life/Work Life**

1. I didn't get enough sleep.
2. I worked too many hours.
3. Family responsibilities.

**F. Social Habits**

1. I had trouble adjusting to college.
2. I didn't buy the book(s) for the class.
3. I spent too much time on Internet.

**G. Finances**

1. I had financial problems.
2. I didn't buy the books for class.
3. I am self-supporting.

**H. Substance/Alcohol Abuse**

1. I abused drugs.
2. I abused alcohol.
3. I self-medicated.

**Student's Comments:** \_\_\_\_\_

\_\_\_\_\_

**Counselor's Comments:** \_\_\_\_\_

\_\_\_\_\_

**Current Semester**

The questions below are aimed at helping you clarify your current standing. Use the grid below to provide estimated grades, including quizzes, subject exams and papers to determine your academic standing in your current classes:

Subject	Grades	Explanation
e.g. English	e.g. C-	e.g. A2,3

**Categories:**

**A. Quiz/Test Performance**

1. I studied for each exam.
2. I missed an exam.
3. I didn't understand material.

**C. Communication**

1. I spoke with my professor.
2. I did not meet with professor.
3. I spoke with my advisor/counselor.

**B. Class Participation**

1. I contributed to discussions.
2. I contributed to group project.
3. I did not participate.

**D. Preparation**

1. I was well prepared for exam.
2. I joined a study group.
3. I was unprepared.

**Student's Comments:** What did you learn about yourself from the choices selected? Is there anything you would like to add an explanation for below? \_\_\_\_\_

\_\_\_\_\_

**Counselor's Comments:** \_\_\_\_\_

\_\_\_\_\_

## Academic Recovery Plan

An IAP (Individualized Academic Plan) requires a commitment to employ methods that are identified by both counselor and student. You are required to sign a contract to fulfill the commitment.

### Individualized Academic Plan (IAP)

	Category	Solution Based Initiatives
<b>B</b>	e.g. Support Services	B2, B3 e.g.

**A. Classroom & Academic Responsibilities**

1. I will meet with a study skills specialist.
2. I will go to class prepared.
3. I will meet with an academic advisor.

**B. Time Management**

1. I will reduce my work hours.
2. I will establish study sessions.
3. I will find places I enjoy to study.

**E. Financial & Career Planning**

1. I will use the resources in the Career Development Services Office.
2. I will seek assistance from the Financial Aid Office.
3. I will seek out an internship in my area of interest.

**C. Support Services**

1. I will attend tutoring sessions.
2. I will attend counseling sessions.
3. I will use the Writing Center.

**D. Health & Wellness**

1. I will make better meal choices.
2. I will not indulge in drugs/alcohol.
3. I will start exercising.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Appointment Schedule

Counselor	Student	Appointment Date/Time

**Counselor's Comments:**

Meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Meeting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_