Strategies Counselor Checklist

Student Name: Joey Kangaroo
Student ID Number: 01234567
College:
Program: One of yours

The items listed and checked below are suggestions of assistance that have been recommended for this student.

A. ASC-sponsored Speaker Series
   Time Management
   Title
   Date

B. Academic Support Center, ASC 1017, Ext. 3543, for tutor in
   Course Name and Number

C. Academic Support Center, ASC 1017, Ext. 3543, for following series: Date/Time
   ____________________________
   1. Note Taking Skills
   2. Effective Reading
   3. Test Taking and Preparation
   4. Memory Improvement
   5. Time Management

D. Counselors in Disabilities Services, STR 313, Ext. 3057. Date/Time

E. Career Assessment Inventories in ECDS, STR 313, Ext. 2057. Date/Time
   To discuss

F. Time log to return to ECDS Counselor for discussion in _____ weeks.

G. Personal Counseling Center, Ext. 5968, Date/Time

H. Birkam Health Center, Ext. 2814, Date/Time

I. Resident Advisor / Hall Director (Circle one)

J. Scholar Program, ASC 1021, Ext. 5976 Date/Time

K. Students with Children Program, ASC 1017K, Ext. 5034

L. Academic Advisor, Date/Time

M. Appointment with Instructor in ___________________________ to discuss ________
   Course Name & Number

N. Financial Aid / Satisfactory Academic Progress Issues

O. Other

P. Next appointment with ECDS Counselor is on ___________________________ at
   ___________________________ Date Time

(STUDENT MUST BRING A COPY OF THIS FORM WHEN THEY MEET WITH THEIR ADVISOR.)

Student Signature
Counselor Signature
Date 1/30/13

White Copy: Student
Yellow Copy: Student's College
Pink Copy: ECDS File

Reco/Educational Counseling Strategies/Strategies Info/Strategies Counselor Checklist 11-16-11
Academic Advisor Action Plan:  
Follow-up to Strategies Workshop

Scenario: An advisee, who has been on academic probation, attends the Strategies for Success Workshop and has met with a counselor at Educational Counseling & Disabilities Services to discuss the results of the assessments and recommendations for services that might help the student with academic success. Using the bottom half of this form, please create a plan for how you would work with this student given the information you have on the Strategies Checklist.

You may want to include what questions you have for the student, actions you would take as an advisor, and any follow-up procedures that will help you track student progress. Also, this may be a plan you already have in place or one that is new.

This assignment is due on Thursday, February 14, 2013, because nothing says, “Happy Valentine’s Day,” like a loving due date from ECDS! Please return your plan to the ECDS office by foot (located in 313 STARR), by email to Julie or Kim (JulieRudolph@ferris.edu or dickmak@ferris.edu, respectively) or by campus mail (to ECDS in 313 STARR). Thank you for your thoughtfulness and for your continued good work with helping students!