



Cerritos College

Extended Opportunity Programs & Services

Success Plan of Action

Check the areas you would like to discuss with your EOPS counselor:

ACADEMIC	PERSONAL	ENVIROMENTAL FACTORS
<input type="checkbox"/> Concentration <input type="checkbox"/> English/Language Skills <input type="checkbox"/> Problems with instructor <input type="checkbox"/> Not academically prepared for course <input type="checkbox"/> Listening Skills <input type="checkbox"/> Note-taking <input type="checkbox"/> Memory <input type="checkbox"/> Test Anxiety <input type="checkbox"/> Time-Management <input type="checkbox"/> Course load too heavy <input type="checkbox"/> Inadequate study facilities <input type="checkbox"/> Motivation <input type="checkbox"/> Goal-Setting <input type="checkbox"/> Other: _____	<input type="checkbox"/> Emotional Concerns <input type="checkbox"/> Lack of Child Care Services <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Financial Difficulties <input type="checkbox"/> Housing/Shelter <input type="checkbox"/> Disability (Visual Impairment, Learning, etc.) <input type="checkbox"/> Transportation <input type="checkbox"/> Illness/Medical Problems <input type="checkbox"/> Other: _____	<input type="checkbox"/> Family Obligations/Problems <input type="checkbox"/> Few support services to help me <input type="checkbox"/> Employment/Workload <input type="checkbox"/> Social Distractions <input type="checkbox"/> Unsure if school fits my goals <input type="checkbox"/> Other: _____

Out of the areas that you checked off, which are the areas that you feel are affecting you the most (top 3) and how are they affecting your academics?

What are some strategies/resources you have used to help with the areas that are affecting you?

STUDENT'S NEXT STEPS

Complete with counselor:

1. Meet with my counselor _____ times a semester
2. Consult with my counselor before dropping or adding a class
3.
4.
5.

Student's Signature: _____

Date: ____/____/____