

# Luzerne County Community College Academic Recovery Plan

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Number: \_\_\_\_\_

LCCC Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Counselor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Campus Involvement: \_\_\_\_\_

\_\_\_\_\_

## Prior Academic Performance

Credits attempted so far: \_\_\_\_\_ Credits earned: \_\_\_\_\_ Cum GPA: \_\_\_\_\_

Number of credits attempting this semester: \_\_\_\_\_

Number of courses currently being retaken: \_\_\_\_\_

This semester, I'll need a GPA of \_\_\_\_\_ to return to good academic standing.

# Luzerne County Community College Academic Recovery Plan

## Last Semester's Obstacles

What obstacles negatively impacted your grades? Check all that apply. Then, circle the top 3 obstacles that impacted your academic progress.

### **ACADEMIC**

Ineffective study skills \_\_\_\_\_

Undeveloped time management skills \_\_\_\_\_

Unprepared for exams \_\_\_\_\_

What worked in high school isn't working anymore \_\_\_\_\_

Difficulty concentrating \_\_\_\_\_

Difficult classes/not prepared for course level \_\_\_\_\_

Conflict with instructor(s) \_\_\_\_\_

Unable to comprehend course content \_\_\_\_\_

Registered for too many classes \_\_\_\_\_

Poor attendance/skipped classes \_\_\_\_\_

Uncomfortable classroom environment \_\_\_\_\_

### **PERSONAL/OTHER**

Financial difficulties \_\_\_\_\_

Health Problems \_\_\_\_\_

Hard to get out of bed in morning \_\_\_\_\_

Use of alcohol or other substances \_\_\_\_\_

Possible learning disability \_\_\_\_\_

Difficulty sleeping at night \_\_\_\_\_

Stress, anxiety, or tension \_\_\_\_\_

Over-involved with co-curricular activities \_\_\_\_\_

Lack of motivation \_\_\_\_\_

Working too much \_\_\_\_\_

### **MAJOR/CAREER PATH**

Uncertain about what major to take \_\_\_\_\_

No clear career goals \_\_\_\_\_

Not sure why I'm in school \_\_\_\_\_

Family situation \_\_\_\_\_

Difficulty adjusting to college \_\_\_\_\_

Childcare \_\_\_\_\_

Transportation \_\_\_\_\_

Lack of support at home \_\_\_\_\_

## Luzerne County Community College Academic Recovery Plan

### Semester Goals

Semester Goals	Action Plan	Resources Available
1.		
2.		
3.		

Factors that may contribute to academic success	How will these factors impact your success?	Factors that may hinder your academic success	Ways to manage these factors
1.		1.	
2.		2.	
3.		3.	

# Luzerne County Community College Academic Recovery Plan

## Meeting Schedule

Date/Time	Purpose	Attended?
	Initial Meeting – Plan Development	

# **Luzerne County Community College Academic Recovery Plan**

## Agreement

I recognize that the following actions are critical to my academic recovery:

1. I will attend all classes in which I am enrolled.
2. I will set and abide by a regular study schedule.
3. I will seek help in my courses as needed (tutoring, writing center, study groups, instructor's office hours).
4. I will commit to working towards the goals that I have set for myself this semester.
5. I will attend scheduled meetings with my counselor.
6. I will make academics my priority over co-curricular and recreational activities.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_