

**The Student Success Center  
Academic Recovery Programs  
Individual Plan for Academic Success (IPAS)  
Academic Term: Spring \_\_\_\_\_ Fall \_\_\_\_\_**

**Section 1: Student Information**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

VT Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Major \_\_\_\_\_ College \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Advisor's email \_\_\_\_\_

Previous Semester GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Academic Probation status: \_\_\_\_\_ 1st semester \_\_\_\_\_ 2nd semester

**Section 2: College and Major Requirements for Students on University  
Academic Probation (only complete if your cumulative GPA is under 2.0)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met with your academic advisor to discuss the conditions of your academic probation and what action is required of you by your college and/or major during your probationary period?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you required by your college and/or major to develop a plan to improve your academic performance during your probationary term?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you developed and submitted your plan as specified?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your plan been approved by your college/major? (If yes, please attach a copy of your plan.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met with your academic advisor to discuss the courses you plan to take during the upcoming term?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you read and do you understand the academic eligibility policies found in the <i>Undergraduate Course Catalog and Academic Policies</i> at <a href="http://www.undergradcatalog.registrar.vt.edu">www.undergradcatalog.registrar.vt.edu</a> ?

### Section 3: Course Schedule and Information for Current Semester

Course Number	Meeting Day & Times	Credits	Previous grade earned if a repeat course	Target Grade	Skills I will need and resources I will use to be successful in course

Total Credit hours you are taking this semester \_\_\_\_\_ (Please note that students on university academic probation are not permitted to enroll in more than 16 credit hours)

GPA needed at end of this term to raise my cumulative GPA to the 2.0 requirement? \_\_\_\_\_

Do you have, or plan to have, a job this semester? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the number of hours per week you will be working \_\_\_\_\_.

Please list any regular commitments you have this semester and estimate the number of hours per week you will spend on each activity including sororities/fraternities, clubs, religious activities, sports, organizations, etc.

\_\_\_\_\_ Hours/Week \_\_\_\_\_

\_\_\_\_\_ Hours/Week \_\_\_\_\_

## Section 4: Assessment of Factors Limiting Success

Directions: Complete this list by checking each item that, in general, limits your success. Star \* the issues that bothered you the most. Use the results of this inventory to complete part 5 of your IPAS.

### Goals and Direction

- |  |   |
|--|---|
| <input type="checkbox"/> Unsure of interests/Unable to decide on major | <input type="checkbox"/> Overall lack of motivation                         |
| <input type="checkbox"/> No clear career goals                         | <input type="checkbox"/> Not sure I want to be in college                   |
| <input type="checkbox"/> Unsure if present major is right for me       | <input type="checkbox"/> Not sure Virginia Tech is the right university ___ |

### Time Management and Organization Skills

- |  |  |
|--|--|
| <input type="checkbox"/> Overall difficulty managing time                              | <input type="checkbox"/> Fall behind in reading and class work                                     |
| <input type="checkbox"/> Use a planner to record academic and non-academic commitments | <input type="checkbox"/> Hand in assignments late  |
| <input type="checkbox"/> Procrastinate on course assignments, test preparation, etc.   | <input type="checkbox"/> Lose or cannot find important class information, papers, etc when needed. |
| <input type="checkbox"/> Spend too much time on leisure/personal Activities            | <input type="checkbox"/> Poor organization skills  |
| <input type="checkbox"/> Make daily to do lists but don't follow through               | <input type="checkbox"/> Working too many hours  |
|  | <input type="checkbox"/> Waste time on low priority activities                                     |
|  | <input type="checkbox"/> Other _____   |

Did you use a daily planner or other type of time management tool last semester? \_\_\_ Yes \_\_\_ No

If yes, what type \_\_\_\_\_ Were you able to stay organized and use your time effectively using this planner/tool? \_\_\_ Yes \_\_\_ No

### Academic Issues

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of general study skills               | <input type="checkbox"/> Little or no class participation            |
| <input type="checkbox"/> Do not follow a study plan                 | <input type="checkbox"/> Inadequate test preparation                 |
| <input type="checkbox"/> Do not use a designated study area         | <input type="checkbox"/> Test taking or test anxiety issues          |
| <input type="checkbox"/> Difficulty understanding textbook readings | <input type="checkbox"/> Study but cannot pass tests                 |
| <input type="checkbox"/> Spend too much time on reading assignments | <input type="checkbox"/> Poor attitude toward class and/or professor |
| <input type="checkbox"/> Little or no preparation before class      | <input type="checkbox"/> Did not meet with professor or TAs for help |
| <input type="checkbox"/> Poor in-class note-taking skills           | <input type="checkbox"/> Other _____                                 |

In what two classes did you struggle the most last semester? What grades did you earn in each class?

\_\_\_\_\_

**Class Attendance:** Please indicate your overall pattern of class attendance during the most recent semester:

90-100%     75-89%     50-74%     25-49%     Less than 25%

Did your attendance vary depending on what time it was, how you were doing, if you liked it, etc.? \_\_\_ Yes \_\_\_ No

### Personal Issues:

- |  |   |
|--|---|
| <input type="checkbox"/> Physical illness or injury            | <input type="checkbox"/> Distracted by family problems at home          |
| <input type="checkbox"/> Financial problems                    | <input type="checkbox"/> Substantial family commitments                 |
| <input type="checkbox"/> Dating or other relationship problems | <input type="checkbox"/> Use of alcohol or other substance abuse        |
| <input type="checkbox"/> Housing, roommate issues              | <input type="checkbox"/> Feel stressed and overwhelmed much of the time |
| <input type="checkbox"/> Can't make friends                    | <input type="checkbox"/> Can't find meaning for anything                |
| <input type="checkbox"/> Homesickness                          | <input type="checkbox"/> Feel "blue" much of the time                   |
| <input type="checkbox"/> Problems sleeping or lack of sleep    | <input type="checkbox"/> Racial or other diversity issues               |

**Academic Support Resources:** List resources you used last semester such as professors, tutoring, classmates, etc

\_\_\_\_\_

## Section 5: Analysis of Academic Performance

Complete the self-assessment in Section 4 of this form before completing the following chart. If you believe a factor contributed to your poor performance last semester (or during the last semester you were enrolled at VT.

<b>Factor</b>	<b>Briefly explain how this factor impacted your academic performance and if it was within your ability to control.</b>
<b>Organization and Time Management Skills</b>	
<b>Motivation, Attitude, and Goals</b>	
<b>Class preparation, attendance &amp; participation</b>	
<b>General Study Habits &amp; Test Taking Skills</b>	
<b>Non-academic activities and commitments</b>	
<b>Personal Issues: health, relationship, financial, family, emotional, etc.</b>	
<b>Other</b>	

## Section 6: Semester Goals and Action Plan

Use this chart to develop at least three personal and academic goals to accomplish this semester. Decide what you need to do to accomplish each goal by creating an action plan. As a final step, think about the challenges or obstacles you might encounter that would interfere or prevent you from accomplishing your goals and decide how you can overcome the obstacle.

### Goals:

Remember to create goals that are "SMART":  
specific, measurable, achievable, realistic, and  
timely

### Action Plan:

### Challenges and Obstacles:

## Section 7: Academic Support Resources

List additional academic support resources you will use to facilitate your success this semester including contact information.


## Section 7: IPAS Review and Follow-up Meetings

Record the dates for any follow-up meetings you with your SSC contact support person and the dates you will review your IPAS to ensure you are staying on track to achieving your goals. Also, write down any changes made to your plan and actions you will take as a result.

Review Date/Meeting	Plan Revisions and Action To Take

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

SSC Contact Name \_\_\_\_\_ Email \_\_\_\_\_

SSC Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

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