

Educational Plan
TRIO-SSS
Honolulu Community College

Name: _____ Term & Year: _____ Anticipated Graduation Date: _____

Assessment of Student Goals: How successful have you been in completing your goals since the start of the semester?

	Poor		Average		Excellent
Mid-semester Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

What can you do that would help to make you more successful in completing your goals? ____

Student Signature Date

TO HELP YOU ACHIEVE YOUR GOALS, WHICH OF THESE HAVE YOU UTILIZED?
(CHECK ALL THAT APPLY)

☐ Tutoring ☐ Coaching ☐ Math Lab ☐ Writing Center ☐ Academic Advising ☐ Instructor/Teacher
☐ Other Support Programs? _____ ☐ Other _____

Personnel Use Only

MIDSEMESTER EVALUATION (ADVISING COMMENTS/SUGGESTIONS/REFERRALS)

☐ Tutoring ☐ Coaching ☐ Math Lab ☐ Writing Center ☐ Academic Advising ☐ Instructor/Teacher
☐ Other _____

TRIO-SSS Staff Commitment of Support:

I have met with this student and have done my best to understand their goals and needs. I intend to support and encourage this student to the best of my ability.

TRIO-SSS Staff Signature Date