

**Educational Plan**  
**TRIO-SSS**  
Honolulu Community College

Name: \_\_\_\_\_ Term & Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Confidentiality Statement**

This document and its content will be kept confidential by TRIO-SSS. I understand the rules of confidentiality as explained by the TRIO-SSS and have disclosed my personal information voluntarily. \_\_\_\_\_

Student Signature

Date

**Student Goals**

Short Term Goals (Semester) \_\_\_\_\_

\_\_\_\_\_

Long Term Goals (In 1 Year) \_\_\_\_\_

\_\_\_\_\_

Career Goals \_\_\_\_\_

\_\_\_\_\_

**Is there anything that might prevent you from completing your degree here at HCC? (Check all that apply)**

☐ Financial      ☐ Family      ☐ Academics      ☐ Personal      ☐ Motivation

☐ Other: \_\_\_\_\_

**How can the TRIO-SSS program assist you in achieving your goals?**

\_\_\_\_\_

\_\_\_\_\_

**LIST OF CLASSES YOU MAY NEED TUTORING IN**

Class: \_\_\_\_\_ Class: \_\_\_\_\_ Class: \_\_\_\_\_

**Personal Mission Statement:**

This semester my overall goal(s) are to: \_\_\_\_\_

\_\_\_\_\_

Student Signature

Date

**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