

Student Success Plan

Deadlines for Return
from MLOA

Term:	Must submit by:
Fall	AUG 1
Spring	DEC 1
Summer	APRIL 1

Name of Student _____

Date _____ Pronouns _____

Term for which you are requesting return from Medical Leave of Absence (MLOA): _____ / _____
Term Year

Goals:

PERSONAL (can include health, family, friends, relationships, etc.)	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

SOCIAL	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

ACADEMIC	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

HOUSING (think about living situations, roommates, etc.)	Goal 1:	Goal 2:	Goal 3:
	Strategy:	Strategy:	Strategy:
	Situations/Triggers to Avoid:		

Tools for Success:

On and off-campus support is vital for all students, and particularly after an MLOA. What mechanisms and supports have you already implemented or will you commit to implement so that your transition back to school is successful? We also encourage you to visit www.vanderbilt.edu/studentcarenetwork to explore additional resources within the Student Care Network available to you. It is important to review the above Goals, Strategies and Situations/Triggers to Avoid with the supports you identify below and to participate in the development of a productive treatment plan.

Medical/Mental Health Support	<p style="text-align: center;">_____ Student Health Center</p> <p>Provider: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><i>I will follow all recommendations and schedule appointments when needed</i></p>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date				
	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date					
	<p style="text-align: center;">_____ Specialized Medical Care</p> <p>Provider: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><i>I will follow all recommendations and schedule appointments when needed</i></p>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date				
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	<p style="text-align: center;">_____ Medication(s)</p> <p>Prescribing Physician: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><i>I will take medications as prescribed and get refills in a timely manner</i></p>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date				
Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date						
<p style="text-align: center;">_____ Intensive Outpatient Program</p> <p>Facility Name: _____ Start Date: _____</p> <p style="text-align: center;"><i>I will attend regularly and complete assignments</i></p>									
<p style="text-align: center;">_____ Mental Health Provider at UCC</p> <p>Provider: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <p>Individual Therapy: _____/Group Therapy: _____</p> <p style="text-align: center;"><i>I will follow all recommendations and schedule appointments when needed</i></p>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date					
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<p style="text-align: center;">_____ Mental Health Provider in Community</p> <p>Provider: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> <td style="width: 25%;">Appt Time/Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><i>I will follow all recommendations and schedule appointments when needed.</i></p>	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date					
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Alcohol and Other Drug Support	<p style="text-align: center;">_____ 12 Step Meetings</p> <p>At least _____ per week.</p>
	<p style="text-align: center;">_____ Mentor/Sponsor</p> <p>Obtain by _____</p> <p>Call _____ times per week/Meet _____ times per week</p>
	<p style="text-align: center;">_____ Vanderbilt Recovery Support</p> <p>I will attend _____ meetings per month</p>
	<p style="text-align: center;">_____ Urine Drug Screen</p> <p>_____ Random: Go to lab within 24 hours of request</p> <p>_____ Routine: Go to lab at _____ intervals without being reminded</p>

Wellbeing Support	_____ Center for Student Wellbeing			
	Specify program:			
	<input type="checkbox"/> Wellbeing Coaching	<input type="checkbox"/> Skills workshops	<input type="checkbox"/> Peer Coaching	<input type="checkbox"/> Yoga/Meditation
	<input type="checkbox"/> Academic Skills Coaching	<input type="checkbox"/> Other _____		
	Coach (if applicable): _____			
	Appt Time/Date	Appt Time/Date	Appt Time/Date	Appt Time/Date
	_____ Recreation and Wellness Center			
	I will attend the Rec Center _____ days per week. Activities: _____			

Academic Support	_____ Career Center	
	Notes: _____	
	_____ Tutoring Services	
	Notes: _____	
	_____ School-specific Support: _____	
	Notes: _____	
	_____ The Writing Studio	
	Notes: _____	
	_____ English Language Center	
	Notes: _____	
	_____ Student Access Services	
	Notes: _____	

Additional Campus Support	_____ Project Safe	
	Contact: _____	
	Notes: _____	
	_____ K.C. Potter Center – The Office of LGBTQI Life	
	Contact: _____	
	Notes: _____	
	_____ Bishop Joseph Johnson Black Cultural Center	
	Contact: _____	
	Notes: _____	
	_____ Office of the University Chaplain and Religious Life	
	Contact: _____	
	Notes: _____	
	_____ International Students and Scholars Services	
	Contact: _____	
	Notes: _____	
	_____ Housing and Residential Experience	
	Contact: _____	
	Notes: _____	

	<p>_____ Margaret Cuninggim Women's Center</p> <p>Contact: _____</p> <p>Notes: _____</p>
	<p>_____ Inclusion Initiatives and Cultural Competence</p> <p>Contact: _____</p> <p>Notes: _____</p>
	<p>_____ Vanderbilt Athletics</p> <p>Contact: _____</p> <p>Notes: _____</p>
	<p>_____ Other: _____</p> <p>Contact: _____</p> <p>Notes: _____</p>

Reality Planning:
(Friends and/or Family Members)

Returning to campus life can be much more difficult than expected. In the event that challenges arise with physical and/or mental health, negative or self-destructive thoughts, failure to follow my Plan for Success, return to old behavior, or use of alcohol or other drugs, I will immediately reach out to:

It is important that you notify your friends and/or family that you have listed them as part of your reality planning team.

1. Name: _____ Contact Number: _____
2. Name: _____ Contact Number: _____
3. Name: _____ Contact Number: _____

Accountability Planning:
(Must be Staff/Faculty from Relevant VU Departments)

If I feel that there need to be changes in this plan, I will meet with my Support Team Leader to create a revised plan. It is important for the members of the support team to be able to work together on my behalf; therefore, I will sign release forms as requested.

Support Team Members:

1. Name: _____ Contact Number: _____
2. Name: _____ Contact Number: _____
3. Name: _____ Contact Number: _____

Signatures:

Student

Support Team Leader
