



## Study Management Plan

The Course coordinator will prepare the study management plan in consultation with a student as the result of the study progress and at-risk counselling meeting.

Student Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Unit(s) in which the student has shown unsatisfactory progress:

|   | Unit Name | Grade Attained |
|---|-----------|----------------|
| 1 |           |                |
| 4 |           |                |
| 3 |           |                |
| 4 |           |                |

**Key challenges/issues that are preventing the student from progressing through the course (Expand the space below if needed).**

### Recommended intervention strategies

(Discuss the strategies and tick as appropriate. Complete the necessary details, including days, times and contact person, contact information)

|   | Strategy  | Adopt                    |
|---|---|--------------------------|
| 1 | Attend academic/study skills programs.<br>Details:                              | <input type="checkbox"/> |
| 2 | Participate in extra tutorials or study groups.<br>Details:                     | <input type="checkbox"/> |
| 3 | Attend a minimum of 80% of scheduled classes in a specific unit(s):<br>Details: | <input type="checkbox"/> |
| 4 | Attend counselling sessions:<br>Details:  | <input type="checkbox"/> |
| 5 | Participate in a mentoring program:<br>Details:                                 | <input type="checkbox"/> |
| 6 | Reduce course load:<br>Details:   | <input type="checkbox"/> |

|   |                         |                          |
|---|-------------------------|--------------------------|
| 7 | Other (Please specify): | <input type="checkbox"/> |
|---|-------------------------|--------------------------|

**Please indicate on the next page the scheduled meetings for the duration of this plan:**

| Meeting                  | Date: |
|--------------------------|-------|
| Follow-up meeting 1      |       |
| Follow-up meeting 2      |       |
| Follow-up meeting 3      |       |
| Final evaluation meeting |       |

**Prepared by:**

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

\_\_\_\_\_  
Print Name

**Student's details:**

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

\_\_\_\_\_  
Print Name

**Approved by:**

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

\_\_\_\_\_  
Print Name

All information provided in the counselling sessions and documented in this plan are confidential and will be held according to the EIA Privacy Policy and Procedure. The information contained in this policy may be shared with the staff members who are supporting the student to achieve success so that they can target the student's individual needs.