BOISE STATE UNIVERSITY

COLLEGE OF HEALTH SCIENCES

School of Nursing

RN BS Student *Academic Success* Plan (SSP) Form

Student Name:	
Course Faculty Name:	

Course:		**Date SSP Initiated:**	
Date of Meeting:		**Date Program Director Informed:**	

SSP Category:

Attendance/Absences/Missed Coursework

Other (specify)

Part I: Questions for Student Reflection
1. How many hours per week do you work?   2. What extracurricular obligations do you have; ie family, children, sports, clubs, travel   3. How many hours per week do you devote to the activities above?   4. Would you like to explore dropping a course or if you qualify for receiving an incomplete grade?   5. Please detail your plan for academic success and how you will manage external factors to facilitate your successful completion of this course? (*Student to submit answers in a file that is attached to this document or faculty may document answers if this is done via 1:1 live discussion.*)

Part II: Attendance/Absences
Date(s) of Absences: (or last sign in to Canvas site)   **Assignments Missed:**   **New Due Dates for Each Missed Assignments:**

Part III: Action Plan for Academic Success

For Students Returning to Class Following Absences:
After obtaining EAC accommodations, meet with faculty in each of the course(s) that you missed and need to make up assignments. Use this form in each course to document your progress with your faculty.

Scheduled date(s) for follow-up: TBD (follow up meeting can be scheduled live via Zoom or done via email, at the discretion of the course faculty member.)

Progress Follow-Up Meeting(s)

Student Progress Review documentation #1	**Date:**	

Action items to be completed before this meeting:
 	
Results of follow-up meeting:
     Student is making satisfactory progress in courses
     Student is not making satisfactory progress in courses
     Referral(s) initiated to address challenges
     Other action (specify)
 	
Date for next follow-up meeting:
Comments:		

Student Progress Review documentation #2	**Date:**	

Action items to be completed before this meeting:
 	
Results of follow-up meeting:
     Student is making satisfactory progress in courses
     Student is not making satisfactory progress in courses
     Referral(s) initiated to address challenges		

Other action (specify)

Date for next follow-up meeting:
Comments:

Student Progress Review documentation #3	Date:	

Action items to be completed before this meeting:

Results of follow-up meeting:
 Student is making satisfactory progress in courses
 Student is not making satisfactory progress in courses
 Referral(s) initiated to address challenges
 Other action (specify)

Date for next follow-up meeting:
Comments:

Student Progress Review documentation #4	Date:	

Action items to be completed before this meeting:

Results of follow-up meeting:
 Student is making satisfactory progress in courses
 Student is not making satisfactory progress in courses
 Referral(s) initiated to address challenges
 Other action (specify)

Date for next follow-up meeting:
Comments:

Updated 2/20/25

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End of Semester Outcome review (by Faculty)

End of Semester Outcome Review	Date:	
Was the student successful in this course? Yes No Explain:		

Referrals

Writing Center (LA Room 200, 426-1298)
Math Tutoring (MG 118)

Success Referrals

Writing Center (LA Room 200, 426-1298)
eTutoring
Education Access Center (426-1583)
Campus Library (426-1204)
Dean of Students (426-1527)
The Help Desk (426-4557)
Financial Aid (Admin 113, 426-1664)
Career Services (Boulder Hall Suite 111, 426-1747)
Counseling (Norco 2nd Floor, 426-1459)
Campus Food Pantry (Campus School Suite 120)

Mentoring via BroncoLink
Student Connections & Support Center
English Language Support
CARE Referral
RNBS advisors
Program Director Lynn Nichols
email at:
lynnmarienichols@boisestate.edu

Other

Signatures

By typing my name below, I acknowledge that I am electronically signing this document and agreeing to its terms. I understand that my electronic signature carries the same legal effect as a handwritten signature.

Student Signature:		Date:	

Faculty Signature:		Date:	
Program Director Signature:		Date:	

When completed, File on RN BS Google Drive; cc to Faculty and pdf copy to student