STUDENTS A DRIFT?

Retention Strategies to Keep Them On Board
HOW DO WE HELP???
SURVEY STUDENTS
WHO ARE AT RISK STUDENTS?

- Non-Traditional (Age/Gender)
- Single Parents
- First Generation College Students
- English Second Language (LEP)
- Academically Disadvantaged
- Economically Disadvantaged
- Displaced Workers
COPIAH-LINCOLN COMMUNITY COLLEGE
STUDENT QUESTIONNAIRE
Please complete the following voluntary questionnaire. All information will be regarded as confidential.

Name ____________________________________________ Co-Lin ID # ___________ Program _______________________

Please check:

_____ Weston Campus
_____ Simpson Campus
_____ Notchez Campus

_____ I have returned to school to upgrade my skills in order to support my family.

Means an individual who
(A) has worked to care for the home and family,
(B) has been dependent on the income of another family member, but is no longer supported by that income; or
(C) is a parent whose youngest dependent child will become ineligible to receive assistance under Social Security; and
(D) is unemployed or underemployed and is experiencing difficulty in attaining or upgrading employment.

_____ I have a disability.

Means an individual as defined by 504/ADA:

A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activity, (for example, walking, seeing, hearing, breathing, caring for oneself, and learning).

Students with disabilities include:
1) hearing impaired, 2) speech and language impaired, 3) visually impaired,
4) emotionally impaired, 5) physically disabled, 6) learning disabled

_____ I spoke a language other than English when I learned to speak.

Means an individual who has limited ability in speaking, reading, writing or understanding the English language, and whose native language is a language other than English; or who lives in a family or community environment in which a language other than English is the dominant language.

_____ Single    _____ Divorced    _____ Separated    _____ Widowed    _____ Married

_____ I have children under the age of 18.

_____ I am pregnant at the present time.

________________________________________   __________________________
Signature                              Date
REFERRALS
Copiah Lincoln Community College  
Career-Technical Education Student Services Referral

Date: __________________________

Student ID: ______________________

Number: _________________________

Student's Name: ____________________

Instructor: _________________________

Program: _________________________

Referred For: Please select one

Instructor Comments/Details: (Please list dates and times of absences and absences)

□ Please check if Instructor Comments to be kept confidential / not shared with student.

Please complete every field above before submitting.

Submit
CTE Student Services Referral Notification

You have been referred for a CTE Student Services Referral.

Make a referral appointment:

1. Student will email lisa.bodin@colin.edu for an appointment within one week of notification.
2. Student will attend referral appointment. Note: NO GROUP appointments.

Individual referral appointments are:

Monday - Thursday: 8 am - 12 noon & 1 pm - 3 pm
Friday: 8 am - 12 noon & 1 pm - 2 pm

Do not make appointments during your class time.

Referral appointments are in the Fortenberry Building Career-Tech Office with Mrs. Bodin.

CTE Student Services Referrals are to assist you in being successful in your program.

Referrals are to assist the student with problems related to:

- absences/tardies
- grades
- other issues
FACE-TO-FACE MEETING
IDENTIFY STUDENT BARRIERS
CTE Student Services Obstacle/s to Success Survey

CTE Student Services Contact Info:

Name ___________________________ Date ___________________________ Program ___________________________

☐ Dorm Student ☐ Commuter Student

Put a check beside each item that may be an obstacle to your success in your program. Please respond as honestly as possible.

☐ Transportation/Comments:

☐ Time Management/Comments:

☐ Family-Children - (Include children’s ages)
High School ___________ Junior High ___________ Elementary ___________
Preschool ___________ Infants ___________
Comments:

☐ Health (can include dentist/doctor appointments)/Comments:

☐ Work hours/Comments:

☐ Finances/Comments:

☐ Poor study skills/Comments:

☐ Other: ________________________/Comments: [Please list other obstacle/s.]

Now, beside those you checked:
Put a 1, 2, 3 beside the top 3 that will be your greatest obstacle/s.

Is this program the right career choice for you? ___________________________
Obstacles

- 1st Priority
- 2nd Priority
- 3rd Priority

- Transportation
- Time Management
- Family/Children
- Health
- Work Hours
- Finances
- Poor Study Skills
- Other
SURVIVOR’S STORY
RESOURCE TOOLKIT

For
Adams, Copiah, Franklin,
Jefferson, Lawrence,
Lincoln, and Simpson Counties

Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.

Add other disclaimer...
PLAN OF ACTION
Action Plan  (to be completed by student)  

Student’s Signature: ___________________________  ID: __________________

Reason for Plan: ___________________________

Please write a plan that will assist you in being successful in your program.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Yes, This information may be shared with my instructor.

Follow-up Meeting Date: ________________  Time: ________________

Comments: [see referral]

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
NOTIFY INSTRUCTOR
Mrs. Johnson,

Jane kept her referral appointment and came up with an action plan to prevent further absences. I will follow up with her in about 10 days to check on her progress.

Lisa Bodin
CTE Student Services Coordinator
Copiah-Lincoln Community College
Wesson, Mississippi 39191
Office: 601.643.8386
FOLLOW-UP WITH STUDENT
“I AM NO LONGER AFRAID OF STORMS FOR I AM LEARNING HOW TO SAIL MY OWN SHIP.”

LOUISA MAY ALCOTT
QUESTIONS

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