



Running Start Program
Acknowledgement Form and Success Plan
for an Academic Intervention

Table with 2 columns: Completed for: (Fall, Winter) and (Spring, Summer)

Name: \_\_\_\_\_ ctcLinkID: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade Level: 11th 12th 2nd Year Senior High School: \_\_\_\_\_

High School Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

At your orientation, you agreed to adhere to the following Academic Standards policy:

- 1. Earn a minimum 2.0 quarterly grade point average (GPA) AND
2. Earn a minimum 2.0 cumulative grade point average (GPA).

Failure to meet academic standards in any three consecutive quarters will result in dismissal from the Running Start Program. This is your second quarter not meeting academic standards.

As result of my recent academic performance, I agree to the following stipulations while working toward meeting academic standards this quarter. I agree to:

- Meet with my instructors as necessary to: troubleshoot difficulties I may be having in class, clarify class expectations, and/or ensure I am making satisfactory academic progress.
Attend my classes regularly, whether or not attendance is required.
Complete all registration activity (add/drop, pass/no credit, etc.) by the date listed on the quarterly class schedule.
Seek assistance from the resources GRC has to offer (check all that apply):

- Tutoring:
- Tutoring & Resource Center, Holman Library, 2nd Floor
- Math Learning Center, CH 313
- Public Speaking Center, Holman Library, 150
- Writing Center, RLC 173
Counseling Services (stress, personal, academic motivation), SA 266
Learning/Physical Disability, Disability Support Services SA 210
Academic Advising, Running Start, SA 135

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

By signing above, I agree to the conditions set herein. If I do not meet the conditions stated above, I am subject to possible dismissal from the Running Start Program. I understand this dismissal could impede my high school graduation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document is available in alternative formats to individuals with disabilities by contacting Disability Support Services at 253-833-9111, ext. 2631; TTY 253-288-3359; or by email at dss@greenriver.edu. Green River College is an equal opportunity educator and employer. Learn more at www.greenriver.edu/accessibility.



What if you started thinking about what you can do, instead of what you can't do?

# Academic Standards Intervention Success Plan

Quarter/Term: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please review and complete the items on this document. It will need to be turned into Running Start via the Secure Document Upload Tool for the college, which can be accessed at [greenriver.edu/upload](http://greenriver.edu/upload).

*In addition to turning this in*, will be scheduled for an appointment with your advisor. We will reach out to you based on the availability that you marked on the student survey.

(PRINT) Name: \_\_\_\_\_

ctcLink ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Program of Study: \_\_\_\_\_

My Career Goal: \_\_\_\_\_

The following is a list of common stressful challenges that students may experience. Please be honest and check the items that have been a challenge for you.

Personal Factors:	<input type="checkbox"/> Physical health concern(s) <input type="checkbox"/> Child care <input type="checkbox"/> Transportation <input type="checkbox"/> Family issues <input type="checkbox"/> Lacking positive support network	<input type="checkbox"/> Financial issues <input type="checkbox"/> Lack of Confidence <input type="checkbox"/> Too many commitments/work too much <input type="checkbox"/> Too many distractions/social activities <input type="checkbox"/> Other _____
College Factors:	<input type="checkbox"/> Problems with academic schedule <input type="checkbox"/> Lack of computer skills/access <input type="checkbox"/> Undecided about career goals <input type="checkbox"/> Problem(s) with instructor and/or office hours <input type="checkbox"/> Lack of access to advisor	<input type="checkbox"/> No opportunity for involvement with others <input type="checkbox"/> Lack of knowledge or use of tutoring services <input type="checkbox"/> Lack of knowledge of college policies and procedures <input type="checkbox"/> Inadequate facilities for studying <input type="checkbox"/> Other _____
Learning Factors:	<input type="checkbox"/> Not going to class <input type="checkbox"/> Courses unavailable when needed <input type="checkbox"/> No interest in particular course(s) <input type="checkbox"/> ELL (student is an English Language Learner) <input type="checkbox"/> Unaccommodated disability	<input type="checkbox"/> Courses do not fit career goals <input type="checkbox"/> Lack of academic confidence <input type="checkbox"/> Difficulty taking tests <input type="checkbox"/> Other _____
Approach to Academic Progress:	<input type="checkbox"/> Difficulty planning time to study <input type="checkbox"/> Difficulty focusing on studying <input type="checkbox"/> Unsure how to study course materials <input type="checkbox"/> Trouble understanding textbooks <input type="checkbox"/> Cramming before tests	<input type="checkbox"/> Unsure about what is important to study <input type="checkbox"/> Not enough time to study <input type="checkbox"/> Material quickly forgotten <input type="checkbox"/> Unexpected questions on tests/quizzes <input type="checkbox"/> Other _____

Top three factors/behaviors that prevented me from being successful academically:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

# Academic Standards Intervention Success Plan

Using complete sentences, please reflect on how and why these factors/behaviors prevented you from being successful academically:

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Three ways I have learned to address the behaviors that prevented me from being successful academically:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

To be successful for future quarters, I commit to making these specific changes:  
(e.g., continue to check in with my advisor to demonstrate quarterly progress or share my concerns)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please describe the steps you will take to make these changes and why you think these changes will make a positive impact on your academic success:

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# Running Start Academic Standards Intervention High School Plan – Meet with HS Counselor

With your high school counselor, identify what is necessary to complete your high school graduation requirements. This plan will help you, your high school counselor, and your parent/guardian determine if you can still complete your requirements within a timely manner as Running Start student, or if you should return to the high school.

H.S. Requirement	Remaining HS Credits	H.S. Requirement	Remaining HS Credits
English		Health & Fitness	
Mathematics		Career and Technical	
Science		Electives	
Social Studies		World Language or Personal Pathways Req.	
Arts		Other	
<b>Total Required Credits</b>			

1. Is the student currently taking classes at the high school?

Yes  No

2. Do you support this student continuing in the Running Start program?

Yes  No

Comments:

\_\_\_\_\_  
High School Counselor Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

By signing this, I, the undersigned, approve of my student to continue in the Running Start program.

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (REQUIRED)

\_\_\_\_\_  
Date

By signing above, I understand that failure to meet academic standards in the following quarter will result in dismissal from the Running Start program. There will be no exceptions made.