

FOOTHILL COLLEGE
STUDENT/COUNSELOR AGREEMENT

NAME _____

DATE _____

PHONE NO. _____

SOCIAL SECURITY NO. _____

GPA _____

I am aware of my academic standing this _____ 20 ____ quarter. I realize that failure to improve my grades can result in disqualification from Foothill College.

I. Problem Areas: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Working too many hours | <input type="checkbox"/> Need more information to make better class selections |
| <input type="checkbox"/> Personal/family problems | <input type="checkbox"/> Need to improve study skills |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Need help with time management |
| <input type="checkbox"/> Child care problems | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Need additional advising and/or counseling |
| <input type="checkbox"/> Not communicating with instructors | <input type="checkbox"/> Need tutorial support |
| <input type="checkbox"/> Taking too many units | <input type="checkbox"/> Other _____ |

II. Solutions to the above listed problem areas

- Develop Individual Educational Plan with Counselor
- Have reliable transportation
- Not working or working less hours
- Will meet with my instructors ____ times per quarter
- Seeing a counselor ____ times per quarter
- Have child care at _____
- Taking fewer units
- Working with a tutor
- Get financial help(describe) _____
- Other _____

III. Proposed schedule for _____ quarter.

IV. Meeting(s) with counselor scheduled for

_____ date & time _____ date & time _____ date & time

V. Additional commitment to my success at Foothill College

Signatures

Student

Counselor

Date