

# TRANSITION AND FIRST YEAR PROGRAM INDIVIDUAL SUCCESS PLAN (ISP) WEST VIRGINIA GEAR UP

2020-2021  
PROGRAM YEAR

FIRST NAME	MI	LAST NAME	STUDENT ID

CELL PHONE	HOME PHONE	INSTITUTION

By providing your cell phone number, you agree to receive text-based communication from the West Virginia Higher Education Policy Commission and the West Virginia Council for Community and Technical College Education, otherwise known as the College Foundation of West Virginia (CFWV). Your information will not be shared with institutions other than those to which you have indicated interest, nor will your information be shared with vendors or other third-party organizations. Standard text-messaging rates apply and you are responsible for any costs incurred in receiving texts. You may also opt-out at any time by replying to any text sent.

MAILING ADDRESS	EMAIL

HIGH SCHOOL	HS GRADUATION DATE

## WV GEAR UP STUDENT GROUPS:

- ☐ HERO MEMBER (Higher Education Readiness Officer)  
☐ Student Success Society Member

## ENROLLED IN OTHER FEDERAL PROGRAMS:

- ☐ Student Support Services  
☐ Other TRIO Program

**HOURS ENROLLED:** FALL 2020: \_\_\_\_\_ SPRING 2021: \_\_\_\_\_

Full-time is 12 credit hours or more during fall or spring term and 6 credit hours during summer term. Part-time is any number of credit hours less than 12 for the fall or spring term or less than six for the summer term. Students are strongly encouraged to take 15 credit hours each semester and successfully complete their first-year of college with 30 credit hours.

ACADEMIC MAJOR:	ANTICIPATED GRADUATION DATE: (MO/YR):

## FIRST-YEAR GOALS:

- ①
- ②
- ③

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An individual success plan maps out support services available to assist students in their transition to and through their first year of postsecondary education. Use the direct services listed below as a discussion guide during the first ISP meeting with the student. Students should be made aware of services available to them to support first-year success. Use the "other" category to identify support services not listed below or off campus resources.

DIRECT SERVICE
ACADEMIC ADVISING / REGISTRATION
FINANCIAL AID / FINANCIAL ASSISTANCE
ACADEMIC SUPPORT SERVICE: TUTORING
PERSONAL ADVISING/COUNSELING
TXT 4 SUCCESS
RESOURCES / SERVICE REFERRALS
WORKSHOPS
CAREER / JOB PLACEMENT SERVICES
TRANSFER/GRADUATION INFORMATION
OTHER (Ex. Textbooks)

STUDENT SUPPORT SERVICES
<input type="checkbox"/> ENROLLMENT <input type="checkbox"/> REGISTRATION <input type="checkbox"/> ADVISING <input type="checkbox"/> COURSE ADD/DROP/WITHDRAWAL
<input type="checkbox"/> FINANCIAL AID REVIEW <input type="checkbox"/> WORK STUDY <input type="checkbox"/> INSTITUTION ACCOUNT INQUIRY
<input type="checkbox"/> REQUEST TUTORING SERVICES: SUBJECT: _____
<input type="checkbox"/> PERSONAL ADVISING <input type="checkbox"/> COUNSELING REQUESTED
<input type="checkbox"/> TEXTING PROGRAM ENROLLMENT
<input type="checkbox"/> DISABILITY SERVICES <input type="checkbox"/> MENTORING <input type="checkbox"/> OTHER CAMPUS SUPPORT
<input type="checkbox"/> STUDY SKILLS <input type="checkbox"/> TIME MANAGEMENT <input type="checkbox"/> OTHER WORKSHOP: _____
<input type="checkbox"/> CAREER SERVICES <input type="checkbox"/> JOB SEARCH/PLACEMENT <input type="checkbox"/> RESUME WRITING
<input type="checkbox"/> INDICATE DESIRE TO TRANSFER <input type="checkbox"/> GRADUATION REQUIREMENTS REVIEW

## NOTES:

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I authorize [Name of the Institution] \_\_\_\_\_ and their authorized representative(s) to release information to West Virginia GEAR UP program for evaluation and reporting purposes during the time I am enrolled at the institution. The type of information to be released under this consent includes participation in GEAR UP sponsored or related campus and program activities and services only. I understand the information may be released electronically, orally or in the form of copies of written records. I understand that I may revoke this Consent upon providing written notice to the Transition and First Year Program Coordinator. I further understand that until this revocation is made, this consent shall remain in effect while enrolled at the institution and my educational records will continue to be provided to West Virginia GEAR UP for the specific purpose described above until such time that I am no longer enrolled at the institution.

\_\_\_\_\_  
Transition and First Year Program Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date