



**Rising to Success PATHWAYS  
STUDENT ACTION PLAN**

STUDENT INFORMATION			
Student Name:	CSID:	Phone Number:	Email:
Program:	Campus:	Program Enrollment Date:	Expected Program Enrollment Date:
PROGRAM INFORMATION			
Semester Term: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	SDCE Application Submitted/Updated YES <input type="checkbox"/> NO <input type="checkbox"/>		Student Portal Set-up: YES <input type="checkbox"/> NO <input type="checkbox"/>
Program Orientation Scheduled:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, Interest List:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Registered for Classes:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Class Schedule Attached:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Completed Student Education Plan:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, Appointment Date:	
Enroll in College & Career Readiness Course:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expected Completion Date:	

R <sup>2</sup> S PATHWAYS ACTION PLAN		
Goal(s):	Steps to Accomplish Goal:	Support Services:
<b>Education Goal(s):</b>		
1.	1.	
2.	2.	
<b>Occupational/Career Goal(s):</b>		
1.	1.	
2.	2.	
<b>Work Readiness Goal (s):</b>		
1.	1.	
2.	2.	

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Student Signature

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R<sup>2</sup>S PATHWAYS Coordinator Signature

\_\_\_\_\_  
Date