**Vocational Performance Improvement Process   
AA**

**SUCCEED Program #1 (Director)**

**113 Lucas hall**

**vocational EVALUATION form**

**Section I – Student Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMSL ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standing: S1 F2 S2

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II – VOCATIONAL Standing Information**

Current Vocational Standing: Current Vocational Experience Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation

Suspended\*\*

Previous Vocational Experience Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semesters of Experiences Successfully Completed: \_\_\_\_\_\_\_\_\_\_\_

Financial Aid Status:

N/A

Probation/Academic Plan

Suspended

**Section III –term information**

Registration Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Course Load:

3 classes 4 classes 5 classes 6 or more classes

**Section IV – Term requirements & targets**

* Students in the SUCCEED program must be in “good standing” in order to remain in the program and live in campus residential housing.
* “Good standing” is defined as (a) not on disciplinary, academic, or vocational probation and (b) progressing toward completing the SUCCEED Certificate within four semester timeline.
* Progressing toward the SUCCEED Certificate within four semester timeline is defined as successfully completing two defined Vocational Experiences.

***Section V – Program Commitments***

You are expected to take personal responsibility for your success. In working collaboratively with SUCCEED staff, you understand that:

|  |  |
| --- | --- |
|  | Your success is highly dependent on your ability to recognize when you need help and seek support, and respecting the support provided by SUCCEED Staff, volunteers, and on-site supervisors. |
|  | UMSL and SUCCEED staff are highly committed to helping you achieve your vocational goals. |
|  | Satisfactory vocational progress is **required** in order for you to continue to be eligible for enrollment in SUCCEED at UMSL |
|  | Your continued enrollment and, where applicable, eligibility for Financial Aid, are contingent upon your active participation and satisfactory completion of vocational experiences in this program. |
|  | You must schedule and attend the Vocational Planning Meeting and all required vocational progress meetings with SUCCEED staff. |
|  | You will create a Vocational Recovery Plan and Student Success Contract in collaboration with the SUCCEED staff. |
|  | Your Vocational Recovery Plan and Student Success Contract must be approved by the Director of SUCCEED. |
|  | You must document how you have addressed needs and goals of your Vocational Recovery Plan and Student Success Contract. |
|  | Failure to (a) develop and document a Vocational Recovery Plan/Student Success Contract, (b) attend Vocational Planning Meetings, and (c) complete goals of the Student Success Contract can result in vocational suspension and disenrollment from SUCCEED. |
|  | There will be no financial reimbursement from UMSL or SUCCEED for students placed under suspension. |

***Section VI – Acknowledgement & Agreement***

* I have read and understood all of the items presented on this evaluation form.
* A SUCCEED staff member has reviewed each item with me and I am clear on the expectations of the program.
* By signing this contract, I agree to work collaboratively with SUCCEED staff to improve my vocational progress and success at UMSL.
* I understand that failure to actively participate in SUCCEED may affect my future financial aid eligibility, my ability to continue to participate in SUCCEED, and my ability to live in campus residential housing.
* I understand that SUCCEED staff will contact me regularly as part of my participation in this program and I agree to respond positively.
* I have received and reviewed the responsibilities for academic success coaching and agree to participate in Vocational Performance Improvement Process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Signature***  ***SUCCEED staff signature***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Guardian Signature***

**NextSteps/Notes:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUCCEED Program**

***OFFICE USE ONLY***

*S1 F2 S2 Academic Evaluation Intake on file*

*Active Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**113 Lucas hall 314-516-5911**

**VOCATIONAL Performance improvement plan #2**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to earn a SUCCEED Chancellor’s Certificate from UMSL? Y N

If yes, when is your anticipated graduation term: SP 20\_\_\_\_

**Anticipated Commitments:**

Course Load:\_\_\_\_\_\_\_\_\_\_\_ Work/Employment:\_\_\_\_\_\_\_\_\_ per week

Study/Homework: \_\_\_\_\_ Other: \_\_\_\_\_\_\_

**Factors Limiting Vocational Success *(select ALL that apply):***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Adjusting to college life |  | Not sure I want to be in college |
|  | Alcohol/drug issues |  | Not sure I want to be at UMSL |
|  | Anxiety or stress |  | Not sure I want to be in SUCCEED |
|  | Class attendance |  | Procrastination |
|  | College preparation |  | Relationship issues |
|  | Course load too heavy |  | Loneliness |
|  | Family obligations |  | Social distractions |
|  | Financial issues |  | Test-taking challenges |
|  | Lack of motivation |  | Time management |
|  | Lack of study skills |  | Fear of failure |
|  | Depression |  | Working too many hours at work |

**If there are other factors that you feel limited your success in your vocational experience that were not options above, please use this space to list them.**

Top Factor I have addressed /am addressing this by:

**Vocational Experience Behavior Assessment**

*Rate each item using the scale to the right. Place a check mark to indicate your response to each statement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Always*** | ***Often*** | ***Sometimes*** | ***Rarely*** | ***Never*** |
| Attend Vocational Experience |  |  |  |  |  |
| Actively participate in Experience |  |  |  |  |  |
| Use a daily planner to track my commitments |  |  |  |  |  |
| Arrive late to Vocational Experience |  |  |  |  |  |
| Complete assigned tasks after expected time frame |  |  |  |  |  |
| Seek support or help accomplishing tasks |  |  |  |  |  |
| Visit supervisor or coordinator when I encounter challenges |  |  |  |  |  |
| Speak with and get to know your co-workers and supervisor |  |  |  |  |  |
| Put vocational work off for things that I prefer to do |  |  |  |  |  |
| Review my expectations and tasks and fully understand the supervisors expectations |  |  |  |  |  |
| Develop natural supports and relationships with co-workers |  |  |  |  |  |
| Become agitated and give up when tasks or assignments are difficult or hard to understand |  |  |  |  |  |
| I take time to reflect on my performance and set personal goals for improvement |  |  |  |  |  |
| I advocate for myself in the workplace for support needs, and assistance |  |  |  |  |  |
| Behavior that impedes learning (e.g., sleeping, talking, snacking, excessive restroom breaks ) |  |  |  |  |  |
| Take transportation independently to and from my vocational experience. |  |  |  |  |  |
| Ask questions about my job |  |  |  |  |  |
| Check with my supervisor if my task(s) are done correctly |  |  |  |  |  |
| Accomplish my tasks independently |  |  |  |  |  |
| Make eye contact with my co-workers |  |  |  |  |  |
| Speak to others when they speak to me |  |  |  |  |  |
| Know where I am supposed to be each day |  |  |  |  |  |
| My supervisor is kind to me |  |  |  |  |  |
| Feel valued at vocational experience |  |  |  |  |  |
| Feel I make a difference at my vocational experience |  |  |  |  |  |
| Interested in the work I do |  |  |  |  |  |
| Have interest in pursuing same type of work after graduation |  |  |  |  |  |

*Next, using the column to the left of each item, place the numbers (1), (2), and (3) next to the three items that you want to work on this term.*

|  |  |
| --- | --- |
| **High Success Behaviors**  *Identify three personal behaviors that have contributed to you doing well vocationally*  *1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | **Opportunities for Change**  *Identify three personal behaviors that have contributed to you* ***NOT*** *doing well vocationally*  *1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

*Please use this space below to provide additional topics of concern – or information you feel is important when considering your vocational experience.*