

OCALS Initial 'PLAN OF ACTION' AGREEMENT FORM

Name _____ Date _____ OCALS Tutor _____

Detailed intake information.

Goals that are decided upon at initial meeting between Student and Coordinator.

List three priority concerns that the student wishes to address, in order of importance to them.

- 1.
- 2.
- 3.

For each priority concern above, describe what efforts will be made to address these concerns.

- 1.
- 2.
- 3.

For each of the priorities listed above, What GOALS are you (Student and Coordinator) setting?

- 1.
- 2.
- 3.

For each of the Priorities listed above, in what time frame are you expecting to meet these goals ?

- 1.
- 2.
- 3.

We both agree to a 3-month schedule starting date _____. Our scheduled meetings will be on (days) _____ (How often) _____ starting at (time) _____ ending at (time) _____. We will meet at this location _____ or alternate location _____

This agreement will be reviewed and renewed, if needed, on a quarterly schedule.

Student _____ Date _____

Tutor/Mentor _____ Date _____