Educational Opportunity Fund Program

The College of New Jersey

Summer Program Academic Review Committee (SPARC)

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

Student First/Last Name: \_\_\_\_\_\_ PAWS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_ Class Standing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Term GPA/Current Cum. GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Faculty/Staff: Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session (Summer/Fall/Spring): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle or indicate information:

1. Student on mandatory tutoring list? Yes No
2. Student attending tutoring? Yes No
3. ACT results
   1. Retention index score \_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Academic success index score \_\_\_\_\_\_\_
   3. Student required to take ACT assessment but failed to do so. (results not available)
   4. Student not required to take the ACT assessment (results not available)
4. Faculty/Staff feedback (if no feedback provided indicate “no feedback”)

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

RECOMMENDATION (S): ACTION PLAN:

\_\_\_\_\_Improve understanding and application of course content \_\_\_\_ Meeting with Professor (office hours)

\_\_\_\_ Time Management (academic/extra-curricular/work balance) \_\_\_\_ Meeting with Faculty Advisor

\_\_\_\_\_Improve Preparation \_\_\_\_ Schedule one on one tutoring

\_\_\_\_\_Improve Effort \_\_\_\_ Monthly meeting with program specialist

\_\_\_\_\_More Serious Approach to Studies \_\_\_\_ Personal Education Plan (PEP)

\_\_\_\_\_Tutoring \_\_\_\_ Resource Referral

\_\_\_\_\_Review academic goals and major selection with EOF advisor \_\_\_\_ SSP – Student Success Seminar

\_\_\_\_\_Meeting with EOF Director/Advisor to discuss college readiness \_\_\_\_ Student Assessment

\_\_\_\_ Tutoring

\_\_\_\_\_Other: \_\_\_\_Other: (outline below)

Action Plan:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Action Steps: | Person (s) to Contact: | Deadline |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

ADDITIONAL COMMENTS:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Faculty/Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_