

RED LAKE NATION COLLEGE

Academic Warning Program

2015-2016



Revised November 2015

The Red Lake Nation College (RLNC) Academic Warning Program is designed to assist students who have found themselves on academic warning while enrolled as a student at RLNC, but wish to return to good academic standing and continue progress toward graduation. The documents found in this handbook are designed to aid students on academic warning understand their potential as a student, identify obstacles that have impeded their success as a student, and develop solutions to overcome these obstacles to return to good academic standing at RLNC.

When a student reapplies to Red Lake Nation College after an Academic Suspension, or when they enroll at Red Lake Nation College on Academic Warning, he/she must complete the Academic Warning Program and a Student Success Plan. Students must fill out a separate petition/appeal form for financial aid.

Directions: Please complete the attached forms. Answering these questions honestly will best assist you in determining a plan for to return to good academic standing. Completing the paperwork in order will assist you in systematically devising a plan for success. If you need assistance completing the forms, please see the Vice President of Student Success.

Student Contact & Information Sheet

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email: _____

CURRENT EMPLOYER

Are you current employed? _____ Yes _____ No

If so, where? _____

MEDICAL CARE

Are you currently under care of a physician? _____ Yes _____ No

Are you currently under care of a therapist? _____ Yes _____ No

DISABILITY INFORMATION

If you have a diagnosed disability and have not registered it with the College, please contact the VP of Student Success, Liz Polzin, at 218-679-1005.

Have you registered with the VP of Student Success as having a documented and diagnosed disability? _____ Yes _____ No

If yes, please indicate which disability you have registered for (check all that apply):

Deaf/hard of Hearing Physical Impairment Speech Impairment

Blind/Visually Impaired Mental Health ADD/ADHD

Developmental Cognitive Disability Chemical Dependency Autism Spectrum

Traumatic Brain Injury Learning Disability

Other (please specify): _____

IN CASE OF EMERGENCY

Please give the name of a contact person that you give us permission to contact in an emergency.
Name(s): _____

Home phone: _____ Cell phone: _____

Work phone: _____ Relationship to you: _____

Informed Consent

During your time on academic warning, you will regularly meet with the Vice President of Student Success to discuss your courses, goals, and issues that may come up that hinder your academic performance. Due to the nature of the information that will be discussed and the counseling services provided by the VP of Student Success, you are provided this document to inform you of RLNC policies, state and federal laws, and your rights.

- I understand information shared within counseling sessions will be kept confidential; however, I am aware that tribal, state, and local laws require that my counselor report all cases in which there exists a danger to self or others.
- I understand that there is no assurance that I will feel better. Because counseling is a cooperative and collaborative effort between myself and my counselor, I will work with my counselor in a cooperative manner to resolve my difficulties.
- I understand that during the course of my counseling, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my problems.
- I understand that confidentiality of records of information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.
- I understand that tribal, state, and local laws require that my counselor report all cases of abuse or neglect of minors or the elderly.
- I understand that there may be other circumstances in which the law requires my counselor to disclose confidential information.
- I am aware that there is no cost to students at Red Lake Nation College for these counseling services.
- After hours, if there is an emergency, call 911 or go to the nearest emergency room.

I have read, understand, and agree to the above statements.

Student's Name (Printed)

Date

Student's Signature

Date

Academic Warning Assessment

What do you want to do after your graduate: _____

In what classes have you had the most difficulties? _____

What campus resources have you used? _____

What is your motivation for being in college? _____

Directions: Below is a list of items that could have become obstacles to maintaining good grades in previous semesters. Check all the obstacles you believe played a role in poor academic performance. After reviewing the items you checked, circle the four that you believe to be the most significant obstacles.

Free Time Obstacles

- Too much social life
- Too overextended in my outside activities
- Too much TV

Financial Obstacles

- Worried about money
- Financial aid requirements
- Inadequate financial aid
- Owe money I can't pay

Work-Related Obstacles

- Work too many hours
- Time conflict with work hours
- Must work to survive
- Unable to find a job

Academic/Study Skills Obstacles

- Learning disability
- Poor study habits
- Poor time management
- Poor study environment
- Not enough study time
- Poor note-taking skills
- Poor concentration
- Issues with the instructor

Personal Obstacles

- Loneliness
- Relationship worries/breakup
- Dislike college and studying
- High anxiety
- Transportation issues
- Lack of sleep
- Feel unprepared for college

Sensitive Obstacles

- Anxiety or stress
- Depression
- Divorce or separation
- Emotional abuse
- Family health problems
- Family issues/concerns
- Health/medical worry
- Illness or death
- Marriage or relational issues
- Physical abuse
- Pregnancy
- Rape or assault
- Substance abuse or use

Other Obstacles

- _____
- _____

Academic Solutions

What worked last semester? What was successful? _____

List your top skills/areas of strength (you must list at least 3):

Directions: Below is a list of solutions that may help you resolve your academic obstacles. Thoughtfully consider and check those you believe may be helpful. After reviewing the items you checked, circle the four that you are willing to try this semester. Circle just one solution that would benefit you the most.

Free Time Solutions

- Find rewards
- Use to-do list
- Time management training
- Use a planner
- Other:

Financial Solutions

- Contact financial aid about loans/grants
- Develop a budget
- Other:

Academic/Study Skills Solutions

- Tutoring lab
- Visit with instructors
- Visit the Learning Center
- Visit the VP of Student Success
- Take Path to Success
- Develop note taking skills
- Join a study group
- Develop study skills

Work-Related Solutions

- Find more suitable work
- Find a job
- Change jobs
- Reduce working hours
- Quit job
- Other:

Personal Solutions

- Individual counseling
- Use transit
- Visit IHS
- Join a club
- Get help with goal setting
- Develop a routine
- Family Counseling
- Plan appropriate study time around family
- Talk to a trusted friend
- Talk to a spiritual leader

Other Solutions:

- _____
- _____

Academic Success Plan

Write the four obstacles you identified to be the greatest obstacles from page 5. Write how these obstacles have affected you academically (i.e. turned work in late, missed class, etc.)

My Academic Obstacles

Obstacle	How does this obstacle interfere with your academic success?
1.	
2.	
3.	
4.	

Review the list of academic solutions on page 6 and consider the items you indicated may work for you. Write the solutions you think will best resolve each of the obstacles.

Possible Solutions to My Obstacles

Obstacle	Solution #1	Solution #2	Solution #3	Solution #4
1.				
2.				
3.				
4.				

Pick four of the solutions above that you're willing to try or work on this semester and list them below.

Solution Choices

Solution to Try	How Will This Solution Help Me?	What Additional Problems May Result?
1.		
2.		
3.		
4.		

Achieving My Goals

To achieve my goals, using the solutions I picked, I will do the following this semester:

1. _____
2. _____
3. _____

Academic Success Agreement

Name of Student: _____ Date: _____

Term of Academic Warning: Spring Summer Fall Year: _____ GPA: _____

Academic Standing: Academic Warning Returning from Suspension

Please initial next to each of the following statements indicating you have read and understood it:

1. _____ I have reviewed the Satisfactory Academic Progress PowerPoint and fully understand the guidelines and what it means to be on Academic Warning.

Student passed quiz on _____

2. _____ I understand that as a result of my unsatisfactory performance, I have been placed on Academic Warning. I agree to participate in this Academic Success Agreement with a RLNC representative for the duration of my warning period and will work diligently to earn good academic standing by doing the following:

- a. _____ I understand that I must earn a minimum GPA of 2.0 grade point average this semester.
- b. _____ I understand that I am expected to participate fully in all my courses by attending class regularly, submitting assignments on time, and asking questions when I need clarification.
- c. _____ I understand that I am expected to meet with the Vice President of Student Success on a weekly basis. I understand that it is my responsibility to see her weekly.
- d. _____ I understand that I will limit my enrollment to _____ credit hours for the upcoming semester.
- e. _____ I am aware of the Learning Center at RLNC and understand I am encouraged to seek help with my classes by visiting the Learning Center on a regular basis.
- f. _____ I understand that I will be asked about my goals described in this packet and how I am accomplishing them.
 - Goal #1
 - Goal #2
 - Goal #3

3. _____ I understand that if I don't return to good academic standing this semester, I may be put on Academic Suspension and be required to sit out for a semester.

Student Signature Date

VP of Student Success Date