

**COLUMBIA COLLEGE  
PRACTICAL NURSE & HEALTH CARE AIDE PROGRAMS  
AT-RISK STUDENT PROCESS**

**NOTE:**

**Must, Shall; Will:**

**Should:**

**May or Could; Can:**

**Clarification of Terms**

These words or phrases indicate actions or activities that are *essential or mandatory*.

This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory.

These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.

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If a student is experiencing difficulty and is considered to be at-risk of losing acceptable progress status, at a specific point in the semester (specific time outlined below), the following process may be initiated

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**At-Risk Process:**

1. The Facilitator will meet with the student in question in order to explore why the student is having difficulty and to provide any support needed.
2. The Facilitator will fill out an At-Risk Student Progress Report & Plan and submit it to the Program Coordinator:

**PN Program – by end of class 2 of week 3**

**HCA Program – by end of class 6 of week 2**

3. Upon receiving the At-Risk Student Progress Report & Plan, the Program Coordinator will note its receipt in CRS and keep until the remainder of the semester. At the end of the semester, the form will be forwarded to the Admission Advisor for filing.
4. The Program Coordinator will schedule to meet the student in question to discuss the At-Risk Student Progress Report & Plan form, and identify potential supports that may help the student progress toward his/her educational goal. Following this meeting, the Program Coordinator will note the meeting date in CRS.

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PRACTICAL NURSE AND HEALTH CARE AIDE PROGRAMS  
AT-RISK STUDENT PROGRESS REPORT AND PLAN**

The purpose of this process is to identify those students who may be at-risk of not progressing towards the achievement of their education goals. Please review the grades with the intent of identifying students who may be experiencing difficulties meeting the academic standards for advancement in the program.

Please discuss the concerns with the student in question, and submit the original copy of this report to the Program Coordinator and/or Program Chair. (The inclusion of a copy of your mark sheet to date would also be helpful.) Once all the recommendations are collected, the Program Coordinator will meet with the student in question to identify potential supports that may help the student progress toward his/her educational goal.

Name of Student		Course	
Student ID#			
Facilitator		Date	

Reason for report
Outline what the student will do
Outline what the facilitator will do
Date set for review and follow-up

I have discussed this report/ plan with the student \_\_\_\_\_  
(Signature of Facilitator)

I have discussed this report /plan with the facilitator \_\_\_\_\_  
(Signature of Student)

**The original copy of this report/plan will be submitted to the Department Coordinator and/or Chair.**