Student Name:         Date of CMP meeting:

Present at CMP meeting:

Recommendations/Agreement:

☐ Health Services; provider name, appt date and time:

☐ Counseling Services; provider name, appt date and time:

☐ On-going Care Management; provider name, appt date and time:

☐ Academic Advisor:

☐ Learning center, tutoring, academic support:

☐ Accessibility Services Resources:

☐ Other resources:
## Goals

<table>
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<th>Goals</th>
<th>Action Steps (who and what)</th>
<th>Target Dates</th>
<th>Progress &amp; Accomplishments (to be completed at 2nd appt.)</th>
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### Additional resources that may be helpful to the student:

_________________________________________________________________________________
_________________________________________________________________________________

### Documentation Notes:

_________________________________________________________________________________
_________________________________________________________________________________

Student’s Signature:__________________________________________ Date: ________________

Case Manager Signature:_____________________________________ Date: ________________