



Non-traditional *Occupations Program*

PERSONAL LEARNING & CAREER PLAN

✓ Program Opportunities

Student Name _____

- College & Community Resources
- Workshops & Events
- Leadership Development & Networking
- Career & Professional Readiness
- Tutoring
- Job Shadowing & Mentorship

✓ Student Success Check List

- _____ I know how to access my Gateway Technical College email account; _____ I check my Gateway Technical College email at least once a week.
- _____ I have logged into Blackboard and reviewed the information under the various tabs; _____ I have enrolled in the *Non-traditional Occupations Program*
- _____ I have logged into WebAdvisor and reviewed the information under the various tabs.
- _____ I know how to access our **Academic Support Center and Campus Library**.
- _____ My academic advisors' name is _____. Contact Information: _____
- _____ Our campus Counselor's name is _____. Contact Information: _____
- _____ Our campus Career Counselor's name is _____. Contact Information: _____
- _____ I know about campus activities and ways to get involved at Gateway Technical College.
- _____ I actively use Instructor Office Hours. I follow my Instructor's recommendation(s) post mid-terms.
- _____ I have submitted my FAFSA at www.FAFSA.ed.gov successfully.
- _____ I have completed the VARC Learning Style Questionnaire.
- _____ I have completed the *on-line* Student Strengths Inventory (SSI).
- _____ I actively use a time-management tool.

Success Plan

Last Semester Courses	Grade	Current Semester Courses	

Total Credits Earned:

Total Credits Remaining:

✓ **VARK Learning Style Questionnaire** <http://www.vark-learn.com/english/page.asp?p=questionnaire>

Learning Style:

✓ **Student Strengths Inventory (SSI)** <http://www.ssi-ganymede.com/90667444>

Group Code: cccsstrio

Password: cccstudent

✓ **Student Interest Inventory**

☐ Counseling ☐ Financial Aid ☐ Mentoring ☐ Tutoring ☐ Campus Activities ☐ Technology ☐ Scholarships ☐ Financial Literacy ☐ Study Skills ☐ Career Development ☐ Cultural Programming ☐ Social Activities ☐ Disability Services ☐ Time Management ☐ Test-taking Strategies ☐ College Connection ☐

Other(s) _____

What motivates you?

What is your ultimate educational goal?

What is your ultimate career goal?

Any concerns, challenges or barriers to your success?

How can your NTO Support Specialist help?

