



STUDENT SUPPORT PLAN

NAME:		STUDENT ID:	
COURSE:		YEAR OF PLAN:	

CONFIDENTIAL

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Student Support Plan (SSP)

The University of Tasmania is committed to facilitating the intellectual engagement and participation of students from diverse backgrounds in our scholarly community. The purpose of the SSP is to assist students to succeed in their academic studies by collaboratively exploring opportunities to commence a program that is designed to maintain well being, develop academic study skills and develop disciplinary knowledge.

Student Support Plans may be requested by students with who have had academic failure, and students with disabilities or chronic health conditions that may impact upon their academic work. In some instances, students who have failed significant parts of their course may be directed to develop a SSP to maximise their opportunity for academic success.

Which students go on an SSP ?

- Students who have been directed by the Faculty Academic Progress Review Committee .
- Students who are placed on probation.

In addition, the School of Medicine identifies students believed to be at risk of future academic failure, based upon past academic performance. Typically, past academic performance of greatest importance is the failure of a year of study, or the award of NN or SN grades in 30-50% of total academic load.

Who manages Student Plans Plans?

In the School of Medicine, Student Support Plans are managed by the Course Coordinator or Assoc Head (Student Affairs). The development of the plan may require interaction with Student Services, Unit Coordinators and the Internaional Office. The plans are reviewed by the Head of School and held with School Administration.

Confidentiality

Where necessary,

Overview of SSP Documents

Student Support Plan (SSP)	<p>The SSP includes a brief summary of the student’s academic record and factors affecting academic performance in the course. Key issues will be noted, and a range of support and personal development strategies identified, including completion requirements and times.</p> <p>If academic support strategies are required, then a learning contract will be negotiated with academic staff.</p> <p>The consequences of inability to meet the terms of the SSP are also explained and recorded.</p> <p>This plan is signed by the student and course coordinator of Assoc Head (Student affairs). It is approved by the Head of School. For FFPOS, a copy is required by International Services.</p>
SSP – Academic Plan	<p>If additional academic support is required, beyond that typically offered in the Unit of study, then this support should be negotiated and form part of the SSP. The nature of monitoring and feedback on work, and frequency of progress reports will be determined.</p> <p>This additional support should be approved by the Assoc Head (Learning & Teaching).</p>
SSP – Academic progress report	<p>Academic progress reports are completed on a quarterly or semester basis. This report is forwarded to the Course coordinator or Assoc Head (Student affairs) for evaluation of overall progress with SSP.</p>
SSP – Progress report	<p>SSP Progress Reports are usually required on a quarterly or semester basis. The overall report includes Academic progress reports, Health care reports and other documentation as agreed in the SSP.</p>
Health Care Report	<p>This report may be required under the SSP.</p>

Note: For the MBBS, the Course coordinator is the Assoc Head (Student Affairs).

Overview of Student Support Plan

NAME:		ID:	
COURSE TITLE:		YEAR OF PLAN:	

PART A – REVIEW

HISTORY (Brief summary)

KEY ISSUES TO ADDRESS

PART B – PERSONAL DEVELOPMENT

SUPPORT PLAN (Health/Counselling/Self care)

PART C

CONSEQUENCES OF INABILITY TO MEET REQUIREMENTS

It is understood that this Student Support Plan outlines mutual obligations on behalf of the student and on behalf of the School to implement and progress this plan towards a successful conclusion. It requires reasonable effort on the part of both parties.

This Student Support Plan does not prevent you from accessing the usual University processes (e.g. moderation, remarking or appeal etc) that are available to all students.

GP /Health progress required: Yes / No Quarterly / End of Semester

Learning Access Plan in place: Yes / No -> *Student Services*

Academic Support Plan required: Yes / No -> *Unit Coordinator*

The terms of this plan have been mutually agreed between the following:

Student signature:		Date:	
Course Coordinator		Date	

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SSP Checklist

Complete the sections that are required for this Student Support Plan.

Documents	Required	Date	Completed	HOS/IO
Negotiation of SSP – USRS	Y			
Initial SSP	Y			
Academic Support Plan				
First Quarter				
Academic Progress Report				
Health Care Report				
SSP Progress Report				
Mid year				
Academic Progress Report				
Health Care Report				
SSP Progress Report				
Third Quarter				
Academic Progress Report				
Health Care Report				
SSP Progress Report				
End of Year				
Academic Progress Report				
Health Care Report				
Final Report	Y			

Academic Support Plan

NAME:		ID:	
COURSE TITLE:		REPORT No:	

When additional academic support is required, beyond that typically offered in the Unit of study, then this support should be negotiated and form part of the SSP.

RELEVANT ACADEMIC RECORD

Where possible, include feedback derived from the relevant Units of study that the student failed, or received marginal grades.

SELF ASSESSMENT (Strengths and Weaknesses)

ACADEMIC SUPPORT STRATEGY

Tasks, timelines, the nature of monitoring and feedback on work, and frequency of progress reports will be described.

Student signature:		Date	
Course Coordinator		Date	
Assoc Head (Learning & Teaching)		Date	

Academic Progress Report 1

NAME:		ID:	
COURSE TITLE:		REPORT No:	1 of 4

ACADEMIC PROGRESS TO DATE (Participation, Milestones etc)

COMMENT ON ACADEMIC PROGRESS

PROGRESS : Satisfactory / Unsatisfactory

FURTHER ACTION REQUIRED: Yes / No

Student signature:		Date:	
Unit/Course Coordinator		Date	

Academic Progress Report 2

NAME:		ID:	
COURSE TITLE:		REPORT No:	2 of 4

ACADEMIC PROGRESS TO DATE (Participation, Milestones etc)

COMMENT ON ACADEMIC PROGRESS

PROGRESS : Satisfactory / Unsatisfactory

FURTHER ACTION REQUIRED: Yes / No

Student signature:		Date:	
Unit /Course Coordinator		Date	

Academic Progress Report 3

NAME:		ID:	
COURSE TITLE:		REPORT No:	3 of 4

ACADEMIC PROGRESS TO DATE (Participation, Milestones etc)

COMMENT ON ACADEMIC PROGRESS

PROGRESS : Satisfactory / Unsatisfactory

FURTHER ACTION REQUIRED: Yes / No

Student signature:		Date:	
Unit / Course Coordinator		Date	

Academic Progress Report 4

NAME:		ID:	
COURSE TITLE:		REPORT No:	4 of 4

ACADEMIC PROGRESS TO DATE (Participation, Milestones etc)

COMMENT ON ACADEMIC PROGRESS

PROGRESS : Satisfactory / Unsatisfactory

FURTHER ACTION REQUIRED: Yes / No

Student signature:		Date:	
Unit / Course Coordinator		Date	

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Health Care Report 1

NAME:		ID:	
COURSE TITLE:		REPORT No:	1 of 4

Students enrolled in degree programs offered by the School of Medicine enter a challenging course that involves study in university, hospital and community settings. The School of Medicine provides active support plans for students who experience academic difficulties in their courses. In some instances, ill-health impacts negatively upon a student's academic performance. In such circumstances, the School enters into a negotiated plan with these students and encourages establishment of an ongoing relationship with a health care provider to ensure the greatest chance of success with their studies. The School requests a report from you regarding the above mentioned student.

STUDENT DECLARATION

I _____, acknowledge that I have signed a SRP with the School of Medicine that encourages regular care with a health professional.

I authorise Dr _____, Telephone, _____
(insert medical practitioner or health care provider's name and phone number) to furnish the School of medicine with a report on the nature of my illness, and I authorise the University to obtain further information from the above medical practitioner for the above-mentioned purposes.

Student signature *Date*

HEALTH CARE PROVIDER DECLARATION

I, Dr _____, confirm that Mr/Mrs/Ms _____
has regularly/occasionally (*strike out that which does not apply*) attended my practice. Their last visit was on ___/ ___/ 20___. In my professional opinion, s/he is fit, able and safe to continue their program of study in the School of Medicine.

Healthcare Provide signature *Date*

Please return this form to: Prof Allan Carmichael, Head of School of Medicine
Private Bag 99, University of Tasmania
Hobart, Tasmania, 7000
Fax: 03 6226 4860

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Health Care Report 2

NAME:		ID:	
COURSE TITLE:		REPORT No:	2 of ____

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Health Care Report 3

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COURSE TITLE:		REPORT No:	3 of ____

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Health Care Report 4

NAME:		ID:	
COURSE TITLE:		REPORT No:	FINAL

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STUDENT DECLARATION

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(insert medical practitioner or health care provider's name and phone number) to furnish the School of medicine with a report on the nature of my illness, and I authorise the University to obtain further information from the above medical practitioner for the above-mentioned purposes.

Student signature *Date*

HEALTH CARE PROVIDER DECLARATION

I, Dr _____, confirm that Mr/Mrs/Ms _____
has regularly/occasionally (*strike out that which does not apply*) attended my practice. Their last visit was on ___/ ___/ 20___. In my professional opinion, s/he is fit, able and safe to continue their program of study in the School of Medicine.

Healthcare Provide signature *Date*

Please return this form to: Prof Allan Carmichael, Head of School of Medicine
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Hobart, Tasmania, 7000
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SSP Progress Report 1

NAME:		ID:	
COURSE TITLE:		REPORT No:	1 of ____

PROGRESS TO DATE

NOTES ON PROGRESS / REDIRECTION /ACTION REQUIRED

PROGRESS : Satisfactory / Unsatisfactory

Student signature:		Date:	
Course Coordinator		Date	

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SSP Progress Report 2

NAME:		ID:	
COURSE TITLE:		REPORT No:	2 of ____

PROGRESS TO DATE

NOTES ON PROGRESS / REDIRECTION /ACTION REQUIRED

PROGRESS :

Satisfactory / Unsatisfactory

Student signature:		Date:	
Course Coordinator		Date	

SSP Progress Report 3

NAME:		ID:	
COURSE TITLE:		REPORT No:	3 of 4

PROGRESS TO DATE

NOTES ON PROGRESS / REDIRECTION /ACTION REQUIRED

PROGRESS : Satisfactory / Unsatisfactory

Student signature:		Date:	
Course Coordinator		Date	

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SSP Final Report

NAME:		ID:	
COURSE TITLE:		REPORT No:	FINAL

SELF ASSESSMENT OF PROGRESS

FINAL NOTES ON PROGRESS

EVALUATION OF SUCCESS OF PLAN

Student signature:		Date:	
Course Coordinator		Date	