



CHATTAHOOCHEE VALLEY COMMUNITY COLLEGE

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**Title III Monthly Progress Report Form**

**Grant Period: October 1, 20XX - September 30, 20XX**

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**ACTIVITY TITLE AND GOAL: STRATEGIES TO ENHANCE NEW STUDENT ENGAGEMENT (SENSE)**

To increase student success, persistence, and graduation rates through a comprehensive framework for student success featuring Success Coaches, enhanced First-Year Experience, and support services for the highest-risk students as well as tutoring enhancements, increased career pathways focus, and early alert services to produce gains among all students.

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**Reporting Month and Year:** \_\_\_\_\_

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**Section 1: Objective Summaries**

Use the table below to provide a brief summary of what you have accomplished during the reporting month, to include, quantitative measures of progress, for each objective. Please include anticipated results if activities are in progress, your measurement tools, and improvement plan (if applicable).

**Objective 1: Expand and enhance academic programs to meet the needs of SENSE students to promote enrollment, retention, completion and/or transfer, or employment.**

**Objective 2: Expand and enhance student services to engage students and increase retention, persistence, completion and/or transfer.**

**Objective 3: Expand training to support student service enhancements and reinforce active engagement of faculty/staff.**  
*To be completed by Project Coordinator.*

**Section 2: Evidence of Achievement/Problems**

Use the table below to provide a brief summary of what you have accomplished during the reporting month, to include, quantitative measures of progress, for each objective.

**What evidence is being collected to document the achievement of Objectives 1 and 2? Explain in as much detail as possible. If applicable, please indicate any problems you are having in accomplishing the stated objectives.**

**What evidence is being collected to document the achievement of Objective 3? Explain in as much detail as possible. If applicable, please indicate any problems you are having in accomplishing the stated objectives. *To be completed by Project Coordinator.***

\_\_\_\_\_  
Student Success/Career Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Coordinator

\_\_\_\_\_  
Date