

DATE: January 27 , 2026

TO: Isaac Escoto, Dean, Counseling

FROM: Matt Weisinger, Senior Research Analyst
Elaine Kuo, Director

RE: Student Education Plan Outreach Evaluation, Fall 2025

Overview

In October 2025, Counseling conducted a test to measure the impact of reaching out to students via phone and/or email to schedule a meeting with a counselor to discuss and create a personalized education plan.

IRP helped identify a pool of 420 prospective students for the outreach effort, based on the following traits:

- enrolled at Foothill in at least one credit course at Foothill in Fall 2025,
- enrolled at Foothill (and at FHDA) for the first time,
- declared an educational goal of transferring or earning a degree,
- predicted to be less likely to return after the Fall 2025 quarter, and
- had not created an ed plan or met with a counselor yet.

Of the 420 students, 209 of them were assigned to receive the treatment (outreach by Counseling to schedule counselor ed plan meetings with students) and the other set of 211 students were excluded from the outreach as a control group.

Both the treatment and controls groups saw similar percentages of Fall 2025 students return to enroll in Winter 2025. However, the treated students were more likely to register early (within the first 3 days of the registration period) for Winter 2025 courses.

The retention and early registration rates were disaggregated by some student characteristics -- such as demographics, course workload, and academic performance. Some of these subsets of the treated students showed higher early registration than their control counterparts.

The performance of this initial campaign raises some questions about potential future outreach (and counselor ed plan meetings):

- If Counseling performs another outreach campaign, would they be able to convince a higher percentage of students to meet with a counselor and create a new ed plan?
- If so, would the additional “treated” students return (or register early) at the same (higher) rate (or a lower rate because they were “harder to convince” to meet?

- Would it be possible/beneficial to focus on subset(s) of students who saw larger improvements, without narrowing the campaign’s reach too much?

1. Sample: Students identified for treatment vs. control test

IRP identified 420 students for an October 2025 outreach campaign with the following criteria (as of October 2025):

- Enrolled in their first credit course at Foothill (and at FHDA) in Fall 2025.
- Had a student type defined as “first-time student”.
- Had a self-declared educational goal of “Transfer” (code A, B) or “Degree” (code C, D).
- Had a lower predicted likelihood (<85%) of returning the next quarter (Winter 2025), based on the following factors:
 - Enrolled in 1 or 2 courses for Fall 2025
 - Registered for Fall 2025 courses in September 2025 or later
 - Was classified as an online student
 - Was 20 years or older
 - Did not live nearby Foothill’s main campus (Los Altos Hills)
- Did not have a non-template education plan in Degree Works.
- Did not have any meetings scheduled with a counselor in SARS.

The selected students were randomly split into two groups:

- 209 assigned to receive the outreach treatment and
- 211 assigned to not receive the treatment (i.e., the control group).

2. Outreach: Calling and/or emailing students in the treatment group

From October 22, 2025 to November 6, 2025, Counseling reached out (in some cases, multiple times) to the 209 students assigned to the treatment group, via phone and/or email. Students were encouraged to schedule a meeting with a counselor during the Fall 2025 quarter in order to discuss and create a new ed plan.

2.1. Successful contact rate by outreach campaign

According to the recorded notes by Counseling, the breakdown of the outreach was as follows¹:

- Accepted offer to schedule meeting: 64 (31%) students booked an appointment to meet with a counselor, most after only one attempted phone call.
- Did not reach, voicemail only: 76 (36%) students were not reached after three unsuccessful phone calls. A voicemail message was left for almost all of them. None of these students were emailed.
- Emailed only: 31 (15%) students were ultimately emailed because they could not be reached by phone.
 - 15 did not have a phone number on record.
 - 16 had a wrong number, disconnected service, or no voicemail.
- Declined offer to schedule meeting: 38 (18%) students declined the offer to meet with a counselor. Some mentioned already having a plan or not needing one.

¹ Counseling labeled the students they contacted based on their success as follows: GREEN = Accepted offer, YELLOW = Email only, ORANGE = Declined offer, and RED = Voicemail only.

2.2. Disaggregation of successful contact rate by student characteristics

More nearby students successfully contacted. Compared to students that live further away from the Los Altos campus, students who live nearby were more likely to accept the offer to meet with a counselor and less likely to be emailed (have no or an incorrect phone number). Further-away students who accepted the offer were more likely to receive treatment (not miss appointment), than nearby students.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
Live nearby	130	35%	40%	8%	17%	22%	14%	7%	33%
Further away	79	23%	30%	27%	20%	19%	4%	4%	27%

More in-person/hybrid students successfully contacted. Compared to online (only) students, non-online students were more likely to accept the offer to meet with a counselor and less likely to be emailed (have no or an incorrect phone number). Non-online students who accepted the offer were more likely to receive treatment (not miss appointment), than online students.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
Not online	96	36%	38%	9%	17%	27%	9%	3%	34%
Online	113	26%	35%	19%	19%	15%	11%	8%	27%

More full-time students successfully contacted. Compared to part-time students, full-time students were more likely to be emailed (have no or an incorrect phone number) and less likely to reject the offer to meet with a counselor. Full-time students who received a voicemail only (never reached) were more likely to receive treatment (make appointment on their own, possibly due to the voicemail), than part-time students.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
Full-time	63	38%	30%	24%	8%	27%	11%	8%	22%
Part-time	146	27%	39%	11%	23%	18%	10%	5%	34%

More non-male students successfully contacted. Male students who accepted the offer to meet with a counselor were more likely to receive treatment (not miss appointment), than non-male students.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
Male	84	26%	36%	17%	21%	25%	1%	5%	31%
Not male	125	34%	37%	14%	16%	18%	16%	6%	30%

More younger students successfully contacted. Compared to older students, younger students were less likely to reject the offer to meet with a counselor.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
19 or less	132	33%	40%	15%	12%	23%	9%	7%	33%
20+ years old	77	27%	30%	14%	29%	16%	12%	4%	26%

More ADT students successfully contacted. Non-ADT (AA/AS or Certificate)-seeking students who accepted the offer to meet with a counselor were more likely to receive treatment (not miss appointment), than ADT students.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
Declared ADT	57	37%	35%	14%	14%	18%	19%	7%	28%
AA/AS or Cert	152	28%	37%	15%	20%	22%	7%	5%	32%

More low-GPA students successfully contacted. No low-GPA students who receive a voicemail only (never reached) were treated.

	N	All outreach				Accept offer		Voicemail only	
		Accept offer	Voicemail only	Email only	Reject offer	Treated	Not Treated	Treated	Not Treated
2.0+ cumul GPA	135	29%	36%	14%	21%	21%	7%	9%	27%
< 2.0 cumul GPA	74	34%	36%	16%	14%	19%	15%	0%	36%

Future Question(s):

- For future outreach by Counseling, if their resources are limited, would it be more efficient to target specific student groups who more successfully contacted, such as nearby students, in-person/hybrid students, full-time students, younger students, students seeking ADTs, etc.?
- If Counseling wants to reach students groups who were less successfully contacted, can other outreach parameters be tested – channels, messaging, timing, etc.?

3. Intervention: Meeting with counselor to create an ed plan

3.1. Not all students in the treatment group received the intervention

Since the initial outreach on October 22, 2025, 44 of the 209 (21.1%) treated students have met with a counselor and created a new ed plan.

The conversion rates for the initial outreach to completion of the intervention/treatment (meeting with a counselor and creating an ed plan) were:

- **Accepted offer to schedule meeting:** 32 out of 64 (50.0%) students were treated.
 - 5 students created ed plans after the outreach began, but did not meet with a counselor.
 - 11 students met with a counselor after the outreach, but did not create an ed plan.
- **Did not reach, voicemail only:** 9 out of 76 (11.8%) students were treated, possibly due to the outreach voicemail or organically on their own.
- **Emailed only:** 3 out of 31 (9.7%) students were treated, possibly due to the outreach email or organically on their own.
- **Declined offer to schedule meeting:** 0 out of 38 (0.0%) students were treated.

Future Question(s):

- Is it possible to improve the 21.1% conversion of the outreach (i.e., increase the number that fully complete the intervention)?
- Would more students who initially accepted the offer to meet with a counselor complete the “full” treatment with more reminders about their scheduled appointment or earlier outreach in the quarter (e.g., in September)?
- Can the contact information for students with no phone number or an incorrect one be improved?
- Would voicemail only students respond better to an email (after leaving a voicemail)?

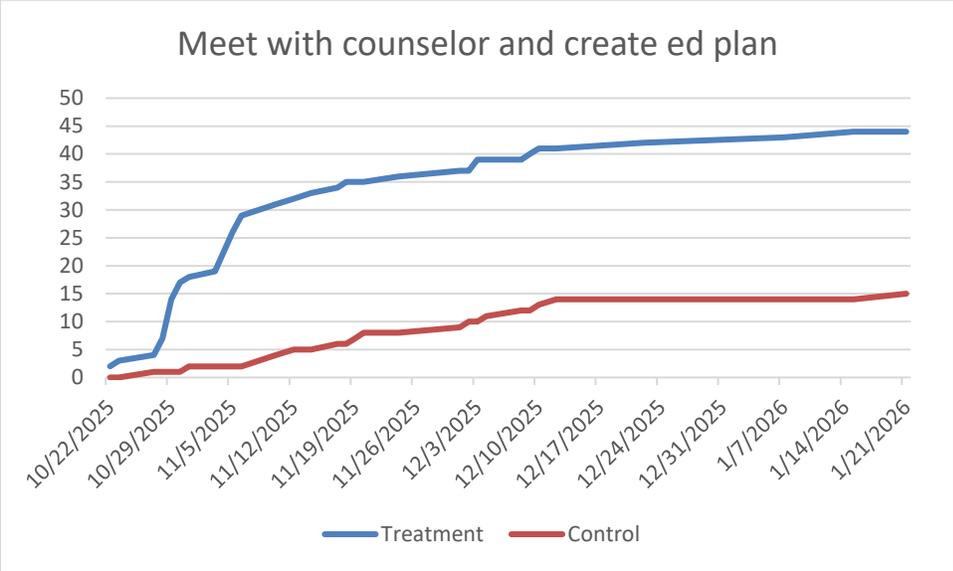
3.2. Some students in the control group also received the intervention

The treatment of meeting with a counselor and creating an ed plan was not limited to only students in the treatment group. Students in the control group could also be “treated”, just without being notified by the outreach effort.

Compared to 21.1% (44/209) of the treatment group receiving the full treatment, only 15 of the 211 (7.1%) untreated students did the same (i.e., without being prompted by any outreach).

If we limit the treatment window through November 18, 2025 (when scheduled meetings were last documented from the treatment outreach), the counts total 35 (16.7%) vs. 6 (2.8%), for treated and untreated groups, respectively.

The chart below shows the number of students who received the treatment in both groups over the time since the start of the outreach campaign.



4. Outcomes: Measuring the impact of the interventions

We examined a few metrics to measure the impact of the meeting with a counselor to create an ed plan: (1) the percentage of Fall '25 students that returned to enroll in the next Winter '25 quarter, (2) the percentage of Fall '25 students that enrolled “early” for courses in the Winter '25 quarter, and (3) the persistence of the returning students through the Winter '25 quarter.

4.1. Retention to Winter 2025

The first outcome metric that we examined was the percentage of Fall 2025 students who returned and enrolled for courses in the following Winter 2025 quarter.

As of January 27, 2025, 61.2% of the treated group overall returned for the Winter 2025 quarter, versus 56.9% of the control group. However, the +4.4% different in the retention (to W'25) rate is not statistically different (p = 0.18).

Assignment Met with counselor and created ed plan	Control			Treatment		
	No	Yes	Total	No	Yes	Total
Enrolled in Fall 2025	196	15	211	165	44	209
Enrolled in Winter 2025	106	14	120	88	40	128
Retention rate	54.1%	93.3%	56.9%	53.3%	90.9%	61.2%

For both treatment and control groups, students who met with a counselor and created a new plan were much more likely to return: 91-93% for students who did vs. 53-54% for students who did not.

Future Question(s):

- Would the overall retention rate have increased if more students in the treatment group had met with a counselor and created a new ed plan?

- Would the retention rates increase (as much) for these “harder-to-convince” students?

Illustrative example: Statistically higher retention rate

If 136 out of 209 (65.1%) in the treatment group had returned from Fall to Winter, instead of 128 above, the difference from the control (56.9%) would be statistically significant ($p \leq 0.05$).

If we assume similar retention rates for students meeting (91%) and not meeting with Counseling (53%), 66 students would have had to be “fully treated” (vs. 44 above). The 66 students in the previous bullet is calculated as follows:

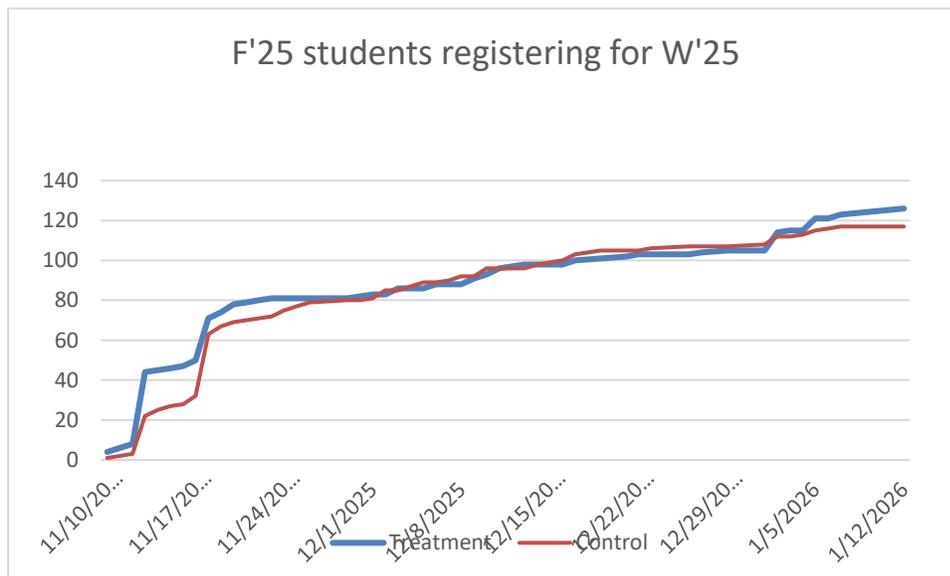
136 returned for Winter 2025 / 209 in the treatment group (65%)
 = 60/66 (91%) for those who completed the full intervention (plan + counselor)
 + 76/143 (53%) for those who did not complete the full intervention

If 100% of GREEN students completed the full intervention, the treatment group would have had 76 (which is much more than 66) fully treated students overall (instead of 44).

4.2. Early registration for Winter 2025

While the total percentages of students returning for Winter 2025 were similar between the treatment and control groups, the treated students tended to register earlier for the Winter quarter.

By November 13, 2025, 44 of 128 (34.4%) returning treated students had registered for Winter 2025 courses, whereas only 22 of 120 (18.3%) returning untreated students had.



Note: The 44 students in the treatment group registering early by November 13, 2025 is coincidentally the same number as, but not the same set of, the 44 students in the treatment group that were “fully treated”.

Among the students who returned from Fall to Winter, students that met with a counselor and created an ed plan were about 3x more likely to register early, in both the treatment (63% vs 22%) and control (50% vs 14%) groups.

Assignment Met with counselor and created ed plan	Control			Treatment		
	No	Yes	Total	No	Yes	Total
Enrolled in Fall 2025	196	15	211	165	44	209
Enrolled in Winter 2025	106	14	120	88	40	128
Retention rate	54.1%	93.3%	56.9%	53.3%	90.9%	61.2%
Registered by Nov 13, 2025	15	7	22	19	25	44
Early registration rate (% of F'25)	7.7%	46.7%	10.4%	11.5%	56.8%	21.1%
Early registration rate (% of W'25)	14.2%	50.0%	18.3%	21.6%	62.5%	34.4%

Future Question(s):

- Did the trend of the treatment group registering earlier depend on the timing of the intervention (late October to early November)?
- Would fewer students have registered early if they had met with a counselor earlier in the Fall 2025 quarter (e.g., in September)?

4.3. Persistence through Winter 2025, after February 28, 2026

Friday, February 28, 2026 will be the last day for students enrolled in the Winter 2025 quarter to drop a class with a “W”. IRP plans to update this analysis (in March 2026) with an examination of the persistence rates of the treated and untreated students after the February drop date.

5. Disaggregation of outcome metrics by student characteristics

We disaggregated the percentage of treated and untreated Fall 2025 students who (a) returned in Winter 2025 and (b) registered early (by November 13, 2025) for Winter 2025 courses. The cases where the difference between the treated and untreated students was statistically significant ($p \leq 0.05$) are highlighted green.

Treated, younger students registering earlier. For students whose age was 19 years or less during Fall 2025, those in the treatment group were almost twice (2x) as likely than the counterparts in the control group (25.0% vs 12.9%) to register early for Winter 2025 courses.

	19 or less years old in F '25			20+ years old in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	124	132		87	77	
Enrolled in W '25	59.7%	63.6%	4.0%	52.9%	57.1%	4.3%
Registered early for W' 25	12.9%	25.0%	12.1%	6.9%	14.3%	7.4%

Treated, male students registering earlier. For male students enrolled in Fall 2025, those in the treatment group were about 5x as likely than the counterparts in the control group (23.8% vs 4.5%) to register early for Winter 2025 courses.

	Male in F '25			Not male F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	88	84		123	125	
Enrolled in W '25	56.8%	60.7%	3.9%	56.9%	61.6%	4.7%
Registered early for W' 25	4.5%	23.8%	19.3%	14.6%	19.2%	4.6%

Treated, Asian or White students registering earlier. For Asian or White students enrolled in Fall 2025, those in the treatment group were about 2.5x as likely than the counterparts in the control group (25.0% vs 10.1%) to register early for Winter 2025 courses. Students who are not Asian or White also saw a significant increase in early registrations when treated, albeit at a slightly lower bump of 1.7x.

	Asian or White in F '25			Not Asian or White in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	89	80		122	129	
Enrolled in W '25	51.7%	62.5%	10.8%	60.7%	60.5%	-0.2%
Registered early for W' 25	10.1%	25.0%	14.9%	10.7%	18.6%	7.9%

Treated, part-time students registering earlier. For students whose enrolled part-time during Fall 2025, those in the treatment group were almost 4x as likely than the counterparts in the control group (19.9% vs 5.1%) to register early for Winter 2025 courses.

	Is full-time in F '25			Is not full-time in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	74	63		137	146	
Enrolled in W '25	77.0%	82.5%	5.5%	46.0%	52.1%	6.1%
Registered early for W' 25	20.3%	23.8%	3.5%	5.1%	19.9%	14.8%

Treated, online students registering earlier. For students who were classified as online students (i.e., enrolled in mostly online courses) during Fall 2025, those in the treatment group were almost 9x as likely than the counterparts in the control group (16.8% vs 1.9%) to register early for Winter 2025 courses.

	Classified as online student in F '25			Not online student in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	105	113		106	96	
Enrolled in W '25	50.5%	55.8%	5.3%	63.2%	67.7%	4.5%
Registered early for W' 25	1.9%	16.8%	14.9%	18.9%	26.0%	7.2%

Treated, transfer students registering earlier. Students in the treatment group were about twice (2x) as likely register early for Winter 2025 courses than those in the control group,

regardless of declared major in Fall 2025. However, students seeking an ADT award saw a larger increase in the percentage (35.2% vs 16.3%).

	Declared ADT major in F '25			Declared non-ADT major in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	49	54		162	155	
Enrolled in W '25	61.2%	75.9%	14.7%	55.6%	56.1%	0.6%
Registered early for W' 25	16.3%	35.2%	18.9%	8.6%	16.1%	7.5%

Treated, low GPA students registering earlier. For students with cumulative GPAs less than 2.0 in Fall 2025, those in the treatment group were about 3x as likely than the counterparts in the control group (13.5% vs 4.2%) to register early for Winter 2025 courses. Students with cumulative GPAs of 2.0 or higher saw about 2x increase in early registrations when treated.

	< 2.0 cumulative GPA in F '25			2.0+ cumulative GPA in F '25		
	Control	Treatment	Difference	Control	Treatment	Difference
Enrolled in F '25	72	74		139	135	
Enrolled in W '25	34.7%	37.8%	3.1%	68.3%	74.1%	5.7%
Registered early for W' 25	4.2%	13.5%	9.3%	13.7%	25.2%	11.5%

Future Question(s):

- For future outreach by Counseling, if their resources are limited, would it be more efficient to target specific student groups who displayed better outcomes, such as younger students, online students, part-time students, students not seeking ADTs, etc.?