**CAS Advisor Training Program Addendum Index**

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**A1. Training Topic List**

\*Some of the training leads from CAS have been identified. For other WSU Departments that would offer the training, the department is listed as the lead.

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| --- | --- |
| **Topics**  | **CAS Advisor/University Office that Coordinates Training** |
| University Required Training  |
| FERPA | <https://www.ronet.wsu.edu/main/apps/ferpatest.asp> |
| Sexual Harassment | HRS  |
| Advising 101, 102, 103 | ASCC |
|  |  |
| Essential Training  |
| Transfer Equivalency | Admissions for general information; CAS training (person TBD) for how to approve an equivalency  |
| Academic Regulations | <http://registrar.wsu.edu/Registrar/Apps/AcadRegs.ASPX> |
| CAS Foreign Language Requirement | Tom Whitacre |
| Student Advisement Report | CAS Training Lead for how to read the reports |
| Exceptions | Tina Krauss |
| Deficiency/Reinstatement | ASCC/Ruth Ryan (occurs once per semester)  |
| Petitions | Tom Whitacre |
| Double Majors/Degrees | Shadowing of CAS Contact to learn how to advise double majors |
| Major/Minors | Shadowing of CAS Contact to learn how to advise for the major and minor in the department |
| Alive Advising | ASCC/Ruth Ryan  |
| Online Notes | ESG |
| OBIEEFinancial AidMilestones Training | Doug JuneauStudent Financial ServicesTina Krauss |
| Secondary Training  |
| Study Abroad | Global Learning  |
| Honors | Honors College |
| Center for Civic Engagement (CCE)  | CCE |
| ASCC (internships/careers) | ASCC/Judy Hopkins/Stefany Unda/Harrison Hughes |
| Career Advising | Shadowing of CAS Contact to learn how to incorporate this information into advising appointments |
| FileMaker Pro (database mgmt) | Laurie Heustis |
| Advising Syllabus  | Tom Whitacre  |
| Zzusis navigation (previous advisor, program plan stacks, audits, what-ifs)  | Tina Krauss |
|  |  |
| **A1. Training Topic List (Cont.)** |
| Recommended Training  |
| Soft Skills |  |
| Mental Health First Aid | Health and Wellness (CAS/Ana Maria will pay for this training) |
| Cultural Competency | HRS |
| Ally Training | GIESORC |
| Hard Skills  |  |
| International Programs | International Student Advisors |
| GI Bill | Veteran Student Affairs |
| Access Center | Access Center |
| CAS Cross Training  | Shadowing of CAS Contact to learn about all CAS majors |
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| Binder Materials  |
| Required |  |
| Contact List (CAS + Campus Advisors) | Ana María Rodriguez-Vivaldi + ASCC lists  |
| Campus Referral (registration, admissions, graduations forms, etc | Theresa Lavoie's sheet |
| English/Math/Foreign Language Placement Charts | [http://www.math.wsu.edu/placement/placementchart.html; http://www.forlang.wsu.edu/pdf/SelfPlaceCredit.pdf; Still need English sheet](http://www.math.wsu.edu/placement/placementchart.html) |
| UCORE/GER/Honors Requirement Sheets  | [http://advising.wsu.edu/media/112141/general\_education\_requirements\_worksheet.pdf http://honors.wsu.edu/academics/curriculum/HC%20schematic%202012%20Crimson%20and%20Grey.pdf http://advising.wsu.edu/media/112141/general\_education\_requirements\_worksheet.pdf](http://advising.wsu.edu/media/112141/general_education_requirements_worksheet.pdf) |
| List of CAS Majors and Minors  | Will need to locate a sheet with this information |
| Change of Major Policy  | Shadowing of CAS Contact to learn how to make this kind of change |
| Department Specific |  |
| Major/Minor Certification Requirements/Check Sheets | From Department |
| Department Contact List | From Department |
| Scholarships | From Department |
| Possible Future Trainings  |
| Student Success Collaborative | TBD |
| Online Appointments | TBD |

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| --- | --- | --- | --- |
| Submitted by: |  | Date: |  |

**A2. Training Proposal**

TITLE: This training should help advisors learn relevant information on the topic area.

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PRESENTER(s): include contact information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF TRAINING: List the amount of time you will need to cover the topic area.

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FREQUENCY OF THIS TRAINING: List how often you will/can provide this training (e.g., once a month/semester/year).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEARNING OUTCOMES: Relate outcomes to the [WSU Advising Strategic Plan, goals and outcomes.](http://universitycollege.wsu.edu/acada/overview/missiongoals/index.html)

**In completing this training participants will be able to …** (list 3)

1.

2.

3.

DESCRIPTION: Please include a description of the topic and information to be covered.

FORMAT: Describe in detail how this presentation will be given and types of materials that will be provided. (e.g., PowerPoint, hand-outs, other)

REQUEST: List out any request you will need to present the training. (e.g., projector, conference phone, etc.)

CONTACT PERSON:

**Submit completed proposal to the CAS Academic Advisor Training Program Committee:**

**Anna Chow at campus zip 2421 or ychow@wsu.edu**

|  |
| --- |
| CAS Academic Advisor Training Program Committee Member CAS Reference # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved for training topic \_\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_\_NDate of training\_\_\_\_\_\_\_\_\_\_Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Announcement sent \_\_\_\_\_\_ CAS AATP Organizer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**A3. Individual CAS Attendance Log**

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| --- | --- | --- | --- |
| Training Topic | Date | Instructor/Lead initials | Comment |
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Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form at the end of the semester (December 15th for Summer and Fall, May 15th for Spring) to the CAS Academic Advising Training Program Committee for record updates. Send or email to:**

**Anna Chow at campus zip 2421 or ychow@wsu.edu**

**A4. Training Session Sign-In Sheet**

Lead Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Participant Name (Please Print) | Email |
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**Lead/Trainer: Please collect and return Session Evaluations with this form at the end of the session to the CAS Academic Advising Training Program Committee for record updates. Send or email to:**

**Anna Chow at campus zip 2421 or ychow@wsu.edu**

**A5. CAS Academic Advising Training - Session Evaluation**

\*To be completed immediately after session\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Presenter:** |  | **Training Topic:** |  |

Your feedback is important to us! Please let us know your thoughts about this training session:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | N/A |

1. The presenter was able to cover all the goals of this session.
2. The information was presented in a way that’s easy to understand.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | N/A |

1. I will be able to apply the information covered today efficiently.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | N/A |

1. What was most helpful to you about this training session?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What would you suggest for improvement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Any additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return this form to the CAS Advisor Training Committee. Send or email to: Anna Chow at campus zip 2421 or ychow@wsu.edu**

**A6. CAS Academic Advising Training - Follow up Survey**

This survey serves the purpose of tracking the effectiveness over time regarding training topic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your feedback is important to us! Please let us know your thoughts about this training session:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | N/A |

1. The information provided in training is still beneficial to your work.
2. When I have questions after the training, it is easy to get additional support.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | N/A |

1. What do you wish was covered in the training session?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What would you suggest for improvement?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Any additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return this form to the CAS Academic Advising Training Program Committee for record updates. Send or email to:**

**Anna Chow at campus zip 2421 or ychow@wsu.edu**

**A7. CAS Academic Advising Training - Annual Program Evaluation**

This survey will help the committee assess the overall benefit of this program to our participants and provides further development opportunities. Your feedback is important to us! Please let us know your thoughts about this program:

 Rating Scale: 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Very Good

|  |  |
| --- | --- |
|  | Please Circle Your Response |
| Overall Program Evaluation |  | 1 | 2 | 3 | 4 | 5 |
|  |
| Materials (handouts, PowerPoint, etc.) |  | 1 | 2 | 3 | 4 | 5 |
|  |
| Program Content |  | 1 | 2 | 3 | 4 | 5 |
|  |
| Program Presenter |  | 1 | 2 | 3 | 4 | 5 |
|  |
| Overall Benefit to you |  | 1 | 2 | 3 | 4 | 5 |
|  |

1. What’s the most beneficial training for you? Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What do you like the most about the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What do you like the least about the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What would you change about the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What other topics would you want to learn about?

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| Day of the Week | Time of Day |
| * Monday
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* Wednesday
* Thursday
* Friday
 | * Morning (8am – 10am)
* Mid-day (10am-12pm)
* Afternoon (12pm-2pm)
* End of day (2pm-4pm)
 |

1. Please select the days and times that work best for you (select all that apply):
2. Any additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the CAS Academic Advising Training Program Committee for record updates. Send or email to:**

**Anna Chow at campus zip 2421 or ychow@wsu.edu**

**Shadowing Facilitator Sign Up**

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| Advisor Name | Contact Email |  |
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