



Academic Advising Checklist

Name of Student: _____ I.D#: _____

Academic Advisor: _____ Semester/Year: _____

Advisors, please date item when completed

Semester Start

_____ Reach out to advisee via email, phone, or face-to-face for introduction, provided Advising Syllabus

Financial Aid

_____ FAFSA submitted for current academic year

_____ FAFSA submitted for next academic year

_____ Seat-Ready - Balance is cleared for current semester

_____ If there are additional financial needs:

_____ Send TRIO application and encouraged to submit

_____ See Financial Aid Office. Last Names A-L: Debra Canter (canterd@hocking.edu); M-Z Jodie Lewis (coonj8@hocking.edu)

_____ Contact Bob Bowser to discuss employment options (bowserr@hocking.edu)

_____ Refer student to the Foundation's office for possible funding

_____ Refer student to the scholarship committee (Mark Fuller, fullerm@hocking.edu)

Academic

_____ For students on track to graduate this semester:

_____ Graduation application deadline reminder

_____ Student submitted application

_____ Verify student is on track pending completing current classes

_____ Career or transfer counseling

_____ Midterm 1st eight weeks courses check

Passing all courses

Failing course(s) - List courses below and document intervention on Critical Care Intervention sheet

_____ Meeting for degree/goals progress check and academic planning

_____ Midterm 16 weeks courses check

Passing all courses

Failing course(s) - List courses below and document intervention on critical care intervention sheet

_____ All Hocking Learning Day information notification

_____ Reminder to check schedule for 2nd 8 week courses beginning

_____ Career Fair information notification

_____ Midterm 2nd 8 weeks courses check

Passing all courses

Failing course(s) - List courses below and document intervention on critical care intervention sheet

_____ Student is registered for the following semester



Critical Care Intervention

Name of Student: _____ I.D#: _____

Academic Advisor: _____ Semester/Year: _____

Advisors, please date item when completed

Student failed a course in the previous semester

Course(s) failed:

_____ Meeting with student to provide academic support resources. Notes below:

Finances are not in place and student is not seat ready

_____ Send TRIO application and encouraged to submit

_____ See Financial Aid Office. Last Names A-L: Debra Canter (canterd@hocking.edu); M-Z Jodie Lewis (coonj8@hocking.edu)

_____ Contact Bob Bowser to discuss employment options (bowserr@hocking.edu)

_____ Refer student to the Foundation's office for possible funding

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Attendance

_____ Student has 1 unexcused absence

Course(s) absent:

Intervention steps taken:

_____ Student has 2 unexcused absences

Course(s) absent:

Intervention steps taken:

Student is on Academic Probation

_____ Meeting with student to discuss Academic Probation expectations

_____ Fill out Academic Probation form and upload to Advise

Academic Performance

_____ Student is not submitting assignments/quizzes

Course(s) involved:

_____ Meeting with student to provide academic support resources. Notes below:

_____ Student received a failing midterm grade

Course(s) failed:

_____ Meeting with student to provide academic support resources. Notes below:



Academic Probation Action Plan

This form is for documenting the advising meeting with any student on Academic Probation. Students on Academic Probation are to meet with Advisors every three weeks throughout the semester to discuss their academic status.

Name of Student: _____ I.D#: _____ Date: _____

Please note topics discussed using the space provided. Please guide students in creating an Action Plan based on the SMART goals and principles. Student must earn a semester GPA of 2.25 to enroll in the following semester.

What are your academic priorities for the next three weeks? (exams, reports, projects)	Action Steps to attain priorities?	Completed?
1. _____	1. _____	<input type="checkbox"/>
2. _____	2. _____	<input type="checkbox"/>
3. _____	3. _____	<input type="checkbox"/>

Resources/Study Skills required:

Available Academic Success Center Services:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____