

Consultation Details

Below are the details that would be required from institutions once a consultation is confirmed.

Institutional Profile

The following information should be compiled prior to the Letter of Agreement being signed by both parties. This information will assist in identifying the appropriate consultants for the review.

Institution Name

Contact Person Name

NODA Member Name

Contact Person Title

Institution Size: Small (0 – 5,000) Medium (5,000 – 10,000) Large (10,000 +)

Total Undergrad: _____ Total Entering Freshman: _____ Total Entering Transfer: _____

Institution Type: (Check all that apply)

4 Year College

Primary Residential

2 Year College

Primary Commuter

Technical/Trade School

First Year Live-on Requirement

Orientation Program: (Check all that apply)

Reports to Academic Affairs

Single Day Program

Reports to Student Affairs

Multi-Day Overnight Summer Program

Other: _____

Multi-Day Overnight Summer Program

Multi-Day Wilderness/Adventure Program

Program Being Reviewed: (Check all that apply)

Freshman

Transfer

Parent

Name of Orientation Program: _____

Program Web Address: _____

Current Resources: (Record the number of)

Professional Staff: _____ Support Staff: _____ Graduate/Intern Staff: _____

Student Employee Staff: _____

Volunteer Student Staff: _____

Annual Operating Budget: _____

Source of Income: (Check all that apply and to what percent)

- | | |
|--|---|
| <input type="checkbox"/> General Operating Budget ___% | <input type="checkbox"/> Student Activity Fees ___% |
| <input type="checkbox"/> Orientation Fee ___% | <input type="checkbox"/> Sponsorships ___% |
| <input type="checkbox"/> First-Year Student Deposit ___% | <input type="checkbox"/> Other: _____ ___% |

Background Document List:

Please provide the NODA Association Office with four (4) binders/booklets of the following background information. Separate each of the following numbered items by a tab or cover page. If information isn't currently available, please note so in the appropriate category.

1. Institution Name
2. Division Name for which orientation reports
3. Division Mission Statement
4. Attach a copy of the division organizational chart. Please label as the division of ___ organizational chart.
5. Orientation Department/Program Name
6. Orientation Department/Program Mission Statement
7. Orientation Department/Program Descriptions
8. Attach a copy of the Department organization chart. Please label as the Department of ___ organization chart and include all staff and volunteer reports (including students and graduate assistants)
9. Departmental/Program highlights and accomplishments
10. Program promotional materials for each program being reviewed. Include any flyers, sample letters and emails, brochures, and web links.
11. Program schedules for each program being reviewed.
12. Program evaluations for each program being reviewed.
13. Program outcomes for each program being reviewed.
14. Orientation Department/Program timeline or calendar for advertisement, recruitment, and implementation of program for each program being reviewed.
15. Staff training schedules/agendas and professional development plans.
16. Additional supporting material the institution may seem necessary to provide additional insight into the department/program.