



Student Learning Center
Educational Opportunity Programs
California State University, Chico

INSTRUCTIONAL SUPPORT ASSISTANT (ISA) – Unit 11

Position: Supplemental Instruction Workshop Leader, 2010/2011 Academic Year.

Job Description: The Supplemental Instruction (SI) Workshop Leader needs to be an excellent, responsible student and an effective communicator. The Workshop Leader must be sensitive to the needs of students from diverse backgrounds, especially first generation, low income students and students with disabilities. An SI Leader needs to identify problems that impact student academic performance. The Workshop Leader must maintain good academic standing (2.8 GPA or above) and be able to make independent decisions. Junior or senior standing is preferred. Undergraduates must be enrolled in and complete a minimum of 6 units; graduate students, 3 units. Specifically, each Workshop Leader will be expected to:

1. Attend all classroom lectures and labs in their assigned course.
2. Offer group sessions weekly that combine study strategies with course content.
3. Meet periodically with their assigned faculty member.
4. Attend weekly trainings with other SI Workshop Leaders.
5. Meet with Program Coordinator as needed.
6. Schedule meetings with students when needed.

Workshop Leaders must be available for evening workshops.

Compensation: \$10.00 per hour. Work-study preferred.

Selection Procedure: Workshop Leaders will be selected on the basis of an evaluation of information obtained from the following sources; however the department reserves the option to waive set criteria.

1. Completed application.
2. Transcript.
3. Interview.
4. Faculty recommendation.

Application: Interviews will be scheduled as applications are received.

Procedure: Please submit an application, a typed letter of introduction (which includes a statement of why you feel you would be an effective SI Workshop Leader), and two letters of recommendation (printed or e-mailed) to:

Deanna Pierro, Writing & S.I. Coordinator
Student Learning Center
Student Services Center Room 340 (530) 898-6839
dpierro@csuchico.edu

THIS PROGRAM and ITS POSITIONS ARE CONTINGENT UPON FUNDING

**CALIFORNIA STATE UNIVERSITY, CHICO IS AN
AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY/
AMERICANS WITH DISABILITIES ACT/VETERAN EMPLOYER**



INSTRUCTIONAL STUDENT ASSISTANT APPLICATION FOR EMPLOYMENT

California State University, Chico
Office of the Vice Provost for Human Resources
Chico, California 95929-0024
Voice 530-898-5029 TDD 530-898-5870

Position Title:

Department:

To comply with the immigration Reform and Control Act of 1986, all new employees must provide proof of identity and authorization to work.

Name: Last, First, Middle Initial – as it appears on your Social Security Card

Previous name(s) used, if different

Mailing Address: Post Office Box or Number and Street

City, State, and Zip

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Home Phone Number

Work Phone Number

Message Phone Number

EDUCATION (NOTE: unofficial transcripts **must** accompany application)

Highest degree received and date of receipt:

Earned	Name of School	Major	Diploma/Degree

Professional Schools or Licenses and Certificates:

Other Educational Information:

WORK AUTHORIZATION

California State University, Chico only employs individuals legally authorized to work in the United States. Should you be offered a position on this campus would you be able to furnish proof that you are authorized to work? NO YES If 'no,' explain.
Are you over the age of 18? NO YES If not, are you able to furnish a work permit indicating right to work? NO YES

Have you ever been convicted of a crime as an adult (excluding non-felony traffic violations)? NO YES A conviction includes a plea, verdict or finding of guilt, regardless of whether a sentence was imposed by the court. You need not provide information about marijuana possession convictions or a violation of Health and Safety Code Section 11357(b) or (c), Section 11360(c), or Section 11364, 11365, or 11550 that occurred more than two years ago. (NOTE: A conviction will not necessarily disqualify an applicant from employment) If 'yes,' explain:

Have you been arrested for any criminal offense for which you are out on bail or on your own recognizance while a trial is pending. (Note: this information cannot be used as a basis to deny employment, unless you are convicted). NO YES If 'yes,' explain:

The position for which you have applied may require the use of a state vehicle for state business. If you are offered and accept a position can you furnish proof of a valid California driver's license? NO YES If 'no', explain:

EMPLOYMENT HISTORY

Account for past work experience and describe specific duties that are relevant to the position for which you are applying. **To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a résumé only for the duties description.

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ()
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ()
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ()
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

FROM (mo/yr)	TO (mo/yr)	JOB TITLE or OCCUPATION: Part time <input type="checkbox"/> Full time <input type="checkbox"/>	NAME OF YOUR DIRECT SUPERVISOR
EMPLOYER'S NAME and ADDRESS:			SUPERVISOR'S PHONE NUMBER ()
DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYMENT/EDUCATION INFORMATION RELEASE AUTHORIZATION

As an applicant for a position with California State University, Chico I do hereby authorize all past and present employers, references, institutions of higher education and other appropriate persons or agencies to release to the University any and all information regarding my employment/education upon request. I do hereby agree to hold such employers, institutions, references, persons, etc. harmless from liability for releasing said information.

SIGNATURE must be original

DATE

APPLICANT CERTIFICATION

I certify that the answers I have given in the materials I have submitted in application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application may be sufficient reason for dismissal. The application materials include this document and any other materials submitted.

SIGNATURE must be original

DATE



SUPPLEMENTAL INSTRUCTION LEADER SUPPLEMENTAL QUESTIONNAIRE

Student Learning Center
California State University, Chico
530-898-6839

Please print: Date _____

Name: _____ Student I.D.: _____

Anticipated Graduation Date: _____ Year in School: _____ Current GPA: _____

Major: _____ Minor: _____

E-mail address: _____ Cell phone: _____

Please respond to the following on a separate sheet:

1. What class would you like to be an SI leader for? Please be specific as to course number.
2. What experiences (formal or informal) have you had working with groups (8-12 people)?
3. Please describe any experiences have you had working with educationally/economically disadvantaged students.
4. Why do you want to be an SI leader?
5. Why do you feel you will be a successful SI leader?
6. In your opinion, what are the responsibilities of an SI leader?

Please submit in addition to the application:

Recommendation form from a CSU Chico faculty members who can verify your ability to lead academic workshops. (Recommendations from professors who teach in the subject area(s) you want to be an SI leader for are preferred.) Additional letters of recommendation from advisers or faculty may also be considered.

Faculty may send an e-mail recommendation to dpierro@csuchico.edu if that is more convenient.

**Student Learning Center
Student Services Center, Room 340
530-898-6839**

Faculty Recommendation for Supplemental Instruction Leader

Dear Faculty Member:

The Student Learning Center offers Supplemental Instruction (SI) for selected subjects each semester. To provide effective service, we are continually seeking qualified SI Leaders. However, before considering a student as an SI Leader, we require at least a “B” grade or better in the subject area they will be supporting and a faculty member’s evaluation of the student’s qualifications. Please include as much information about this student as you consider necessary. Final consideration will be based upon the student’s written application, transcripts, interview and faculty recommendation. We greatly appreciate your help in evaluating this prospective SI Leader. Thank you.

STUDENT’S NAME: _____

COURSES TAKEN FROM YOU: _____

How complete is this student’s knowledge of the course material?

Excellent _____ Good _____ Adequate _____ Inadequate _____

How would you describe this student’s communication skills?

Excellent _____ Good _____ Adequate _____ Poor _____

Do you think this student would be confident leading large and small group study sessions? Yes _____
No _____ Unsure _____

Do you recommend this student? Yes _____ No _____ Unsure _____

If yes, please list specific course numbers you feel this student is competent in:

Additional Comments:

Print Name: _____

Signature: _____ Date: _____

Position: _____ Phone: _____

Department: _____

Please return this form to: Deanna Pierro, Writing & S.I. Coordinator at the Student Learning Center through intercampus mail, Zip 183 Send email recommendations to dpierro@csuchico.edu. Thank you for your prompt response.