



Student Learning Center
Educational Opportunity Programs
California State University, Chico

INSTRUCTIONAL SUPPORT ASSISTANT (ISA) – Unit 11

Position: Supplemental Instruction (SI) Leader

Job Description & Qualifications SI leaders must have excellent academic, communication, and interpersonal skills and be enthusiastic about helping others learn. They must demonstrate sensitivity to the experiences of students with disabilities and students from diverse economic, academic, and cultural backgrounds. Preferences will be given to applicants who have at least two semesters of experience in Supplemental Instruction and/or tutoring. SI Leaders 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, 4 grad level units.

SI Leaders will be expected to:

1. Attend all classroom lectures in their assigned course.
2. Attend weekly meetings with the Program Coordinator and other SI Leaders.
3. Offer 3 group sessions weekly that combine study strategies with course content.
4. Design and implement student-centered lesson plans.
5. Meet periodically with their assigned faculty member.
6. Meet with the Program Coordinator as needed.
7. Schedule meetings with students when needed.

Compensation: \$13.50 per hour (to be updated in accordance with Unit 11 collective bargaining agreement) Work-study preferred. (Approximately 11 - 12 hours per week)

Selection Procedure: SI Leaders will be selected based on information obtained from the following sources; however the department reserves the option to waive set criteria:

1. Step 1: Completed Application forms
 - a. Supplemental questionnaire
 - b. Employment Application
 - c. Availabilities form
 - d. Faculty Recommendation(s) - one for each course you will be responsible for
 - e. Unofficial transcripts (can be printed from the portal)
 - f. A copy of your Course Schedule (can be printed from the portal) for the Semester you are applying to be a leader for.
2. Step 2: Interview
 - a. Teaching demo (specific instructions will be provided in advance)

Application Procedure: Interviews will be scheduled as applications are received. Please submit a complete application and faculty recommendation(s) to:

Yer Thao, SI Program Coordinator
Student Learning Center
Student Services Center Room 340, (530) 898-6839
ythao9@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 EMPLOYEE
SUPPLEMENTAL INSTRUCTION LEADER
SUPPLEMENTAL QUESTIONNAIRE
Student Learning Center
California State University, Chico
530-898-6839

Date _____

Name: _____ Student I.D.: _____

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

Major: _____ Minor: _____

E-mail address: _____ Cell phone: _____

What course(s) would you like to SI for? Include course number(s): (Example: BIOL 103)

Please respond to the following on a separate sheet:

1. What subject(s)/course number would you like to be an SI leader for? Please explain your selection.
2. What experiences (formal or informal) have you had working with groups?
3. Describe any experiences you have had working with economically and academically disadvantaged students.
4. Why do you want to be an SI leader?
5. Why do you feel you would be a successful SI leader?
6. What do you think are the SI Leaders' main responsibilities?



CSU Office of the Chancellor

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: **ISA/SUBJECT TUTOR**

Department: **STUDENT LEARNING CTR**

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

FOR SLC OFFICE USE ONLY		
Grad Term	Rec	
Hold For		WS
Interview		Subject(s)
Hire Date		
ID#		

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

() ()
Home Phone Number Cell Phone Number CSUC Email Address

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

Highest degree received and date of receipt:

	Name of School	Major	Diploma/Degree
Earned			

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

Availabilities – For the Semester you are Applying for

(Mark the hours you can work)

	Mon	Tue	Wed	Thur	Fri
8:00am – 9:00am					
9:00am – 10:00am					
10:00am – 11:00am					
11:00am – 12:00pm					
12:00pm – 1:00pm					
1:00pm – 2:00pm					
2:00pm – 3:00pm					
3:00pm – 4:00pm					
4:00pm – 5:00pm					
5:00pm – 6:00pm					
6:00pm – 7:00pm					

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. 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 Poor

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 all courses you feel this student is competent in: (Example: BIOL 103)

Additional Comments (may attach separate paper if necessary):

Print Name: _____

Signature: _____ Date: _____

Position: _____ Phone: _____

Department: _____

Faculty, please mail this form directly to Yer Thao, SI Coordinator at the Student Learning Center through intercampus mail, Zip 183. Or, please scan & email this form to ythao9@csuchico.edu. Thank you for your prompt response.