

Supplemental Instruction Program
Bernard B. Rinella, Jr. Learning Center
16 Campus Avenue Building

Miami University
Oxford, Ohio
513.529.9624

APPLICATION PACKET
Supplemental Instruction Program

SI PROGRAM OVERVIEW

Supplemental Instruction (SI) provides regularly scheduled, out-of-class, peer-facilitated sessions in historically difficult classes. All students in the courses with SI are invited to attend the free SI study sessions. The SI Leaders are key people in the program who have demonstrated competence in the subject and earned an A or B in the course.

DUTIES OF THE SI LEADER

- Focuses on helping students “learn how to learn” the course content
- Attends every class
- Helps students refine learning strategies, such as note taking and organizing, steps for problem solving, memory skills, self-testing, test preparation, and test taking
- Conducts 2 one hour study sessions a week
- Meets with the cooperating professor on a regular basis
- Attends regularly scheduled staff meetings and meets with the SI Supervisor
- Maintains session attendance records and submits required paperwork on time

TIME COMMITMENT

- SI Leaders work between 6-8 hours per week for the semester:
 - 3 hours attending class
 - 2 hours holding study sessions
 - 1 hour meetings with Professor & preparing for sessions

TRAINING

- SI Leaders are required to take EDT 310, a one hour, credit /no-credit course offered at the beginning of the semester. The class meets three times throughout the semester in 2 hour sessions. The remainder of the class is on Blackboard.

SI LEADER MINIMUM REQUIREMENTS

SI Leaders must have a

- Grade of ‘A’ or ‘B’ in the targeted course
- Cumulative GPA of at least 2.76 and at least a 3.00 in the target course
- Completed application

PAY RATE

- Starting pay rate is \$7.70 per hour

APPLICATION PROCESS

- Complete and submit the following to the Supplemental Instruction Program in the Rinella Learning Center, 23 Campus Avenue Building: 1) SI Application; 2) FERPA Release; 3) GPA Consent Form; 4) Employee Confidentiality Statement.
- A member of the Learning Center staff will contact either the cooperating SI instructor or the instructor with whom the prospective SI Leader took the SI course for a faculty recommendation endorsing the applicant as a SI Leader.
- When the application is completed and submitted to the Supplemental Instruction Program you will be contacted for a possible information session/interview.

We welcome your application and look forward to working with you in the Supplemental Instruction program! Please contact Kristy Drobney at drobnekl@muohio.edu or 529.9624 if you have any questions.

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SI Leader Employment Application

Date: _____

Name (Print): _____
Last First MI

Local Address _____
Street City State Zip Code

Phone Number: (____) _____ E-mail Address: _____

Banner + #: _____ Birth Date: _____

Specific Course(s) you wish to SI for & Name of Instructor with whom you took the course:

Professor for whom you will be SI Leader, if known: _____

_____ I do not yet have a cooperating professor

Classification: ____ Freshman ____ Sophomore ____ Junior ____ Senior

Number of semesters you are available to serve as a SI Leader _____

Number of college credits earned as of last term: ____ Major(s): _____

Cumulative GPA: _____ GPA in major: _____

Employment History:

You may submit a resume instead of filling out this portion. If submitting a resume, please proceed to Question #1, Why are you interested in this position?

Presently working in another department on campus?

No _____ Yes _____ If yes, list department(s): _____

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Miami University
Student Reference Request and FERPA Release

Student's Name *(please print)*: _____

I request _____ to serve as a reference for me. The purpose(s) of the reference are *(check all applicable spaces)*:

- application for employment/internship
- all forms of scholarship or honorary awards
- admission to another education institution

The reference may be given in the following form(s): *(check one or both boxes)*

- written oral

I authorize the above person to release information and provide an evaluation about any and all information from my education records at Miami University, including information pertaining to my education at other institutions I have previously attended which is part of my education records at Miami University, deemed necessary by said employee to provide the above reference. *(check all applicable boxes)*

1. all prospective employers OR specific employers
(list on reverse side)
2. all educational institutions OR specific educational institutions
to which I seek admission *(list on reverse side)*
3. all organizations considering OR specific organizations
me for an award or scholarship *(list on reverse side)*

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of any written reference upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to the above employee, but that any such revocation shall not affect disclosures previously made by said employee prior to the employee's receipt of any such written revocation.

Student's Signature

Date

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SI Leader GPA Consent Form

I, _____, SS# or Plus Number _____,

Give the Learning Center administrative staff permission to periodically review my transcript to ensure that I am maintaining the minimum GPA required for those working for the LC (2.76 cumulative and 3.0 in courses I am the SIL).

I understand that the LC may need to incorporate the statistics of my services to the LC in periodic reports. Names and social security numbers are kept anonymous, but appropriate research will require the use of information gathered from tutors and clients.

The staff has explained the purpose of this consent form to me and I understand the explanation. I have been given the opportunity to ask whatever questions I may have, and all such questions and inquiries have been answered to my satisfaction.

Student's Signature _____ Date _____

Supplemental Instruction Course _____

Office Use Only

Cumulative GPA _____

Course GPA _____

Today's Date _____

Staff Signature _____

Date _____

Cumulative GPA _____

Date _____

Cumulative GPA _____

Date _____

Cumulative GPA _____

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SI Leader Confidentiality Statement

As an employee of the Supplemental Instruction Program, I understand that I may have access to confidential information such as grades, student records, test results, student progress in class, and similar data. I am aware that I may receive verbal or written communication from head tutors, graduate assistants, coordinators, or other students concerning course grades and materials which should be kept confidential. I also understand that employment with the SI Program means I have the responsibility to preserve the confidentiality of this information and that failure to adhere to these guidelines may result in the termination of my employment.

I have read the above employee confidentiality statement and understand and accept the responsibility to preserve the confidentiality of privileged information.

Employee Signature _____

Employer Signature _____

Date _____