

Embedded Tutoring at College of San Mateo

Overview

Embedded Tutoring has proven to be one of CSM's most valuable academic support programs. What the program does is target combined Math 120, 190 and 200 courses as well as English 100 and 105 combined courses. An embedded tutor will attend the class lecture as an observer and take notes as well as assist students throughout the class time in group and one-on-one settings. Occasional review sessions may also be scheduled outside of the class time.

What we are looking for in candidates

- *Have strong communication skills, and feel comfortable presenting in front of a diverse group of students*
- *Dependability and friendliness*
- *Demonstrates skills of a successful college student (skills include: awareness of campus resources, good time management, note-taking skills, regularly communicates with staff and faculty etc.)*
- *Be eligible to work on campus*
- *Be enrolled in at least 6 units during the semester they will be working*
- *Received and A or B in the course they will work with*
- *Receive a faculty recommendation*
- *Be able to work between 10-12 hours per week*

Steps to become an embedded tutor

- *Complete an application*
- *Receive a faculty recommendation*
- *Attend an Interview*

Expectations if hired

- *Attend and successfully complete either the Pre-Semester Training Workshop or Complete the LCTR 100 Tutor Training Course*
- *Attend all assigned course lectures*
- *Regularly check e-mail and Canvas for any tutoring program updates or announcements*
- *Schedule review sessions in collaboration with students for midterms and final exams*
- *Complete a lesson plan for each review session*
- *Collaborate with course instructor on lesson plans*
- *Stay in regular communication with embedded tutoring coordinator via e-mail/in-person meetings*
- *Attend periodic meetings with the embedded tutoring coordinator.*
- *Notify ET coordinator & course instructor of any absences*

Questions?

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martinezjoseph@smccd.edu

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Embedded Tutor Employment Application

APPLICANT INFORMATION

FULL NAME	FIRST	MIDDLE	LAST
PERMANENT ADDRESS	STREET		CITY STATE ZIP
EMAIL ADDRESS			PHONE NUMBER
CSM G NUMBER			
DEGREE CONCENTRATION/MAJOR			CURRENT GRADE POINT AVERAGE (OPTIONAL)
ARE YOU AT LEAST 18 YRS OF AGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		EXPECTED GRADUATION DATE
ARE YOU ELIGIBLE TO WORK IN THE US?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
FOR WHICH ACADEMIC TERM ARE YOU APPLYING TO WORK?		<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER _____ Semester Units	
HOW MANY UNITS WILL YOU BE REGISTERED DURING THIS ACADEMIC TERM? NOTE: Students are required to maintain a minimum enrollment in 6 units in each semester in which they are employed.			
HOURS AVAILABLE FOR WORK PER WEEK: _____			
LIST ANY EXPERIENCE YOU HAVE THAT MIGHT BE RELEVANT TO THIS POSITION _____ _____			
HAVE YOU EVER PREVIOUSLY WORKED FOR CSM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME OF DEPARTMENT: _____ ARE YOU CURRENTLY WORKING IN A DEPARTMENT AT CSM? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU EXPECT TO RECEIVE FEDERAL WORK STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT COURSE ARE APPLYING TO BE A TUTOR FOR? _____ LIST THE FACULTY MEMBER YOU ARE SEEKING A RECCOMENDATION FROM _____			
SUPPLEMENTAL INFORMATION			
WHAT ARE YOUR REASONS AND MOTIVATIONS FOR APPLYING FOR THIS POSITION? _____ _____			
WHAT ARE YOUR FUTURE PLANS AFTER YOU LEAVE CSM? _____ _____			
APPLICANT CERTIFICATION			
<i>I certify that to the best of my knowledge the foregoing statements are correct and complete. The Learning Center Manager has my permission to verify information provided on this form.</i>			
APPLICANT'S SIGNATURE: _____			DATE: _____

Embedded Tutor Recommendation Form

Detach this form and give it to the faculty member to complete & return

The following student is applying for a position as an Embedded Tutor and has requested that you complete this recommendation. Please return this form to the Learning Center either in person, though district mail or send an email with your responses to **martinezjoseph@smccd.edu** or **gearharta@smccd.edu**. If you do not feel comfortable recommending the student, please complete the form and let us know why in the comments, or in your email response.

Student Name: _____ G Number: _____

Course(s) recommended for applicant: _____

Semester to begin: ___Fall ___Spring ___Summer Year: 20 _____

Please check one box for each of the abilities listed.

	Superior	Above Average	Average	Not Observed
Ability to communicate to a group of students				
Friendliness, enthusiasm				
Dependability & responsibility				
English Language ability				
Knowledge of subject matter				

Comments:

Instructor Name (print) _____

Instructor Signature: _____ Date: _____