



White
Mountains
Community College

Academic Support Center



Peer Mentoring Manual



Academic Support Center, White Mountains Community College

Kathleen I. Sosny Center Director/Disabilities Coordinator

Sylvie Pratte, Teaching Assistant, Barbara Post, Mentor Coordinator, Jacob Cote, Teaching Assistant

2020 Riverside Drive
White Mountains Community College
Berlin, NH 03570

Telephone: (603) 752-1113
Fax: (603) 752-5897

Dear Peer Mentor:

Congratulations on your selection as a Peer Mentor for the Academic Support Center at White Mountains Community College. You should be proud of your academic standing and personal characteristics that qualified you to be a part of this special group. Although your academic assistance to other students is a most important facet of mentoring/tutoring, your service as a role-model is equally valuable.

The success of the Peer Mentoring Program can be measured by the impact that an individual mentor has on a student. The students you will be tutoring have taken the first step necessary to improve their academic performance, whether they are seeking to bring their “B” to an “A” or an “F” to a “C.” By applying for a peer mentor/tutor, they have shown they have the motivation to succeed. All we have to do is show them how!

As a Peer Mentor, you will need to know certain procedures, requirements, and expectations of the position. In order to assist you in assuming these duties, this handbook has been developed, and it can be used as a reference throughout the year. Additional information may be given during training sessions or in the form of memos and handouts. Meanwhile, if you have any questions or concerns, please contact me in my office, which is located in room 104.

Your willingness and dedication in sharing your expertise in an effective manner are the keystones of the program. Thank you for caring!

Sincerely,

Kathy Sosny
Academic Support Center Director

ADMINISTRATIVE PROCEDURES

1. **Communication:** Check the bulletin board outside of room 104 DAILY and your mailbox in room 104 for messages and/or cancellation notices.
2. **Mailboxes:** Each mentor has a file in the container located on the shelf to the right when you enter Room 104. You'll find your name on the file that is yours. Feel free to store your time sheet and/or other pertinent papers in your folder. Occasionally a memo or note is put in there, so you should check your file periodically.
3. **Cancellation:** If you must cancel a session, give the ASC and your fellow student as much notice as possible. Fill out a "No-Show & Cancellation Record" and return it to the container labeled Activity Records on the shelf as soon as possible. Be sure your mentees/tutees know to frequently check the bulletin board outside of room 104. ASC phone numbers are (603) 752-1113, X1100 for Barbara or Jacob ext.1101 for Sylvie, ext 1102 for Kathy, or 1-800-445-4525 (NH only). You may want to exchange phone numbers with your mentees/tutees.
4. **Promptness:** Arrive on time for each tutoring session. Note: any change in scheduled mentoring/tutoring times should be run by the mentor coordinator or academic director.
5. **No Show/Cancellation:** If the student does not show up, check the "No-Show" box on the "No Show & Cancellation Record" and return it to the Activity Records. Your cooperation in this regard is essential to reduce the frustration caused by No-Shows. You may record the full scheduled time on your time sheet for each "No-Show." For cancellations by mentees/tutees, a notice will be posted on the bulletin board, and, if possible, you will be notified by telephone. Contact the mentor coordinator or director right away if you feel you did not receive sufficient notification.
6. **Activity Record:** Complete an "Activity Record" form for each session with your mentee/tutee. You are responsible for ensuring that the form is completed, including getting the mentee/tutee's signature and student identification number, and returning it to the designated tray **immediately** after your session is finished. Copies of these sheets are kept on file in the coordinator's office and you or your mentees/tutees may refer to them on request.
7. **Time Sheets:** Complete your time sheet after each session. When you have completed your last mentoring/tutoring session for a given time period, total the number of hours mentored/tutored and sign your sheet. The completed and signed sheet must be turned in to the mentor coordinator/center director by the second **Wednesday** afternoon of the pay period. If you are mentoring the following day, enter the hours you expect to mentor/tutor and adjust any cancelled sessions on the next time sheet. You are advised to **keep your time sheets in your mailbox** so they will not be lost. You are allowed a grace period of two weeks (1 pay period) to get your Activity Records and Time Sheets in. **If you do not do so, you will forfeit your pay.**

Problems: Notify the mentor coordinator or center director of any problems with mentoring/tutoring, such as if the mentee/tutee has missed classes, is unprepared for tutoring, the room is noisy, the material is too difficult, etc.

Revised 09/22/09

Mentor Availability Form

NAME: _____ PHONE: _____

MAJOR: _____ FALL: _____ SPRING: _____ SUMMER: _____ YEAR: 20__

PUT AN "X" IN THE BOXES WHICH INDICATE WHEN YOU ARE AVAILABLE.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 9:00					
9:00 10:00					
10:00 11:00					
11:00 12:00					
12:00 1:00					
1:00 2:00					
2:00 3:00					
3:00 4:00					
4:00 5:00					
5:00 6:00					
6:00 7:00					

PLEASE LIST COURSES IN WHICH YOU FEEL QUALIFIED TO MENTOR. PLEASE STATE THE NAME OF THE INSTRUCTOR FOR EACH COURSE. ALSO, PLEASE INCLUDE A COPY OF YOUR CLASS SCHEDULE.

MENTOR CONTRACT

Peer Mentors at the Academic Support Center, White Mountains Community College, assist professional staff in the academic programs to deliver instructional help to students after successful completion of courses conducted by the professional staff of the College.

I agree to work within the following guidelines:

1. Maintain all required records and complete all required paperwork.
2. Attend scheduled mentoring sessions regularly and on time. I understand that the student/client will wait no longer than FIFTEEN MINUTES past the starting time of the scheduled session. If you cannot be at a scheduled mentoring session, fill out a "No Show and Cancellation Record" and return it to Room 104. I understand that if I do not show up for 2 consecutive sessions without canceling, I will be terminated. Also, inform the student ahead of time, if possible. **Give as much notice as possible.**
3. Attend all mentor training sessions, workshops, and conferences.
4. Know how and when to make a referral.
5. Give feedback to the director or coordinator on any problems that occur.
6. Try not to socialize while tutoring.
7. Maintain professional boundaries, this helps the student stay focused.
8. Create an atmosphere conducive to learning.
9. Respect each student's privacy and maintain confidentiality.
10. Do not do student's work for them. Students need to be actively involved in the learning process.
11. Do not comment negatively on an instructor's teaching style or grading policy.
12. The maximum hours of tutoring allowed per student are TWO HOURS PER WEEK, PER COURSE. Any time more than TWO HOURS will have to be approved by Kathy **prior to** the extended session.

I understand that the minimum qualifications for this position usually are:

- Graduation from an approved high school course/G.E.D.
- Demonstration of understanding of content, usually by obtaining a B+ or higher in those courses.
- Recommendation by a minimum of one (1) faculty member in each area in which the tutor is working.
- Current enrollment in the institution in which the tutoring takes place.

I have read and understand the responsibilities involved in becoming a mentor:

NAME: _____ DATE: _____

SIGNATURE: _____

PLEASE RETURN THIS FORM WITH A COPY OF THIS SEMESTER'S CLASS SCHEDULE.

Academic Support Center Mentor Assignment Notice

Date of Notice _____

Mentor _____

Student _____

The following appointment has been scheduled for you to *provide* academic mentoring in _____

Starting Date _____ Time _____

Then _____

First meeting will be in RM 104

Please call 752-1113X1100 or 1-800-445-4525 and ask for Barbara Post if you have any questions or concerns.

Academic Support Center Mentor Assignment Notice

Date of Notice _____

Mentor _____

Student _____

The following appointment has been scheduled for you to *receive* academic mentoring in _____

Starting Date _____ Time _____

Then _____

First meeting will be in RM 104

Please call 752-1113X1100 or 1-800-445-4525 and ask for Barbara Post if you have any questions or concerns.

STUDENT CONTRACT

Mentoring is a free service to help WMCC students in their academic efforts. In addition, the center director and the Academic Support Center staff will be able to help the student who signs this contract with problems and/or questions, which may arise.

I agree to work within the following guidelines:

- 1.) Frequently check the bulletin board across from Room 104.
- 2.) Sign in for every session.
- 3.) If I drop mentoring or the class, I will inform the director of the decision. The director and teaching assistant are not automatically aware of schedule changes.
- 4.) Read and follow any policies and procedures of this program.
- 5.) Attend class regularly. **Mentoring may not take place during class time or in place of class time!**
- 6.) Attend scheduled mentoring sessions **regularly** and **on time**. I understand that the mentor will wait no longer than FIFTEEN MINUTES past the starting time of the scheduled session. If the mentor does not show up after fifteen minutes, I will fill out a "No Show and Cancellation Record" and submit it to Room 104.
- 7.) Notify the director and or teaching assistant at least **two hours before** the session if I cannot attend. I understand that shorter notice will be considered an "unexcused absence."
- 8.) I will come prepared for mentoring sessions by having read the textbook, worked on my assignments, and formulated questions.
- 9.) Bring my own textbook, assignments, tests, or other materials needed for the session.
- 10.) Accept responsibility for my own learning. I will not ask my mentor to do my homework, assignments, or projects.
- 11.) Act with responsibility and maturity in my interactions with other students, tutors, and staff.

I understand that my mentoring will be terminated if I:

- 1.) Miss two sessions without calling the office.
- 2.) Miss too many sessions. (Limit of four excused absences per semester.)
- 3.) Do not attend class regularly.
- 4.) Violate conduct codes of White Mountains Community College.

I give my tutor permission to contact my instructors regarding my academics: **yes** _____ **no** _____

Student Signature _____ **Date** _____

If you are having a problem, PLEASE notify the ASC director immediately. Revised 09/22/09

IMPORTANT FACTS TO KNOW

The Peer Mentor Program is funded through a Carl Perkins Grant. This means that in order for us to continue to receive yearly funds (and thus remain employed); we need to document everything we do. Do become familiar with the procedure for requesting a mentor and the paperwork necessary for each mentoring session.

The Academic Support Center staff and Peer Mentor Program are located in room 104; be sensitive to the fact that the room serves many purposes for the building.

You may want to become familiar with the Web Based Plato. This computer-based tutorial program is required in many pre-academic courses and can serve as an aid in receiving more training in the areas you currently mentor. If you wish to be set up with an account, please contact the Academic Support Center Director, Kathy Sosny, ksosny@ccsnh.edu or Teaching Assistant, Sylvie Pratte spratte@ccsnh.edu .

STUDENT AVAILABILITY FORM

NAME: _____ PHONE: _____

MAJOR: _____ FALL: _____ SPRING: _____ SUMMER: _____ YEAR: 20____

PUT AN "X" IN THE BOXES WHICH INDICATE WHEN YOU ARE AVAILABLE.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 9:00					
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4:00 5:00					
5:00 6:00					
6:00 7:00					

PLEASE LIST COURSES IN WHICH YOU FEEL QUALIFIED TO MENTOR. PLEASE STATE THE NAME OF THE INSTRUCTOR FOR EACH COURSE. ALSO, PLEASE INCLUDE A COPY OF YOUR CLASS SCHEDULE.

Academic Support Center
PEER MENTOR
ACTIVITY RECORD

SITE: _____ Berlin _____ Conway _____ Littleton _____ Woodsville _____

DATE: _____

TIME OF SESSION: FROM _____ TO _____

MENTOR: _____

STUDENT NAME: _____ **MAJOR:** _____

STUDENT ID#: _____ **COURSE NUMBER:** _____

Goals for this mentoring session:

Areas discussed:

Recommendations and topic for next meeting:

Next Appointment:

DATE: _____

TIME: _____

Mentor Signature

Student Signature

TUTOR: Check here if NEXT appointment is a change in the established schedule. _____

PLEASE BRING YOUR ACTIVITY RECORD TO THE ACADEMIC SUPPORT CENTER
AS SOON AS YOUR SESSION IS DONE.

Rev. 09/22/09

Academic Support Center

MENTOR PROGRAM NO SHOW/CANCELLATION RECORD

STUDENT: _____ MENTOR: _____

DATE/TIME OF CANCELLATION: _____

DATE/TIME OF SCHEDULED SESSION: _____

PLEASE CHECK ONE:

STUDENT WAS A NO SHOW

STUDENT CANCELLED

MENTOR WAS A NO SHOW

MENTOR CANCELLED

COMMENTS: _____

SIGNATURE: _____

Academic Support Center

MENTOR PROGRAM NO SHOW/CANCELLATION RECORD

STUDENT: _____ MENTOR: _____

DATE/TIME OF CANCELLATION: _____

DATE/TIME OF SCHEDULED SESSION: _____

PLEASE CHECK ONE:

STUDENT WAS A NO SHOW

STUDENT CANCELLED

MENTOR WAS A NO SHOW

MENTOR CANCELLED

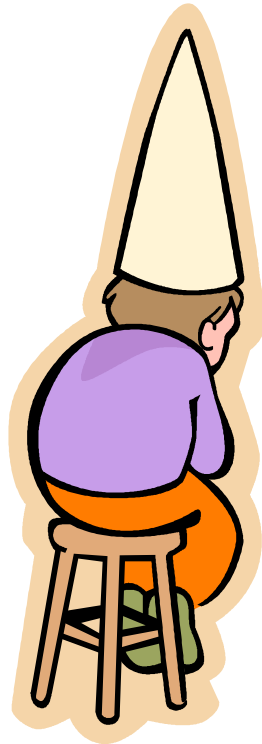
COMMENTS: _____

SIGNATURE: _____

MENTOR TIME SHEETS

- When time sheets are submitted, time periods recorded should be rounded off to the nearest quarter hour, half hour, or hour. For example, if you work for 1 hour and 10 minutes, round off and record 1.25 hours worked. Also, please remember to enter your **total hours worked** in the designated space. Do not use military time. **Failure to complete time sheets properly will result in the delay of your earnings.**
- **Time sheets are due by 3 p.m. on the WEDNESDAY of each pay period.** They should be filled out, complete with all required signatures, and submitted to Barbara Post in room #104. **Failure to submit time sheets in a timely manner will result in the delay of your earnings. Earnings will be forfeited if Activity Records and Time Sheets are not in by the next pay period.** Paychecks are available on the Friday of each pay period. Paychecks will be held by Joan Couture in the front office.

ULTIMATELY, IT IS YOUR RESPONSIBILITY TO SEEK PAYMENT FOR YOUR SERVICES.



**VOUCHER FOR DIRECT PAYMENT
FOR APPROVED COLLEGE MENTOR PROGRAM
MENTOR'S WORK RECORD**

Academic Support Center

Mentor's Name

Department Employed

Work Supervisor's Name

Pay periods are bi-weekly, beginning on Friday and ending on Thursday.

Pay period beginning _____ through _____
(Use Friday Date) Month/Day/Year (Use Thursday Date) Month/Day/Year

TO BE COMPLETED BY MENTOR OR SUPERVISOR. Insert **time periods** and the number of hours beside the appropriate data. Please mark (X) beside dates worked off-campus only.

Day/Date	Time Periods		Total Hours This Day	Day/Date	Time Periods		Total Hours This Day
	From	To			From	To	
FRI/				FRI/			
SAT/				SAT/			
SUN/				SUN/			
MON/				MON/			
TUES/				TUES/			
WED/				WED/			
THURS/				THURS/			

**Total Hours Worked
This Pay Period:**

We certify that the hours worked during the above mentioned payroll period are correct and that this work has been performed in a satisfactory manner. We also certify that mentors **did not work when they were formally scheduled for class.**

Mentor _____

College Designee _____

Work Supervisor _____