"I Need a Drink of Water!" 10 Things to Think About When Working with Elementary Math Circle Students

Brandy Wiegers Lifetime Girl Scout SFMC Director NAMC 2012-13 Director

<u>brandy@msri.org</u>



SFMC- Quick Facts

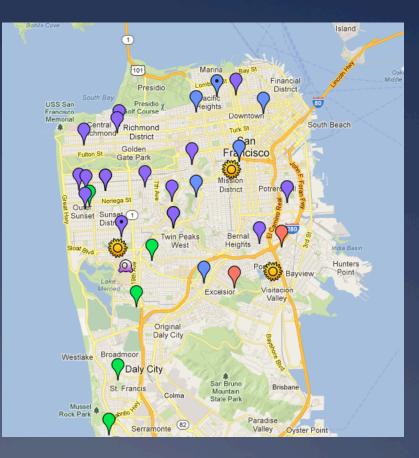
2012-2013

- * 295 students
 - * 32 Elementary students
 - * 99+ students on wait list
- * 12 Teachers

Weekly Program

- * 3 Middle & High School Programs on Monday
- * 2 Elementary on Thursday
- * 1 Teacher Monthly

EVERYTHING IS FREE



1: Campus Rules for Working with Minors on Campus





* Required Background Checks (\$92) for anyone who would be left alone with the students

SFSU Waivers

2. Finding Instructors

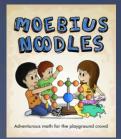




Math Circle Library



AOPS Beast Academy



Other Resources

3. Finding Enough Instructors Student to Adult Ratios



2 adults in the room for every:

12 Kindergarten students
20 1st-3rd grade students
25 4th - 6th grade students
30 7th - 12th grade students

4. Student Sign Up & Waitlists

How many can we handle?

TWO 2nd – 3rd grade classes
14 students in each class

* ONE 4th – 5th grade class
* 20 students in the class

TOTAL: 48 students

How many do we have?

* 1st year: word of mouth recruited exactly the number of students we needed

Today: 107 students on our waitlist.

* Siblings receive priority for being added to the class

5. Student Acceptance Application/ Placement Process

Online Application

Wait List

Start of Semester Contact

Interviews for open slots

Accept Students who want to be there

5. (cont'd) SFMC Elementary Interview Questions

Student: Why do you want to be here (at the Circle)?
Student: Did you have fun in the Math Circle today?
Parent: Did your student enjoy the Math Circle today and/or last year?
Parent: Does your child feel comfortable being in a classroom without you?
Parent: How does your child work with other students? Can you give one good example?
Parent: Anything else that we need to be aware of when working with your student?
Parent: Any other questions or concerns?

6. Paperwork - Waivers



Human Resources, Safety & Risk Management 1600 Holloway Avenue, ADM 252 San Francisco, California 94132-4252 Fan: (415) 338-1873 Fan: (415) 338-0521 http://www.sisu.edu/~hrwaw

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s)

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims including claims of the University's negligence, resulting in any physical or psychological injury (Including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my paratricitation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. Lunderstand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, form and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should arry my own health insurance.





State University Generation of the Additional Additiona

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I, the undersigned participant/parent/legal guardian, request permission for myself/minor to participate in the San Francisco Math Circle, to begin in September 2012, located at San Francisco State University, Lowell High School, Mission High School and Burton High School (hereinafter referred to as the "activity").

I consent to mylminor's participation in the activity and acknowledge that I fully understand mylminor's participation may involve risk of serious injury, ifless, or death, including losses which may result not only from mylminor's own actions, inactions, or negligence, but side for the racis of participation of the system explored of the structure of the sequement, or areas where the activity is being conducted, and/or the raise of part of the type of activity. I understand that I have any risk concerns, i shall discuss them completely with the Activity Cantac before i sign in the agreement and before mylminor's participation in the activity being. The Activity Contact the type and the activity of the type of the agreement and before mylminor's participation in the activity beings. The Activity Contact the type and the activity of the activity

Koowing and understanding the risks involved with participation in the activity, I hereby voluntarily and sillingly assume full and complete representation for all tosses and damages, including runy, linessa, and death, resulting from mytimorics participation in the activity, including transportation to and from the activity. I agrees I am financially esponsible for any losses and damages resulting from mytiminorics participation in the activity.

I certify that I am/minor is in good health and has no medical condition preventing my/minor's safe participation in this activity. I agree to use my/minor's personal medical insurance as the primary medical coverage if accident, injury, or illness occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographic ploures, sinces, movies, video, or other media coverage of majoritimon may be taken in concection with imprimon parabolism in the software invideo compositions from the State of a data. But invitable State Francisco State University, the University of State Francisco. The Mathematical Sciences Research Institute, the State Francisco Math Cricki, and the auxiliary organizations, doorns, offices, remojvese, volutees, and agents of each of them (Nereinstein referred to at the "Activity Coordinations and Facility Owner") and consent to the use of photographs, pictures, sildes, movies, videos, and other media coverage for any legal purpose.

In consideration for mylminor's participation in the activity. I hereby waive all claims or causes of action against the Activity Coordinators and Facility Owner arising out of mylminor's participation in the activity and hereby release the Activity Coordinators and Facility Owner from all liability in connection therewith.

I have read his waive and interese agreement and understand the terms used in it and their legal significance. This waiver and readers is finely and our classifiering of the understanding that ingo the legal encounter against the Activity Coordinator and Facility Owner is knowingly given with the understanding that ingo the legal encounter is interesting the significance. We significance on this document is interest to bind not only may fill table on guesceasm. Next, representatives, administrator, and assigns.

Minor Participant's signature	Date	Parent/ Guardian's signature (required)	Date
Participant's Name (First & Last)		Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers. Also please provide an emergency contact for Monday afternoons	
School	Grade Level		
()	Emergency contact- name (print)	
Current Teacher (Area	code) Phone number		
		Emergency contact Phone number	
Participant's email address			
		Emergency contact Relationship to the participat	nt
Parent/Guardian's email		List medical/prescription information below:	
Address		List medical/prescription information below:	
			_
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		re programs of the Mathematical Sciences Research Institu on and S. D. Bechtel. Ir. Foundation	ute

SFMC El This is the

SFMC Elementary Policy This is the policy for the San Francisco Elementary Math Circle program (henceforth referred to as SFMC program). This policy is subject to requirements of the State of California, requirements of San Francisco State University, and requirements of The Mathematical Sciences Research Institute for adults working with minors.

Current Policy (as of Aug 27, 2012):

- 1. The maximum number of students that will be accepted at a given time for a class are 20 for a 4th and 5th grade class and 14 for a 2nd and 3rd grade class.
- There will be no less than two adult staff members in each class, where "adult staff member" is defined to be the instructor plus any parents or other adults present (including graduate and undergraduate students).
 - a. Parental staff members will be invited to participate as a chaperone on a rotating basis as needed; toherwise, parenta will not be allowed in class. This will ensure students have the most engaging experience. Unfortunately our program is growing so fast that we don't have an extra room for parents built if you'd like some work space you are encouraged to visit the new SFSU library or student Union Building for a nice cup of coffee.
 - b. The only exception this may come when one adult staff member must escort a student (in an emergency situation) to the bathroom or other location. In this case no adult staff member will be alone with a single child. Any restroom or similar trips will be done with children in pairs and will leave at least two children in the classroom.

Students are expected to be able to function independently, in particular, without the supervision
of parent or guardian. See (3a) for exceptions.

- a. In exceptional (ADA-sanctioned) situations, a student may be accompanied by a professional aide that is qualified to provide necessary services (e.g., transcription). This circumstance will require a specific petition which must be reviewed by the program director(s) for approval.
- 4. All staff members will be required to have safety training provided by the San Francisco Math Circle Directors discussing logistics and pedagogy for working with elementary students. Staff members are also encouraged (but not required) to take CPR training.

 Students are required to have signed SFMC and SFSU waivers in order to participate. Additionally parents will need to review this policy and sign it.

- 6. Students are expected to behave in an appropriate manner, respectful of each other, the instructor, and the classroom. Students and their parents/guardians must recognize that Math Circle participation is a privilege, not a right. Students who behave inappropriately may be given a warning, suspension, or expulsion, depending on the sevently of the behavior.
- 7. The SFMC is a program for students who are excited about math; in particular, it is not for students struggling with math. Students and parents will be interviewed by staff members prior to participating in Math Circle to ensure that students are willing to participate. Students must be accepted into the program by the program staff prior to them being able to attend Math Circle

SFMC Elementary Policy

SFSU Waiver

SFMC Participant Waivers

<u>6. What's in a waiver?</u>

USEFUL PROGRAM INFORMATION

Permission for Photos and o<u>ther</u> Publicity usage

All that info you need for Grant reports

Contact for Program reminders Waiver and Release Agreement for Participants, Minors (under 18-years) and Parents/Guardians participation in Oakland/Fast Bay Math Circle.



 the undersigned participant/parent/legal guardian, request permission for myself/minor to participate in ane Oakland/East Bay Math Circle, to begin in September 2010, located at Laney College and Patten Academy of Christian Education (hereinafter referred to as the "activity").

I consent to mylminor's participation in the activity and acknowledge that I fully understand mylminor's participation may involve rist of serious injury, illness, or death, including losses which may result not only from mylminor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is using conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I shall discuss these completely winn's Activity Contact before I sign this agreement and before mylminor's participation in the activity begins. The voltivity Contact for this activity is brandy. Wiegers, Oakland/East Bay Math Circle Director, 510-642-0143 (MSRI, business clince), mathcircles@msri.org.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, and death, resulting from my/minor's participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my/minor's participation in the activity.

I certify that I am/minor is in good health and has no medical condition preventing my/minor's safe participation in this activity. I agree to use my/minor's personal medical insurance on the medical condition preventing my/minor's safe participation in this activity. I agree mergency mergical-vestment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of myself/minor may be taken in connection with myminor's participation in the activity, without compensation from the State of California, Larey College, Patten Academy, the Mathematical Sciences Research Institute, the Oakland/East Bay Math Circle, and the auxiliary organizations, donors, officers, amployees, volunteers, and agents of each of them (Interinating referred to as the Achivity Coordinators and Facility Owner Dawd constructions, eor diphotographs, pictures, slides, movies, videos, and other media coverage for any legal purcess.

In consideration for my/minor's participation in the activity, I hereby waive all claims or concerned action against the Activity Coordinators and Facility Owner arising out of my/minor's participation in the activity and hereby release the Activity Coordinators and Facility Owner from all liability in connection therewith.

have read this waiver and release agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Activity Coordinators and Facility Owner is knowingly given up in return for allowing myrimor's participation in the activity. Wy signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

	Minor Participant's signature Date	Parent/ Guardian's signature (required) Date
		ratente cuardian e signature (required) - ate
	Participum s Name (First & Last)	Places during the space below to provide any medical/prescription information that you request be
(School Grade Level	released to emergency medical providers. Also please provide an emergency contact for Thursday afternoons.
	Current Teacher (Auss code) Phone number	
/	Participant's email address	Emergency contact Phone number Emergency contact Relationship to the carticipant
	Parent/Guardian's email Address	List medical/ prescription information below:
		grams of the Mathematical Sciences Research Institute funded by S. D. Bechtel, Foundation with the support of Laney College and Pauer Academy.

LIABILITY INFORMATION

Permission to be at that location and for the students to participate in the event (we understand The risks, etc...)

No Seriously-We give permission And waive claims Against you and your Organization and your Funders.....

Emergency Info

Peanut allergy! Insulin Bee allergy?

7. Paperwork – cont'd



Human Resources, Safety Human Resources, Safety & Risk Management 1600 Holloway Avenue, ADM 252 an Francisco, California 94132-4252 Tel: (415) 338-1873 Fax: (415) 338-0521 http://www.fcu.adu/~/bnasa/ ww.sfsu.edu/~hrwww

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s)

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

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SAN FRANCISCO MATH CIRCLE SFMC Waiver and Release Agreement for Participants, Minors (under 18-years) and Parents/Guardians

<u>iii</u>

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Participant's Name (First & Last)		Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers. Also pleas provide an emergency contact for Monday atternoon		
School G	Grade Level	······································		
()_		Emergency contact- name (print)		
Current Teacher (Area coo	de) Phone number	()		
		Emergency contact Phone number		
Participant's email address				
		Emergency contact Relationship to the participa	int	
Parent/Guardian's email		List medical/prescription information below:		
Address				
			_	
The San Francisco Math Circle and	d Circle for Teachers	are programs of the Mathematical Sciences Research Instit	nte	
		ition and S. D. Bechtel. Ir. Foundation		

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 - a. Parental staff members will be invited to participate as a chaperone on a rotating basis as needed; otherwise, parents will not be allowed in class. This will ensure students have the most engaging experience. Unfortunately our program is growing so fast that we don't have an extra room for parents but if youd like some work space you a encouraged to visit the new SFSU library or student Union Building for a nice cup of vou are
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SFMC Elementary Policy



SFMC Participant Waivers

7. Elementary Policy

- Parental staff members will be invited to participate as a chaperone on a rotating basis as needed; otherwise, parents will not be allowed in class
- Students are expected to function independently
- Students are expected to behave in appropriate manner, respectful to each other and the instructors
- Students unable to attend 3 sessions in a row will be removed from the class.

- * SFMC is a program for students who are excited about math; in particular, it is not for students who are struggling in math. Students and parents are interviewed prior to participating in Math Circle to ensure the students are willing to participate in Math Circles.
- Parents should drop off students in a timely manner.
 - Parents should take care of students' needs prior to dropping them off.

8. What's in your box?

Pencils/ Pens

Graph Paper/ Scratch Paper

17

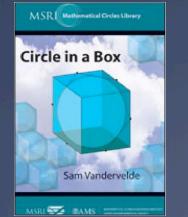
Chalk/ White Board Markers



Snacks



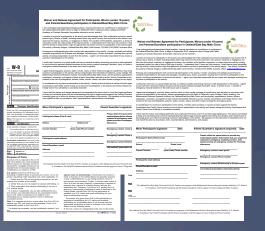
A lesson in your back pocket



First Aid Kit



Paperwork



9. Use the buddy system

Students use the Buddy System and check-out with an adult when leaving the MC event





Adults use the Buddy System and are <u>Never</u> to be left alone with 1 student.





10. Math Circle is FUN!



The 10 lessons learned...

- Campus Rules Background Checks
- 2. Finding Instructors
- Finding Enough Instructors
 - Student Sign Ups & Waitlists
- Selecting Students for the program -Interviews

6. Paperwork: Waivers

Paperwork: Student/ Parent Agreements

8. Box of Supplies

Coming to Class –
 Buddy System

Remember – It's Fun!

San Francisco Math Circle Brandy Wiegers, brandy@msri.org

