



**Application for the Peer Partner Program**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

1. Why are you interested in becoming a peer partner?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you expect to gain from this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever taken part in activities that include people of varying ability levels? \_\_\_\_\_  
If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been charged with a crime? \_\_\_\_\_  
If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been forced to withdraw from a position of trust? \_\_\_\_\_  
If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form to Mrs. Morris A.S.A.P.**



**Teacher Recommendation Survey for RHS Peer Partner Program**

Applicant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

The above named applicant is interested in participating in the Peer Partner Program at RHS as an elective next semester. Peer Partners work with students who have moderate to severe needs. This student applicant will be expected to assist these students in a variety of environments including: general education classrooms, the special education classroom, elective classrooms and out in the community while on a field trip, with adult supervision.

Each applicant is required to have a minimum of two teacher recommendations. Please complete the following survey indicating your opinion of the applicant's attributes, character and suitability for the Peer Partner Program at RHS.

1. Reliable	0	1	2	3	4
	Seldom		Usually		Always
2. Punctual	0	1	2	3	4
	Seldom		Usually		Always
3. Motivated	0	1	2	3	4
	Seldom		Usually		Always
4. Honest	0	1	2	3	4
	Seldom		Usually		Always
5. Compassionate	0	1	2	3	4
	Seldom		Usually		Always
6. Able to follow instructions	0	1	2	3	4
	Seldom		Usually		Always
7. Hard working	0	1	2	3	4
	Seldom		Usually		Always





**Teacher Recommendation Survey for RHS Peer Partner Program**

Applicant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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Each applicant is required to have a minimum of two teacher recommendations. Please complete the following survey indicating your opinion of the applicant's attributes, character and suitability for the Peer Partner Program at RHS.

Is the applicant:

- |                                |        |   |         |   |        |
|--------------------------------|--------|---|---------|---|--------|
| 1. Reliable                    | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 2. Punctual                    | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 3. Motivated                   | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 4. Honest                      | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 5. Compassionate               | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 6. Able to follow instructions | 0      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |
| 7. Hard working                | 1      | 1 | 2       | 3 | 4      |
|                                | Seldom |   | Usually |   | Always |





**Counselor Approval Form for RHS Peer Partner Program**

Name of potential Peer Partner: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

GPA: \_\_\_\_\_ under 2.5, student must be on academic contract. Student must have a 2.0 or higher.

History:

Grades:	Excellent	Acceptable	Poor
Attendance:	Excellent	Acceptable	Poor
Behavior:	Excellent	Acceptable	Poor
Motivation:	Excellent	Acceptable	Poor
Reliability:	Excellent	Acceptable	Poor
Respect:	Excellent	Acceptable	Poor

Comments:

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Recommendation: (Check One)

\_\_\_\_\_ Highly Recommended

\_\_\_\_\_ Recommended with Reservation

\_\_\_\_\_ Not Recommended

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The results of this survey will not be shared with the applicant.**

**Return this form to Jen Morris**

**THANK YOU for your input!**



## Peer Partner Syllabus (2018)

The purpose of the SSN Peer Partner program is to provide opportunities for special needs students to more fully participate in the school experience while offering typical peers the opportunity to learn advocacy and social skills, and develop an appreciation for those with differing abilities. With inclusion as a goal for all students in the regular education setting, Peer Partners offer more natural and less intrusive support than adults can. Peer Partners are supervised by both the Special Education teacher and general education teachers.

### Course Objectives

1. To educate the Peer Partner in the significant support needs of individuals with severe/significant disabilities.
2. To assist the SSN students in social, emotional, academic, and pre-vocational environments.
3. To model appropriate behavior in all settings and environments encountered.

### Grading

1. 10 Points will be earned each day of complete attendance
2. 5 Points will be deducted for each tardy (in addition to standard school disciplinary system)
3. No Points will be earned for an unexcused absence
4. 100 points will be earned per semester based on Peer's Role-Model Behavior
5. Create something visual (ie comic strip) to introduce yourself to the students
6. Midterm Project, 50 Points, choose two:
  - Create a brief presentation of what being a peer partner means to you.
  - Research and write about a disability of your choice (with work cited)
  - Create a lesson to be used in the subject you assist with i.e. a PE game, a shopping/math lesson, a reading comprehension lesson or a Self-advocacy/Job skills lesson
  - Create an ad-campaign to recruit new peer partners

7. Final Project, 100 points, choose two:

- Create a project and lesson for the SSN students
- Create a project that will help other/typical students with disability awareness
- Create a comic strip showing how peer partners are a significant part of special needs learning
- Create a poster to solicit new peer partners or create a poster to promote an upcoming event for disability awareness (i.e. Polar Plunge, Special Olympics, No Place for Hate, Spread the Word to End the Word etc) You must show this project to the SSN teacher then find somewhere to display your project (i.e. another classroom, or the counseling office)
- If there is a project you are interested in, that impacts the special education community, please see Mrs. Morris, it MAY be an option for your final project.

Extra Credit or attendance make-up (each counts for 2 absences)

1. Impact Essay - How has being a peer partner impacted you?
2. Create a lesson that could be used within the SSN room, focusing on a subject you assist a student with.
3. Don't see your idea on here? Talk to Mrs. Morris about it!