

Peer Partner Application

***** Due Friday, January 27, 2017 *****

Peer partners are matched up with special needs students during their PE class. It will count as your PE class. The partners assist them as appropriate, whether it is assisting during activities in class, in the locker room, helping maneuver the hallways, or simply just being a good friend to talk to. Peer partners was established to help create a successful adapted physical education class. It is like having numerous “mini instructors” in class but you are participating as well during activities. It helps involve the special needs students both physically and mentally.

To be considered for peer partners you must complete the following:

- You must be a **junior or a senior next school year**
- You must be able to swim.
- Submit a one page summary to Mrs. Woulfe (Women’s Coaches Office) about why you want to be part of the peer partners program. This should be typed and double spaced.
- Parent Signature on this form and attached to one page summary
- Obtain **1** PE or health teacher recommendation

Student name: _____

Student ID#: _____

Year Currently in school: _____

Parent Signature: _____

- Parents please make sure you have read your son/daughters one page summary before signing this form.

PE/HEALTH TEACHER RECOMMENDATION

Teacher Name (PE/Health): _____ . This is a recommendation for _____. Teacher please place this completed form in Lacy Woulfe's mailbox when complete by Friday, January 27, 2017.

Student's current grade in PE/Health: -----

Please rate the student: 1=excellent 2=average 3=poor

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|--|---|---|---|
| 1. The student is a leader in class. | 1 | 2 | 3 |
| 2. The student is responsible. | 1 | 2 | 3 |
| 3. The student works well with others. | 1 | 2 | 3 |

Please give a brief explanation on why you think this student would be a good candidate for peer partners.