

Peer Assistance for Students with Disabilities 1 & 2
Course Application

Name: _____

Student ID #: _____ Grade: (Circle one) 9 10 11 12

I am applying for:

- Peer Assistance for Students with Disabilities 1
- Peer Assistance for Students with Disabilities 2

Explain why you want to be a Peer Assistant.

List two teacher references:

1. _____
2. _____

Course Requirements:

- Application acceptance and approval
- Willingness to assist students with disabilities one full class period daily for an entire semester.
- Complete mini-sessions for training with assigned teacher.
- Complete weekly reflections & assignments outside of class time.
- Take direction from classroom teacher in methods for helping students.
- Maintain confidentiality and a respectful demeanor as a role model for students.

I understand and agree to work with students with disabilities in the class in which I am assigned.

Agree Signature _____ Date _____