



Dr. John Long Middle School

2025 Mansfield Boulevard • Wesley Chapel, Florida 33543
(813) 346-6200

17/18 Peer Program Application

Name _____ Student # _____

Please review and complete the following information. **Completed** applications must be returned to the back office by February 28, 2017. Only completed applications will be considered.

Criteria for Peers:

- Must be an 8th grade student
- Maintain a C average
- Maintain good citizenship and good character (discipline referrals for fighting, bullying or breach of confidentiality will result in an immediate drop from the program)
- Have the ability to work well with adults and other students
- Demonstrate an eagerness to help others
- Be trustworthy and reliable

Responsibilities:

- Be a positive role model
- Follow instructions of supervising teacher
- Display empathy toward the needs of others
- Adhere to issues of confidentiality regarding students

Placement will be based on individual strengths, teacher recommendations, availability, and need. Students will be assigned as a peer in one of the following areas: working with reading/math students, working with special needs students, teacher helper, media or office.

Parent Signature _____ Date _____

Students: Give one Recommendation Form to 2 of your current teachers. Please indicate their names below.

1. _____ 2. _____

Name _____ Student # _____

Please answer the following questions regarding your interests and strengths.

1. Briefly explain why you would like to be part of the peer program.
2. What qualities do you have that will help you be a successful peer?
3. Do you have any experiences that you feel would be helpful working with others?
4. Would you be willing to assist students who have special needs? If yes, what qualities or interests do you have that will enable you to do so?
5. Are you fluent in another language? ____ If yes, what language? _____. Would you like to be a translator for another student? ____

Rank the following in order of interest (1-6)

- ____ Office _____ Reading Classes (working with students)
- ____ Media _____ Special Needs Classes (working with students)
- ____ Math Classes (working with students)
- ____ Teacher Helper (any class)

Elective class you would like replaced if chosen for the peer program?

1st choice _____ 2nd choice _____

Peer Program Recommendation Form

STUDENTS: Please print your name and student number below. Give one form to two teachers who know you well. Your teacher will return the completed form to back office.

Name _____ Student # _____

Teacher _____

TEACHER DIRECTIONS:

The above student has shown an interest in being part of our Peer Program next year. The Peer Program will NOT affect the student's academic classes in any way; rather, it will substitute as an elective. As you complete this form, please keep in mind that while outstanding grades are always a plus, it is not necessary to be an honor roll student in order to be a good peer.

Characteristics of a Peer Assistant:

- 1. Eager to help others YES MAYBE NO
- 2. Works well with other students YES MAYBE NO
- 3. Reliable YES MAYBE NO
- 4. Empathy toward the needs of others YES MAYBE NO
- 5. Trustworthy YES MAYBE NO

Do you recommend this student for the Peer Program?
YES MAYBE NO

Teacher Comments:

Please return to Brenda Harrold's mailbox (ESE Secretary)

THANK YOU FOR YOUR VALUABLE TIME AND INPUT!

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Characteristics of a Peer Assistant:

- 1. Eager to help others YES MAYBE NO
- 2. Works well with other students YES MAYBE NO
- 3. Reliable YES MAYBE NO
- 4. Empathy toward the needs of others YES MAYBE NO
- 5. Trustworthy YES MAYBE NO

Do you recommend this student for the Peer Program?
YES MAYBE NO

Teacher Comments:

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