



# Dr. John Long Middle School

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

## 19/20 Peer Program Application

Name \_\_\_\_\_ Student # \_\_\_\_\_

Please review and complete the following information. **Completed** applications must be returned to the back office by January 31, 2019. Only completed applications will be considered.

### Criteria for Peers:

- Must be an 8<sup>th</sup> 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      \_\_\_ Core 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?

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> 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 Back office. (Ms. Szmal)

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:

Please return to Back office. (Ms. Szmal)

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