First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.Why do you want to be a Peer Helper?

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2.Do you have any experience working with people with special needs?

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3.What do you think peer helping class involves?

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4.What do you expect to learn in this class?

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5.What talents do you bring to this class (art, music, dance, good communicator, patient……)

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6. Are you willing to participate in any trainings related to the peer helping?

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7. Peer helpers also participate in some off-campus activities such as: community based instruction trips to local stores, businesses, restaurants OR Worksites. Are you willing to participate in these activities?

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8. As a peer helper in the classroom you might be asked to work with a student with special needs who may also have some challenging behaviors. There are specific behavioral intervention plans designed to support these students.

Do you feel comfortable being in a classroom with a student who might have some challenging behaviors? Yes No

Are you willing to learn more about behavior intervention plans and implement them with fidelity? Yes No

9. Peer helpers also serve as a role model to students with special needs. What do you think they will learn from you as their role model?

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10. All of the information related to students with special needs is highly confidential. Are you aware of and willing to protect the privacy of the students you are working with by not sharing the confidential information with others?

 Yes

11. Anything else you would like to share?

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I understand and agree to all of the requirements of the class.

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Signature Date