

New Peer Tutor Application

This application must be completed and turned in to _____ no later than _____. I must have this application before I will sign your course request sheet. **Please note that there is only 6 peer tutor openings per block and it is a first come, first serve basis.**

Name: _____

School year for which you are applying: _____

What grade will you be next year? _____

What experience have you had working with people with disabilities?

Why are you applying to become a peer tutor?

You must have at least two (2) teacher recommendations:

Teacher 1: How do you know this student? _____

Why do you recommend this student as a peer tutor?

Signature: _____

Teacher 2: How do you know this student? _____

Why do you recommend this student as a peer tutor?

To be completed by teacher

Date turned in: _____

Accepted: _____