

SBC Classroom Peer Tutor Application

Applicant's Name _____

We are so excited that you are interested in applying to be a peer tutor for student's with disabilities. We would love to know somethings about you to ensure we can find you a good fit with one of our students.

What is your current GPA?

Why do you want to be a peer tutor?

Do you enjoy tutoring and supporting students?

What are three of your strengths?

What is something you struggle with?

What subject are you strongest in? Why?

What would you do if a student is becoming frustrated and displaying inappropriate behavior? How would you handle the situation?

Part of your responsibilities will be to gather assignments and keep data during each class, this will require you to be organized and on task at all times. Do you feel this something you are capable of doing? Give an example.

Applicant's Signature _____

Parent's Signature _____