

West Peer Buddy Club Application

Please return to counseling office by: _____

Student's Name: _____

Please give this page to a teacher of your choice for recommendation.

Please rate the student on the following characteristics. Please provide accurate information – we are selecting students to provide support and friendship to students with physical and/or developmental disabilities.

- 1 – Never
- 2 – Seldom
- 3 – Occasionally
- 4 – Usually
- 5 – Always

Has good attendance	1	2	3	4	5
Is punctual	1	2	3	4	5
Good classroom behavior	1	2	3	4	5
Displays leadership capabilities	1	2	3	4	5
Respects adult authority	1	2	3	4	5
Meets behavioral expectations	1	2	3	4	5
Demonstrates compassion and kindness to others	1	2	3	4	5
Maintain grades	1	2	3	4	5
Completes assigned tasks in a timely manner	1	2	3	4	5
Works well in diverse groups	1	2	3	4	5

Would you recommend this student to the West Peer Buddy Club? Yes No

Any comments about this student:

Print Name: _____

Signature: _____

West Peer Buddy Club Application

Student Name: _____

Grade: _____

Have you had any experience working with people with disabilities? YES or NO
If yes, please describe:

What are some of the reasons you are interested in joining peer buddies?

Please list any questions, concerns or comments that you may have about Peer Buddies.