

Course # –EFHS Peer Facilitation

Applications due _____

STUDENT INFORMATION

Name: _____ Grade: _____

Teacher placement is not guaranteed by selected teacher.

I would like to work in _____ elective class as a peer facilitator.

CONFIDENTIALITY AGREEMENT

A Peer Facilitator should comply with state and federal laws, local board policies and procedures, and supervisor directives relating to the confidentiality of employee and client personnel information and records.

Inappropriate conduct includes but is not limited to sharing, in any format or medium, confidential information regarding academic and disciplinary records, providing unauthorized contact information (such as address, phone number, or Internet address), personal confidences, medical information, family status and/ or income, assessment/ testing results, and financial records.

I understand that inappropriate conduct relating to confidentiality issues will be grounds for immediate termination of Peer Facilitation.

Student Signature _____

Date _____

Parent/ Guardian Signature _____

Date _____

PROGRAM OVERVIEW

Peer Facilitation student name: _____

Peer facilitation in the Forsyth County Public Schools allows juniors and seniors to obtain experience and skills in a workplace setting. Student:

- is on track for graduation and has met pathway completion requirements.
- check frequently for assignments and information, turn in all assignments on time, attend meetings as called by school program facilitator, and sign in each day.
- abide by all school policies and display professionalism at the worksite.
- understand that failure to comply with school and mentor safety procedures may result in personal injury or injury to others.
- will be removed from the program for falsifying documents/ signatures and/ or information and/ or being disciplined for cutting class or skipping school. Any Peer Facilitator who has been removed from the program, or who has received a failing grade in the program, will not be allowed to participate in any work program the following semester.

Grading:

Each school-based Peer Facilitator will establish criteria for formative and summative assignments and will notify students in a timely manner of expectations and work due dates.

PARENT/ GUARDIAN ENROLLMENT CONSENT

Photo/ Media Release: Permission is granted to photograph my child for promotional and educational purposes. Y__ N__

Student Record Release: I authorize the Forsyth County Public School System to release my child's academic and attendance records to any potential employer, and I agree that the Forsyth County Public Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be canceled at any time by written notice to the school program facilitator. Y__ N__

Emergency contact name & number _____

In the event of a medical emergency, I hereby authorize the school or the Peer Facilitation mentor to secure emergency medical treatment. I will assume all financial responsibility.

I consent to the enrollment of my child in the Peer Facilitation school program.

STUDENT NAME _____

PARENT/ GUARDIAN NAME _____ **Day phone** _____

PARENT/ GUARDIAN SIGNATURE _____ **Date** _____