Peer Facilitation Form 2026-2027

STUDENT INFORMATION

Name: _____ Grade: _____

If you will be in 9th grade, were you a peer in middle school? Yes/No

If yes, who please list a teacher that would recommend you? _____

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 removal 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 high school students to obtain experience and skills in a workplace setting.

Student:

·check frequently for assignments and information, turn in all assignments on time, be on time to your peer class everyday.

· abide by all school policies and display professionalism at the work-site

·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 Teacher will establish criteria for formative and summative assignments and will notify students in a timely manner of expectations and of any due dates.

PARENT/ GUARDIAN ENROLLMENT CONSENT

- **Health insurance is required to participate in the Peer Facilitation program.**
- **My child is covered by (check one):**

Family medical insurance ____

Special basic school insurance purchased through school bookkeeper _____

If coverage changes during the year, I will notify the school program facilitator promptly.

Y _ N _

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

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_____ **phone**_____

PARENT/ GUARDIAN SIGNATURE_____**Date**_____