

**Please return to Freeman/Floody in room 411**



**STUDENT INFORMATION**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher placement is not guaranteed by selected teacher.

Circle the name of teacher for whom you want to work with: Ballou, O'Dell, Ford, Freeman, Leggett, Ward, Kevia Elkins

I would like to work in \_\_\_\_\_ elective 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 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 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

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

Family medical insurance \_\_\_\_\_

Special basic school insurance purchased through the school bookkeeper \_\_\_\_\_

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

**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** \_\_\_\_\_