

Please return to Mrs. Bruno in Room 168 by 9/4/18

Peer Buddy Application for 2018-2019 School Year

Name: _____

Grade: _____

Homerom #/Teacher:

Enrichment #/Teacher (if different):

Enrichment Schedule (Note all extra-curricular activities)

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6

Circle "Yes" or "No" and elaborate on the following parts:

NJHS Student:

YES NO

Have you ever been a peer buddy before?

YES NO

What experience do you have, if any, with peers with Autism?

What are you looking for in the experience of being a peer buddy?

Please have **two LMS teachers sign and print their names below as recommendations for the Peer Buddy Program for this school year before returning this form. Thank you!*

Printed Name

Signature

Printed Name

Signature