

PARTNER PE STUDENT APPLICATION

Student Name _____ Grade _____

Name of Teacher Reference* _____

QUESTIONS:

Why do you want to be a Partner in the Partner PE program?

Have you ever worked with students with disabilities?

What is your expectation of the Partner PE program? What do you think a Partner has to do in the class?

Identify 3 things about your character that will make you a great student Partner.

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Student Signature

Date

Parent Signature

Date

**Reference will be contacted and asked to complete an evaluation for students considered for the Partner PE program. Teacher references should be a teacher who worked with the student during the 2020-2021 school year.*