

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.

-
-
-

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 2022-2023 school year.*