

# 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 2025-2026 school year.*