Peer Buddy Application for 2018-2019 School Year

Name: _______________________________ Grade: ______________

Homeroom #/Teacher:

Enrichment #/Teacher (if different):

Enrichment Schedule (Note all extra-curricular activities)

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
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</thead>
</table>

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