Peer to Peer Support Training Manual

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Peer to Peer Support Manual

This manual was designed to assist school personnel in developing a peer to peer support program.

This manual is organized in three main sections.
      I. A description of the peer to peer support program,
      II. Forms needed to establish a program and the scheduling process,
      III. Permission slips required for students to participate in the program.

The description of the program may vary according to the age level of the students who may participate in the program. The description should include: What is a Peer to Peer Support, Who Can Be a Peer to Peer Support Student, The Responsibilities of a Peer to Peer Support Student, and the benefits of being a Peer to Peer Support Student.

There are two forms that provide a description of the peer to peer support program: Elementary and Secondary

The scheduling process is critical to the development of the peer to peer support program. Each peer to peer support student must be scheduled into the class and with the student they are supporting

        Lunch and Recess Schedule
        Semester Schedule
        Program Schedule

Establishing a peer to peer support program requires forms that promote participation and accountability in the program. Forms are used as a system for recording the peer to peer supports students' activities within the program. The forms are also used as documentation for students with ASD.   There are multiple forms in this section. They are listed below:

        Homework Sheet
        Case Conference Information Sheet
        Case Conference Action Plan
        Peer to Peer Support Lunch Information Sheet
        Secondary Rules
        Secondary Checklist 1 Hour
        Secondary Checklist 2nd- 6th Hour
        Secondary Checklist 7th Hour
        Grid for Peer to Peer Behavior
        Training Invitation
        Peer to Peer Support Playground Checklist

It is critical that permission is obtained from both the parents or guardians and the general education teacher classes in which they attend. There are several permission slips for different activities. The permission slips are listed below.

       Elementary Peer to Peer Permission
       Secondary Peer to Peer Permission
       Case Conference Permission Slip – Parents
       Case Conference Permission Slip – General Education Teacher
       Lunch/Recess Permission

This manual is not all inclusive. Many of these forms may not be necessary for the development of the program, and depending on your district or building you may need to add additional forms. This manual was intended to give you a starting point in the development of your peer to peer support program.

Good Luck with the development of your program. So many students will have the opportunities to grow in ways that you can't even imagine with a chance to be a part of a peer to peer support program.

The START Staff

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Description of a Peer to Peer Support

- Peer to Peer Support Program Levels

School Name
Peer to Peer Support Program

What is a Peer to Peer Support Student?
A peer to peer support student is a volunteer who supports a student with Autism Spectrum Disorder under adult supervision

Who can become a Peer to Peer Support Student?
Peer to peer support students are selected on a voluntary basis from the 4th and 5th Grade classrooms at _____ School. Peer to Peer Support Students must have parent and teacher permission to participate in the program.

What are the Peer to Peer Support Student Responsibility?
A Peer to Peer Support Student participates in the program one day each week for ½ hour. He/she follows the same schedule for one semester. Peer to peer support students are there to participate in the activities scheduled and be models for the students with ASD. The peer to peer supports students will be under the direction of (social worker, caseload teacher, etc)

Benefits of the Peer to Peer Support Program.
The peer to peer support program provides many opportunities for general education students, as well as the students with ASD. Students learn to relate to people with different needs and develop and increased understanding of individual differences. Student responsibility is also encouraged.

School/District Name
Peer to Peer Support Program

What is a Peer to Peer Support Student?
A peer to peer support student schedules the peer to peer support class just as they would for any other elective class. The student's commitment requires permission from parents or guardians. The student will support a student with Autism Spectrum Disorder (ASD) in both academic and social settings with adult supervision.

Who can become a Peer to Peer Support Student?
Peer to peer support students apply through the scheduling process. The students are selected through availability of placement in the program. All students have the opportunity to be a peer to peer support…although because of scheduling it may be more difficult for 6th and 9th graders.

What are the Peer to Peer Support Student Responsibility?
Peer to peer support students participate in the program 5 days a week during their scheduled class period. He/she follows the same schedule for one semester. While working in the program, the students provide peer support while participating in the activities scheduled. The primary responsibility of a peer to peer support student is to be a model for the student with ASD.

Benefits of the Peer to Peer Support Program.
The peer to peer support program provides many opportunities for general education students, as well as the students with ASD. Students learn to relate to people with different needs and develop an increased understanding of individual differences. Encouraging student responsibility is also an added benefit of the program.

Forms to Establish a Program & the Scheduling Process

- The Scheduling and Accountability Process

Lunch and Recess
        (Peer to Peer Supports) (Elementary)
    (Give to the General Education Teachers)

These students will be Lunch and Recess (Peer to Peer Supports) until the end of the (semester/school year)

Student with ASD name: _____

Day of the week	(Peer to peer support name)
Monday	Lunch: _____ Recess: _____ Alternate: _____
Tuesday	Lunch: _____ Recess: _____ Alternate: _____
Wednesday	Lunch: _____ Recess: _____ Alternate: _____
Thursday	Lunch: _____ Recess: _____ Alternate: _____
Friday	Lunch: _____ Recess: _____ Alternate: _____

Peer to Peer Support (Program Name)
          Peer's Playground Checklist (Elementary)

Day: _____   Date: _____

(Peer to Peer Support) Name: _____

Did (Student with ASD name) listen to you when you were at recess?
                    Yes   No

Did (Student with ASD name) break any of the recess rules?
                    Yes   No

If yes, please write down the rule broken: _____

_____

Did you have to get the recess aide?
                    Yes   No

Did you try to keep (Student with ASD name) from getting into trouble
at recess?
                    Yes   No

Do you deserve a sticker for being a (peer to peer support) at recess?
                    Yes   No

Teacher or recess aides decision?
                    Yes   No

Please put the sheet in the yellow bin by the coat rack
(Give instructions of where sheets are stored)

Master Schedule

	1st Hour 7:45-8:35	2nd Hour 8:40-9:30	3rd Hour 9:35-10:25	4th Hour 10:30-12:10	LUNCH 10:30-11:00	LUNCH 11:05-11:35	LUNCH 11:40-12:10	5th Hour 12:15-1:05	6th Hour 1:10-2:30
Max Class Staff Peer	L.A. 8 Smith Mike R.	P.Ed 8 None Tim D.	Pre-Voc. Russell Courtney	Cur. Event Russell Dawn P.		Lunch None Mark E.		Math 8 Smith Alex S.	Support Russell Stacy K.
Alex Class Staff Peer	Math 8 Allen Matt C.	Support Russell David L.	Pre-Voc Russell Sam L.	L.A. 8 Smith Dave S.		Lunch None Kelly		Science 8 Allen Lisa P.	History Allen Trent T
Matt Class Staff Peer	Science 7 None Tracy K.	Support Russell Lisa J.	Math 7 Allen Robert Q.	L.A. 7 None Stephanie			Lunch Smith Steve P.	Phys. Ed. None Ron H.	Support Russell Brian H.
Ryan Class Staff Peer	Math 7 None David M.	Phys Ed 7 Smith Ryan K.	L.A. 7 None Ann B.	Cur. Event Russell Donna J.			Lunch None Jason F.	Community Russell Ollie O.	Support Russell Lauren
Robert Class Staff Peer	Life Skills Russell Cathy P.	Phys Ed 6 Allen Matt C.	Pre-Voc Russell Amy M.	Cur Event Russell Caren O.	Lunch Allen Paul A.			Community Russell Frank B.	Support Russell Melissa
Megan Class Staff Peer	Life Skills Russell Norman	Science 6 None Steve Z.	Math 6 Smith Mike W,	Cur Event Russell Marcus	Lunch Allen Anita T.			Phys. Ed 6 None Alan A.	L.A.6 Smith George K.

- Organizational System for the Peer to Peer Support Program

Peer to Peer Support Program - 1st Hour Checklist

1. **Check Card for Attendance**

2. **Get Student's Command Central – Record Date**

3. **Meet your Assigned Student at their Bus**

4. **Take Assigned Student to their Locker**

5. **Check Student's Backpack at Locker**

6. **Assist Student in Emptying Backpack**

7. **Assist Student in Taking their Supplies to their Desk**

8. **Assist Student in Putting Home/School Folder in Blue Bin**

9. **Give Money, Medications and Permission Notes to Staff**

10. **Ask Student if he/she needs to use the Restroom**

11. **Get ready for 1st Hour Class – Command Central, Book and Supplies**

12. **Five minutes before the end of Class- Fill Out Student Schedule**

13. **Please Put Command Central Back on Student's Desk Before You Leave.**

Peer to Peer Support
2nd — 6th Hour Checklist

1. **Check Card for Attendance**

2. **Get Command Central and Check for the Date**

3. **Find Your Assigned Student**

4. **Assist Peer in Collecting his/her Book, Supplies and Command Central for Class**

5. **If Your Peer is Absent, Check with a Staff.**

6. **If Your Peer has Gone to Class, Join Him/Her in the Class**

7. **If Your Peer is in School, but not Available at the Moment, Check with a Staff Member.**

8. **Five Minutes Before the Bell, Fill out Peer's Schedule**

9. **Be Sure to Put Command Central Back on Your Peers Desk Before You Leave.**

Peer to Peer Support – 7th Hour Checklist

1. **Check your Card for Attendance**

2. **Find Command Central and Check for Date**

3. **Find Your Assigned Student**

4. **Assist Peer in Collecting his/her Book, Supplies and Command Central for Class**

5. **Fill Out Student's Schedule for 7th Hour at 2:10**

6. **Check with a Staff Member if any Information is Missing from 1st - 6th Hour.**

7. **An Assigned Peer to Peer Support Student will Pick Up the Schedules at 2:15 for a Staff Signature and to Make Copies**

8. **At 2:20 Assist Your Peer in Getting Ready to Go Home**
   - **put work material away in proper place**
   - **organize homework to go home**
   - **check mailboxes for notebooks and any other information to go home**
   - **assist students in putting notes and schedules on their desk**
   - **Peer should put on coat, etc. at locker and bring backpack to desk to pack items to go home**
   - **wait inside classroom until you are dismissed**

9. **Walk with Your Peer to Their Bus, Return to Room**

Rules of the Peer to Peer Support Program

1. Always stay with your student

2. Follow the directions from the adults

3. Follow school rules at all times

4. Take a pass when you leave the room

5. You are a Role Model

6. During a crisis...follow the drill

7. Fill out student schedule

8. Have Fun

Peer to Peer Support Behavioral System

Peer to Peer Student Name	8/30	8/31	9/1	9/2	9/5	9/6	9/7	9/8	9/9	9/12	9/13	9/14	9/15	9/16	9/19
1st Hour															
Sam Cook	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jill Smith	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1
Amy Cole	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mark Time	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Dave Reve	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1
2nd Hour															
Tom Kitt	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Kelly Mac	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pam Wang	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1
Mike Ball	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3rd Hour															
Matt Stone	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TJ Dent	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Judy Smith	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1
4th Hour															
Missy Fin	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1
Jason Frac	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Peer to Peer Support Training

Dear Peer to Peer Support Students, Parents and Guardians,

Hello and thank you for participating in the Peer to Peer Support Program for Students with Autism Spectrum Disorder (ASD). The staff of the Peer to Peer Support Program will be holding a training for students who have signed up for the program. Since this is the first year incorporating the Peer to Peer Support program into this building, it is very important each student to attend the training.

The training is scheduled for _____ at _____ Building in Room Number # _____. Lunch will be provided by the program.

Students or parents need to RSVP by 3pm on _____. To RSVP please call one of the following phone numbers. Be sure to state your first and last name as we will use this information for attendance and an accurate count when ordering lunch.

        P:

           Or

        P:

Since this training is taking place after school, all students must have their own transportation home in order to participate. We are looking forward to meeting all the students participating in the Peer to Peer Support Program for Students with ASD.

If you have any questions, please call the one of the numbers above and a staff member will assist you. Also, if you have any conflicts with your class schedule regarding the Peer to Peer Support Program, please contact your school counselor at _____.

Sincerely,
Peer to Peer Support Program Staff

Information about Autism Spectrum Disorder

- Autism Spectrum Disorder includes both Autism and Asperger Syndrome

- Autism is different than Asperger

- Autism Spectrum Disorder is sometimes called ASD

- ASD is NOT Contagious

- Most Students with ASD are Born with it

- There are more boys than girls with ASD

- Some students with ASD talk and some do not

- Most Students with ASD have Strong Interest Areas

- Most Students with ASD have a Difficult Time Understanding Social Situations

- Students with ASD may have Unusual Preferences to Objects or Materials

- Students with ASD Like when Things Stay the Same

- Some Students with ASD Struggle when they have to Change from Activity to Activity

- Similarities between Both Sets of Students

- Accountability and Promoting Student Involvement

Peer to Peer Master Schedule for: _____

	1st Hour 7:45-8:35	2nd Hour 8:40-9:30	3rd Hour 9:35-10:25	4th Hour 10:30- 12:10	LUNCH 10:30-11:00	LUNCH 11:05-11:35	LUNCH 11:40-12:10	5th Hour 12:15-1:05	6th Hour 1:10-2:30
Max Class Staff Peer	L.A. 8 Smith Mike R.	P.Ed 8 None Tim D.	Pre-Voc. Russell Courtney	Cur. Event Russell Dawn P.		Lunch None Mark E.		Math 8 Smith Alex S.	Support Russell Stacy K.
Alex Class Staff Peer	Math 8 Allen Matt C.	Support Russell David L.	Pre-Voc Russell Sam L.	L.A. 8 Smith Dave S.		Lunch None Kelly		Science 8 Allen Lisa P.	History Allen Trent T
Matt Class Staff Peer	Science 7 None Tracy K.	Support Russell Lisa J.	Math 7 Allen Robert Q.	L.A. 7 None Stephanie			Lunch Smith Steve P.	Phys. Ed. None Ron H.	Support Russell Brian H.
Ryan Class Staff Peer	Math 7 None David M.	Phys Ed 7 Smith Ryan K.	L.A. 7 None Ann B.	Cur. Event Russell Donna J.			Lunch None Jason F.	Community Russell Ollie O.	Support Russell Lauren
Robert Class Staff Peer	Life Skills Russell Cathy P.	Phys Ed 6 Allen Matt C.	Pre-Voc Russell Amy M.	Cur Event Russell Caren O.	Lunch Allen Paul A.			Community Russell Frank B.	Support Russell Melissa
Megan Class Staff Peer	Life Skills Russell Norman	Science 6 None Steve Z.	Math 6 Smith Mike W,	Cur Event Russell Marcus	Lunch Allen Anita T.			Phys. Ed 6 None Alan A.	L.A.6 Smith George K.

Peer to Peer Support Student Daily Schedule

Student Name: _____   Date: _____

Class/Activity	Homework	Tokens/Points/Cards	Minutes in Class	Staff Comments	Peer to Peer Comments

Homework Sheet

(ASD) Student's name: _____   Date: _____

Class: _____   Hour: _____ Staff person assigned: _____

Is a textbook required?   Yes   No
    If yes, page #'s_____

Is any other book required?   Yes   No
    Title of Book: _____

Are there any other materials need to complete the homework?
_____

_____

Is there a handout?   Yes   No
    If no, skip the next two ★'d questions

    ★ Is the handout attached to this sheet?   Yes   No

    If no, where is the handout? _____

    _____

    ★ Give a general description of the homework: _____

    _____

Homework due date: _____

Upcoming Project(s):_____

Due Date of Project(s):_____   _____

Any additional information needed to be shared about the class: _____
_____

Behavioral issues in this class?   Yes   No

Please give a description of the behavior: _____
_____

(Before you move onto your next class, please make sure the homework sheet is completed and placed on the board)
(Give directions to the peer to peer support students)

Student Information Sheet

Semester Schedule for (Student with ASD Name)

Class	Hour	Room#	Teacher	Peer to Peer Support
	1st			
	2nd			
	3rd			
	4th			
	5th			
	6th			

Locker #_____   Combination_____

Homeroom#_____   Homeroom teacher_____

Lunch_____

Lunch Peer to Peer Support	Day of the Week
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday

Peer to Peer Support - Lunch Information Sheet

The student I am working with is _____

Something fun we did so far is_____

_____

_____

Do you have any questions about being a peer to peer support student?
            ____ YES   ____ NO

If yes, what is the question: _____

_____

_____

Do you have any concerns about Autism Spectrum Disorder, being a peer to peer support student or working with your student with Autism Spectrum Disorder?
            ____YES   ____ NO

If yes, what is the concern: _____

_____

_____

The best part about working with _____ is_____

_____

_____

_____

_____

Peer to Peer Support Student Signature _____

Facilitator Signature: _____

Permission Slips to Participate in the Program

- Permission Slip – Peer to Peer Support Program

Peer to Peer Support Program
School / District Name

Dear Parents and Guardians,

The **peer to peer support program** was created to support students with autism spectrum disorder understand the rules and procedures of a **High School/Middle School** using general education students as models. This is a new program is learning from the research…the reach supports that students with autism spectrum disorder benefit from peer modeling. This program has been successful throughout the state and country.

The **peer to peer support student's** role may vary from **activity to activity or hour to hour** depending on the needs of the students with autism spectrum disorder. Some of the **peer to peer support students** are involved in academic tasks, while others take other roles. Prior to working with a student with ASD the **peer to peer student** will participate in training on what it means to be a Peer to Peer Support student.

We encourage the parent of the **peer to peer support students** to attend the Open House and Conferences so that you can better understand your son/daughters role in the program.

The bottom portion of this paper should be completed and returned to the **_____** as soon as possible. This extends permission for your **(son/daughter)** to participate in the **peer to peer support program**

I understand that my son/daughter will be a **peer to peer support student** during _____hour.

_____   _____

(Parent or Guardian Signature)   (Date)

America Elementary

Peer to Peer Support Program

Dear Parent or Guardians,

Today we spoke with your student's class about the opportunity to become a Peer to Peer Support Student working with students with Autism Spectrum Disorder (ASD).

The peer to peer support program is new to America Elementary. It is a support system for students with ASD who attend the school. The program involves fourth and fifth grade students who spend time with the students with ASD. Similar programs are established in school districts throughout the state of Michigan and have met with great success. Not only does the program benefit the students with ASD, but parents and teachers alike have reported great benefits to the general education students as well. If your child decides to become a Peer to Peer Support Student, he or she would be working with/under the supervision of the (social worker, caseload teacher, autistic program staff, etc). As a Peer to Peer Support, your child would help provide support and act as a participant in the activities scheduled.

As part of the Peer to Peer Support Program, your son or daughter would only miss approximately ½ an hour of class per week, at a designated time during the school day that has been pre-arranged with their classroom teacher.

If you would like for your child to be a Peer to Peer Support Student for students with ASD, please fill out the information below and return this form to _____ by _____.

Thank you for your support with the peer to peer support program.

I give permission for _____ who is in _____ class to participate in the peer to peer support program at America Elementary.

Parent/Guardian Signature_____
Date _____

Peer to Peer Support Permission Slip
Lunch and Recess

Dear Parents or Guardians,

Your son or daughter has expressed an interest in being a peer to peer support for a student with Autism Spectrum Disorder (ASD) during their lunch period.

There are several students with ASD in the building who would like to have friends eat lunch with them. They would also like to have friends to play with at recess. Your child would support the student with ASD at lunch and recess one time each week. The primary responsibility would be as a peer role model and helper. A staff member would be supervising at all time.

If you are in support of your child participating in the Lunch and Recess Peer to Peer Support Program, please complete this form and have your child return it to his/her teacher. If you have any questions, feel free to contact the _____ staff at (xxx) xxx – xxxx.

Thank you for the support of the peer to peer support program
(Facilitator Name, Title and phone number)

My child _____ who is in

_____'s Class has my permission to be a peer to peer

support at lunch and/or recess.

Parent Signature _____ Date_____

- Case Conferences

Case Conference Teacher Permission Slip

To: Teachers of the *(Peer to Peer Support Student)*
From: *(The Student with ASD Caseload Teacher)*

(Peer to Peer Support Students Name) is a *(Peer to Peer Support Student*) in _____ Hour.
The *(Peer to Peer Support Students)* serve as a role model for students with ASD.

The *(Peer to peer support program)* has proven extremely valuable to both the students
with ASD and the *(Peer to peer support students)*. To ensure that each student is
appropriately informed of the effective strategies that work with the students with ASD, the
staff supporting the program schedules case conferences once a *(week/month)*.

(Peer to Peer Support Students Name) is scheduled to attend a case conference for
(Student with ASD's Name) on *(Date   )* during _____ hour. We would really appreciate
you letting *(Peer to Peer Support Students Name)* participate in the case conference. We
do understand that as the general education teacher you reserve the right to deny *(Peer to
peer support student name)* from attending the case conference.

Thank you for your support of the *(Peer to peer support program)* If you have any questions
don't hesitate to call *(Caseload Teacher)* at (   ) xxx – xxxx.

_____ Can attend the case conference

_____ Can not attend the case conference

_____   _____
           Teacher Signature   Date

Case Conference Parental Permission Slip

To: The Parents of *(Peer to Peer Support Student)*
From: *(The Caseload Teacher of the Student with ASD)*

(Peer to Peer Support Students Name) is a *(Peer to Peer Support Student)* in _____ Hour. The *(Peer to Peer Support Students)* serve as a role model for students with ASD.

The *(Peer to peer support program)* has proven extremely valuable to both the students with ASD and the *(Peer to peer support students)*. To ensure that each student is appropriately informed of the effective strategies that work with the students with ASD, the staff supporting the program schedules a case conferences once a *(week/month)*.

(Peer to Peer Support Students Name) is scheduled to attend a case conference for *(Student with ASD's Name)* on *(Date   )* during _____ hour. We would really appreciate you letting *(Peer to Peer Support Students Name)* participate in the case conference. We do understand that as parents/guardians, you reserve the right to deny *(Peer to peer support student name)* from attending the case conference.

Thank you for your support of the *(Peer to peer support program.* If you have any questions don't hesitate to call *(Caseload Teacher)* at ( ) xxx – xxxx.

_____ Can attend the case conference
_____ Can not attend the case conference

_____   _____
Parent's Signature   Date

Case Conference Information Sheet

You do not need to put your name on this sheet. This is an information sharing sheet used to enhance the information presented during this case conference

Please answer the following questions as openly and honestly as possible. If you do not have an answer or if you have an answer but it is hard to put into words just do your best.

1. The best experience with *(Student with ASD)* this month is when

    _____

    _____

2. Something I wasn't sure how to handle this month was _____
    _____

3. I was frustrated by *(Student with ASD)* this month when he/she
    _____

4. The biggest accomplishment that *(Student with ASD)* made while I was supporting him/her was _____
    _____

5. The biggest accomplishment that I have made being a *(Peer to Peer Support)* is _____

6. Are you interested in continuing to be a (Peer to Peer Supporter)
              Yes   No
        If yes, which student would you like to support: _____

7. What three suggestions would you give to the <u>Peer to Peer Supports</u>   supporting *(the Student with ASD)*

    _____

    _____

    _____

    _____

(Give the students directions about where to put the sheets when completed. Ensure confidentiality.)

Peer to Peer Support Case Conference

In an effort to keep the parents, staff and peers students informed of the effective strategies that work for *(Student with ASD Name)* had a case conference on *(Date   )*

Some positive things discussed about *(Student with ASD)* were:

_____
_____
_____
_____
_____
_____

Some concerns that were raised about *(Student with ASD)* were:

_____
_____
_____
_____
_____
_____

The action plan to resolve the concerns for *(Student with ASD)* is:

_____
_____
_____
_____
_____
_____
_____
_____
_____

If you have any questions or concerns please contact caseload teacher

_____   _____
(Staff Person's Signature)   (Date)

- Maintenance

Peer to Peer Support - Student of the Week Nomination Form

As staff members you are expected to fill out the Peer to Peer Support Student of the Week Nomination Ballet.

Please fill out the form below and put in the Peer to Peer Support Student of the Week box.

Thank you!

━ ━ ‧ ‧ ━ ‧ ‧ ━ ‧ ‧ ━ ‧ ‧ ━ ‧ ‧ ━ ‧ ‧ ‧

Date: _____

Staff Name:
_____

I nominate *(**Peer to Peer Support Student's Name**)* in _____ hour, because he / she _____
_____
_____
with *(**student with ASD's name**)* in _____ Class.