

Student # _____

**ST. JOSEPH PUBLIC SCHOOLS
LINKS: PEER TO PEER CLASS APPLICATION**

Applicant's Name: _____
(Last) (First) (Current Grade)

Career Pathway Human Services? ___ Yes ___ No **Career Goal:** _____

Parent/Guardian: _____
(Last) (First)

Address: _____
(Street) (City) (Zip)

Applicant's Telephone: _____
(Home) (Work) (E-mail Address)

Overview:

Autism is the fastest growing disability in the USA. Berrien County has seen a large growth in the number of students that have been identified with Autism Spectrum Disorder. By completing this application, you are indicating your desire to be considered for the LINKS class. If selected, you will be trained in methodology that has proven successful in working with students with Autism, as well as information on Autism Spectrum Disorders. You will earn an elective credit in Social Studies. When your application is complete, please turn it in to Mrs. Tracy Wagner, at the High School, and schedule an interview time to complete your registration.

Student's Section:

1. Explain why you think you want to work with individuals with Autism as a mentor/tutor/LINK:

2. What are your expectations, based on what you know about the LINKS program:

3. This program is conducted during regular school hours. This will require enrollment in the Peer to Peer class. What hour do you have open to spend time working on observation and classroom assignments?

Semester 1 _____ Semester 2 _____ In Service Training Date – Sept 14

Please Complete The Reverse Side Also

4. High School students involved in this program will need to be positive role models for fellow students with Autism Spectrum Disorder (ASD) they will be working with. Please rate your interests in the following areas:

Circle the Number That Best Describes Your Capabilities

	Low					High
Interest In Helping Students with disabilities	1	2	3	4	5	
Willing To Learn Mentoring Skills	1	2	3	4	5	
Willing To Learn New Leadership Skills	1	2	3	4	5	
Ability To Pass On Good Study and Social Skills	1	2	3	4	5	
Good math skills (algebra and above)	1	2	3	4	5	
Knowledgeable in science (Physical Science/above)	1	2	3	4	5	
Good writing skills (ICL and above)	1	2	3	4	5	

Electives you have taken: _____

5. Teacher recommendation _____
Print Name Signature

6. Usually there will be slots available each hour of the day. You will need to work with your counselor/advisor in scheduling this class, as well as all of your classes. Be aware of required classes.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature:

I agree that this will be a beneficial experience for _____ and support his/her involvement.

Parent/Guardian's Signature: _____ **Date:** _____

If you any questions about this application please contact one of the following individuals and we would be happy to help you.

**Mrs. Hickok -Consultant, Mr. Matt Rappette, - Teacher, Mrs. Wagner - Counselor
 Mr. Hendricks and Mr. Berry – Teacher of Records**

Turn in your completed application to Mrs. Wagner, and schedule a time for a personal interview.