

TEACHER/OFFICE ASSISTANT OR PEER TUTOR APPLICATION



Select One:

TEACHER/OFFICE ASSISTANT

Semester: 1

2

PEER TUTOR (Life Skills only)

Student Grade: 11

12

Life Skills Teacher

Signature: _____

Print Student Name: _____

Teacher/Office you would like to assist: _____ **Period:** _____

Teachers are allotted TWO teacher assistants per semester, unless otherwise approved by the principal. This form is to be submitted by the student to the Counseling Office.

Student: List reasons you are qualified _____

Teacher/Office: List duties to be assigned:

I understand that this position requires:

- Consistent attendance and cooperative attitude
- Responsibility to start and complete tasks without constant supervision
- Ability to stay focused on a task regardless of friends in the class or in the hallway
- Ability to leave the room to complete a task and return without stopping at other locations in the building
- Motivation to look for tasks to complete
- Ability to complete special projects as requested by the assigned teacher or another staff member

Students: *If I am selected, I understand that my grade (S/U) will be based on performance of the above criteria. If I fail to meet the expectations above, I can be dropped from the position with an Unsatisfactory (U) grade appearing on my transcript.*

Teacher Signature: _____

Date: _____

Parent Signature: _____

No academic PE Waivers

Student Signature: _____

On track to graduate

Counselor Signature: _____

Principal Signature: _____

****TA application will be denied if you have had a PE waived for highly academic/full schedule.**

For Office Use Only

Course Code: _____

ZTA or GPT

Section: _____

Room #: _____

Entered By: _____

Date: _____