

Peer Buddy Programs

1. Start small!
2. Reach out to guidance counselor to help find typical peers
 - A. Consider looking at those students who are NOT usually selected for these types of programs (e.g. those who are NOT SGA, patrols, etc.)
 - B. Have students apply, and have teachers and counselors review applications. Parent permission is required for students to participate.
 - C. Have typical peers sign a contract
3. Consider working with 5th or 6th grade for typical peers
4. Scheduling can be tricky! That's where guidance counselors can help!
5. Consider different options for pushing in Buddies
 - A. Recess
 - B. Social skills unit
 - C. Morning meeting
 - D. Reading buddy in language arts
6. Can work in either self-contained classes or in the resource room for students receiving pull out services
7. Activity tubs
 - A. Create tubs of supplies for activities students would enjoy: shaving cream, board games, balls, craft supplies.

Sample Peer Buddy Application/Year 1

Name: _____

Teacher: _____

Grade: _____

Date: _____

Why do you want to participate in Peer Buddies:

Hobbies and Activities:

Do you have other experience with special needs children?

I give my child permission to apply to the Peer Buddy Program.

Parent Name _____ (print)

Parent Signature _____

Date _____

Sample Peer Buddy Application/Year 2

Name: _____

Teacher: _____

Grade: _____

Date: _____

Were you a peer buddy last year? Y N

If so, would you like to continue with the same teacher if possible
(there may be different students in the class). Y N

Teacher:

Why do you want to participate in Peer Buddies:

Hobbies and Activities:

Do you have other experience with special needs children?

Sample Peer Buddy Contract

In order to participate in the _____ School Peer Buddy program, I agree to:

- * Participate every week on the day upon which my teacher and I have agreed.
- * Come on time to the special needs classroom to which I have been assigned.
- * Not hesitate in asking questions of or seeking help from the teachers in the special needs classroom, the guidance counselors, or from my classroom teacher.
- * Respect the privacy of the students in the special needs program by not talking about them around the school.
- * Comply with the requests made by the special needs teachers and stay on task when spending time with students in the special needs program.

I agree with the statements above, and take my responsibilities as a peer buddy seriously.

Peer Buddy's name (print)

Peer Buddy's signature

Parent's name (print)

Parent's signature

Date

Special Needs Teacher Assignment/Grade Level
(program use only)

Sample Letter to Parents of Typical Peer Volunteers

Dear Parents or Guardian,

We're inviting students to participate in the _____ School Peer Buddy program. The student volunteers will work with students in our autism program for about 30 minutes, once each week. They will work with these children within daily classroom routines. The peer buddies gain insight into early childhood development and the satisfaction of helping young children as well as special needs students that are their peers. The students with autism benefit from the additional individualized attention, the social interaction with older students or their typically developing peers, and the friendships they form.

Parental permission is requested for your child to participate in this program. Schedules have been developed to minimize the impact on instruction in the core curriculum; however, students are responsible for any missed class work. Your child would be volunteering while his/her classmates are at band or chorus class. The peer buddies will be instructed in their responsibilities and asked to sign an agreement to participate when scheduled, be punctual, and seek assistance, as needed, from the adult supervisors and teachers in the autism classrooms. Before the program begins, students will have a brief introduction to the _____ School autism programs and the wide variety of students' needs. To better match the students, your child will be asked to state why s/he wants to volunteer as a buddy, and to list his/her interests and hobbies.

Please sign and return the form below by (date) if you give permission for your child to participate. We appreciate your support in allowing your child to volunteer for our Peer Buddy program.