## PALS Application 2023-2024

### IMPORTANT INFORMATION

	APPLICATIONS D	UE:	WE	DI	NESDAY 1	February 15, 2	2023
	Step 1. Fill out the info	rmatio	n below.				
	Step 2. Have teachers c	omple	te confident	ial	recommend	ations.	
	Step 3. Turn in all form	ıs.					
	Upon receiving all of yo interview.	ur fori	ms on time,	yoı	a may be co	ntacted to sche	dule an
Na	ame:			S	tudent ID#	:	
Ce	ell Phone:			C	Class of:		
Er	nail:			1			
	hat language(s) do you eak OTHER than English'	?					
	Current Class Schedule:						
	Class	Teach	ner		Class		Teacher
1				5			
2				6			
3				7			
4				8			
	1. Write 3 words tha	t you i	feel best des	cril	pes your per	rsonality:	
	2. What are 3 words	your 7	ΓEACHERS	W	ould use to	describe you in	class?

3

4

Do you have a job?	If so where?	
-	<u> </u>	orking with children or with your yourself and about kids through your
5 What is your	piagest strength and we	akness & WHV?
•	oiggest strength and we	akness & WHY?
Strength: Weakness:	Why: Why:	
Strength: Weakness: 6. Why would it	Why: Why: De important for a PAL	to follow all school rules and policies?  we shown your leadership skills in the

### **PALS CONTRACT**

PALS is a TEA approved course, local credit, which focuses on mentoring at risk students at the elementary schools. PALs will travel to the elementary campuses within the MFISD district and mentor students on those campuses.

#### PALS agree to:

-Attend all classes regula	rly and punctually.	-Be tobacco, alcohol, and drug free.		
-Be honest and maintain	integrity.	-Maintain passing grades in all classes.		
-Be respectful to all teach	ners and peers.	-Attend to PAL(s) during assigned time.		
-Be in School Dress code when visiting campuses		-Keep and promote a positive attitude.		
-Follow rules in the Stud	ont Codo of	-Be a positive role model.		
Conduct.	·			
		being a PAL		
	•	listed above. Failure to disclose any needed alt in non-admittance to the program.		
-I Understand any EPIC p	lacement will be cause f	or removal from the PALS program and /or		
any future consideration				
Applicant Name:				
Signature:				
Date:				
academic assistance. Ple the PALS program. It is in being a mentor with your	ase sign below if you give mportant to discuss the in child and to understand program as a resume bu	with students needing personal and e your child permission to be considered for mpact and responsibility that comes with that this program is not to be taken lightly. ilder for college; it is about the relationships		
Parent/Guardian		 Date		

# PALS-Peer Assistance and Leadership- CONFIDENTIAL **Teacher Recommendation**

To maintain confidentiality, do NOT give this form back to the student. Please return this form to Coach Robert Draper's box by <u>February 16<sup>th</sup>, 2023</u>

Applicant Name:					
Teacher Name:					
Date Received:					
This student is applying to be in Peer A helpers will undergo extensive training students at the various elementary sch not necessarily have to be academicall and caring.  Rate This Student in {1 = Low	courses ools. Re y strong	before they begin working with omember, the students in this cou	other urse do		
Trust Level with others		Leadership			
Emotional Maturity		Cooperation			
Listening		Academic Integrity			
Dependability		School Attendance			
Self- Discipline		Self - Confidence			
Ability to work w/ minimal supervision	n				
Overall Recommendation (Please Circ	e One)				
Strongly Recommend		Recommend			
Recommend with reservation		DO NOT recommend			
Please write a short paragraph about the potential. Use the back of this sheet as					

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