Peer Support Program Interview Sheet

Name: _____ Grade for next year: _____

1. How would you describe yourself? _____

_____

2. What are some of your strengths and weaknesses? _____

_____

3. Do you know anyone with disabilities? If yes, how do you know them and what are their disabilities? _____

_____

4. Would you be comfortable being around a student with disabilities and different/unusual behaviors (i.e. flapping, repetitive speech, self-talking, drooling, thumb sucking)_____

5. How do you think you would react in that type of situation? _____

_____

6. What do you think you could learn from the experience? _____

_____

7. What do you think makes you a good candidate for the program? _____

_____

8. How do you feel about losing one of your elective classes for this year long class? _____

_____

9. Are you comfortable helping the student in P.E.? _____

_____

10. Do you have any questions about the program? _____

_____

_____