



STA/SD36

CONFIDENTIAL



Peer Support Service Request for Assistance

to be completed by the teacher and forwarded to the STA office
Courier: #000, or Fax: 604-594-5176

Please note that the information provided by you will be held in strict confidence, and will only be used in planning the help you requested from the Peer Support Service. Please bring this to your first meeting with the Peer Consultant.

Name: _____ Telephone: _____

School: _____ Telephone: _____

Principal:

Current teaching assignment:

Teaching experience (# of years):
In the current assignment: _____ At the school: _____ In the district: _____

What is your understanding of the concerns and issues about your teaching?
(if this is not a self-referral)

Please list in priority order the issues you want the Peer Consultant to assist you with.
(no more than 3-5).

What steps have you already taken to address the above issues?

What do you fear will happen if the issues you are faced with are not addressed successfully?

Is there any other information you can provide that will help the Peer Consultant assigned to work with you?

Date: _____

I am prepared to work with you as my Peer Consultant. I understand that this will include but not be limited to release time for meetings and planning, observations of my teaching and follow-up feedback, and other actions jointly planned by the two of us.

(teacher's signature)

As your peer consultant, I agree to keep all information, observations, etc. in strictest confidence, unless agreed to in advance by you.

(consultant's signature)

