



# STA/SD36

CONFIDENTIAL



## Peer Support Service Request for Assistance

to be completed by the teacher and forwarded to the STA office  
Courier: #000, email: [services@surreyteachers.org](mailto:services@surreyteachers.org), 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 a copy 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? (not self-referral)

What concerns or topic areas do you have? (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 issues?

What concerns do you have 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: \_\_\_\_\_

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**TO BE COMPLETED AFTER YOUR FIRST MEETING WITH YOUR ASSIGNED PEER CONSULTANT**

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)

